



**Interim Public Health Guidance for Voluntary Breastfeeding Groups
in the context of the Sars-CoV-2/COVID-19 Pandemic**

Face to face support group meetings and 1:1 home visits

Version 1

mychild.ie



Version	Date	Change from previous
V1.0	06/07/2020	Original version
V1.1	07/07/2020	Edited group meeting size Added detail on contact tracing in event of positive case
V1.2	07/07/2020	Minor edit to detail on contact tracing
V1.3	09/07/2020	Minor update to sections on meetings and visits regarding social distancing and use of face coverings Changed detail on platforms to use for virtual meetings and visits Added line recommending mothers and volunteers download COVID Tracker App Added Appendix 3 regarding legal basis for log of persons at meetings Added table of version edits
V1.4	10/07/2020	Appendix 4 – How to use face coverings added
V1.5	17/07/2020	Added information to key points on group meetings Changed wording of point regarding need for contact tracing in event of a positive case post visit/meeting
V1.6	05/08/2020	Added authorship and acknowledgements
V1.7	07/08/2020	Addition to acknowledge possibility of additional children brought to group meetings
V1.8	20/11/2020	Addition of national framework for living with Covid 19 to the guidance on indoor/outdoor meetings. Amended self isolation advice to 10 days from 14 days in last revs.
	21/01/21	No changes made to guidance. Updated level 1-5 Framework image in Appendix 5 & rev. date.

Authorship and Acknowledgement

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Introduction

Evidence is overwhelmingly in support of breastfeeding as the best source of nutrition for infants¹. To date, the transmission of the Sars-CoV-2 virus through breast milk and breastfeeding has not been detected¹. Due to restrictions in the context of the global COVID-19 pandemic, worldwide, peer to peer and voluntary organisational support for breastfeeding mothers has been delivered predominantly virtually, as opposed to in person, in recent times. In Ireland, the transition through the phases of the country's roadmap to re-open society and business has meant that certain groups are permitted to gather again in a social context, although certain requirements must be fulfilled, for example regarding maximum numbers in attendance and adherence to public health advice by those present. This is a welcome change for breastfeeding mothers, as although digital technology and platforms have allowed group meetings to continue virtually, this is not a substitute for in person conversation and support, whether in a group setting or in the home. However, the health and safety of mothers and their infants is paramount as the COVID-19 pandemic continues, and appropriate guidance for both group meetings and home visits for breastfeeding mothers is warranted, which volunteers and mothers alike can follow to minimise any risk to them and the children.

Scope

This document is intended for all of those working with voluntary breastfeeding organisations in Ireland, in the context of the global COVID-19 pandemic, to guide their managers, leaders and volunteers in the organisation of face to face support group meetings and 1:1 home visits for breastfeeding mothers and their infants.

The Health Protection Surveillance Centre publication² '*COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare V2.1 26/06/2020*' was adapted and used to inform the development of this guidance document.

This publication can be found at the following link: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/healthandsocialcareworkers/Guidance-%20Healthcare%20worker%20visiting%20homes%20to%20deliver%20care.pdf>.

Background

Brief background information on COVID-19

The virus which causes COVID-19, Sars-CoV-2, is spread mainly through respiratory droplets generated by coughing and sneezing, and through contact with surfaces that the droplets have fallen on to. The virus can survive on surfaces at least for some hours and for up to 2 to 3 days in some cases if not removed or destroyed by cleaning or disinfection.

People are most likely to spread infection around the time that they start to have symptoms. People with severe disease may be more infectious. Some people have become infected from people before those people had symptoms. People usually become sick about five to six days after they become infected but people may become sick as early as 1 day after infection or as late as 14 days after infection. Most people with COVID-19 will have mild disease and will recover but some develop

more serious illness. People at higher risk of developing more serious illness include older people, people who are immunocompromised and those with certain other medical conditions.

Important symptoms of infection include fever, cough, shortness of breath and loss of sense of smell or taste. We now know that many frail older people may not have these symptoms when they first become ill. In some cases they may just feel generally unwell, lose their appetite, become confused and have an unexplained change in their baseline condition.

Testing for COVID-19 is based on taking a swab from the throat and nose. Only one swab is used to collect both samples, with the throat site sampled first. Testing is agreed and arranged through the person's General Practitioner.

Public health advice for the general population to prevent the spread of the coronavirus:

- Limit where you go.
- Avoid crowded indoor spaces.
- Work from home if possible - if you cannot work from home, be sure to practice social distancing.
- Practice social distancing (keep a space of 2 metres (6.5 feet) between you and other people, and avoid shaking hands or making close contact with other people, if possible).
- Washing your hands properly and often (see Appendix 1).
- Do not touch your eyes, nose or mouth if your hands are not clean.
- Covering your mouth and nose with a tissue or your sleeve when you cough and sneeze (see Appendix 2).
- Wear face coverings on public transport, shops and other indoor settings, and where physical distance of 2 metres cannot be maintained (see appendix 4).
- Wear a face covering when visiting older people or other vulnerable people - be sure to practice social distancing for their safety.
- Follow the most up to date restrictions and recommendations as per the National framework for Living with COVID-19 (see appendix 5).

Face to face support group meetings:

- Virtual group meetings are preferred at present and should be utilised as much as possible in the first instance via HSE-approved virtual platforms.
- Volunteers, mothers and/or infants who are at high or very high risk from coronavirus should not attend face to face meetings.
- Any mothers or babies who are symptomatic/referred for testing for coronavirus/awaiting results of tests, or close contacts of confirmed cases of COVID-19 (whether the contact occurred in their household or elsewhere) should not attend face to face group meetings and may be suitable for virtual meetings instead if appropriate and available. Symptomatic persons should contact their GP for advice.
- Face to face group meetings may be permissible in certain situations*:
 - Indoors*: Under level 1 and 2 of the National Framework for Living with COVID-19 where social distancing (of 2 meters between people from different households) is

strictly adhered to, and there are sufficient facilities for regular hand hygiene. Face coverings should be used if physical distancing is not or cannot be maintained.

- Outdoor settings for group meetings where feasible are a preferred option in level 1 to 4 of the National Framework of Living with COVID-19. Social distancing should strictly be adhered to, and there should be sufficient facilities for regular hand hygiene. Face coverings should be used if physical distancing is not maintained.

*The numbers of mothers attending group meetings should be limited in so far as possible for the present time

Key points regarding face to face support group meetings:

- The numbers of mothers attending group meetings should be limited for the present time - this number and the feasibility of a face to face meeting will depend on the restrictions under the National Framework for Living with COVID-19 at the time of the meeting, the size of the venue, ventilation of the building and room(s) used, and the ability of attendees to maintain social distancing. Where possible, mothers should not bring other children to the group meeting. In the event that a mother has other children with her, they should remain together and make arrangements such that a minimum 2 meter distance is maintained from others.
- The restrictions appropriate to the level of the National Framework must be adhered to at all times.
- The duration of the group meetings should be limited to no more than 105 minutes.
- Mothers wishing to attend a group meeting should pre book and complete health status questions advised by the organisation at least 24-48 hours in advance - this will facilitate the volunteer(s) to plan the numbers of people attending the meeting.
- A log of attendees and their contact details should be recorded in case details are subsequently required for contact tracing (See Appendix 3 for further information regarding the legal basis for holding contact details).
- In so far as possible, maintain the same group leaders for each meeting in a given location.
- Attendees to the group meetings should avoid making close contact with others as much as possible, and avoid sharing utensils (e.g. cups, mugs, etc.).
- Attendees should be seated/positioned at least 2 metres from each other to ensure social distancing is adhered to.
- There should be a plan developed by the group organisers for the possibility that a group attendee might become symptomatic during the meeting (e.g. self-isolation pathway, availability of face coverings, cessation of meeting, symptomatic persons to contact their GP for advice).
- After the meeting – ensure the room(s) used for the meeting is cleaned according to public health guidelines.

1:1 Home Visits:

- Virtual visits are preferred at present and should be utilised as much as possible in the first instance via HSE-approved virtual platforms.
- Volunteers, mothers and/or infants who are at high or very high risk from coronavirus should have virtual home visits.
- If either mother or baby are symptomatic/referred for testing for coronavirus/awaiting results of tests, or close contacts of confirmed cases of COVID-19 (whether the contact occurred in their household or elsewhere), the home visit should be postponed or carried out virtually if appropriate. Symptomatic persons should contact their GP for advice.
- The feasibility of a 1:1 home visit will depend upon the restrictions under the National Framework for Living with COVID-19 at the time of planning such a visit, and the restrictions appropriate to the level of the Framework must be adhered to at all times.

Key points regarding 1:1 home visits:

Planning and preparing for the visit:

- Volunteers should limit carrying out home visits to 1 per day and only if virtual communication is not sufficient.
- Ensure volunteers have access to alcohol hand rub, face coverings and aprons to deliver the care they provide in a manner that is safe for the mother/baby and for them.
- Review the contact details for the mother, and communicate with her remotely through use of a mobile telephone or other similar device before a visit to check that she and her baby have no new symptoms on that day. Confirm also that no member of the household has symptoms of COVID-19.
- Preliminary discussions between the volunteer and mother should take place on the phone or via virtual mediums prior to the visit in order to reduce the amount of face to face time required.
- Volunteers should review the care that may be required by the mother/baby, and check that they have all the items that are likely to be required for the visit in their vehicle.
- Volunteers should be told that if they are unwell and have symptoms of COVID-19 such as cough, temperature, shortness of breath or new loss of smell or taste or if they are a contact of someone with COVID-19 they must call their manager before going to work.
- If a volunteer develops symptoms prior to a visit they must report immediately to their manager and not conduct any 1:1 home visits.
- If a volunteer is concerned that they may have COVID-19 they should stay at home and self-isolate and contact their doctor (GP) by telephone.
- In so far as possible, if more than 1 visit is anticipated to the mother and baby, maintain the same volunteer who visits to the mother and minimise the number of different mothers visited by each volunteer.
- Establish if there is room directly off the entrance hall of the home and if so arrange that if possible the parent/guardian will meet the volunteer with the infant there.

- Establish if there are children or others in the residence and if so that they are asked not to greet the volunteer and if possible to remain in a separate room or rooms during the visit.
- Establish if there are companion animals and if so that they are safely contained so that they do not interrupt or distract from the visit.

During the visit:

- Volunteers should bring a limited number of the items they expect to use with them into each mother's home.
- Bring as little as possible of personal items into the home. Where it is necessary to bring personal items with them, they should try to avoid using them in the home and minimise any contact between the mother/baby and personal items. If a mobile phone is brought into the mother's home, the volunteer should try to avoid using the phone during the visit.
- On entering the home volunteers should perform hand hygiene and avoid unnecessary direct touching gestures.
- Volunteers should try to avoid eating or drinking in the home.
- Social distancing of 2 metres should be maintained whenever it is practical to do so
- If social distancing cannot be adhered to for the purposes of the visit, both the volunteer and mother should wear a suitable cloth face covering/face mask (if no contraindications to same).
- Should the volunteer become symptomatic during the home visit, they should put a face covering on and immediately leave the home to self-isolate and contact their GP for advice.
- Should the mother or baby become symptomatic during the home visit, the mother and volunteer should put face coverings on, the volunteer should leave the home, and the mother should self-isolate with her baby and contact her GP for advice.

On completion of the visit to the mother's home:

- Volunteers should perform hand hygiene after leaving the home and before returning to your vehicle.
- There is no indication that use of a vehicle is a contributor to the overall risk of infection to staff and no specific cleaning or decontamination of vehicles used for home visits is recommended.

Note: Following the visit or group meeting, should a volunteer, mother or infant test positive for the Sars-CoV-2 virus (COVID-19), close contacts may need to be identified for the purposes of contact tracing.

Volunteers and mothers are encouraged to download the COVID Tracker app (see www.covidtracker.ie for more information).

Mothers or babies with a previous diagnosis of COVID-19:


- A previous diagnosis of COVID-19 does not exclude a mother or baby from face to face group meetings or 1:1 home visits.

If the mother/baby has completed 10 days of self-isolation following their diagnosis, the last five of which have been fever-free, they have followed appropriate public health advice during this time and are medically well with no new symptoms, attendance at face to face group meetings or a 1:1 home visit may be feasible, following the above guidance.

Appendix 1 - Figure 1: Hand Hygiene - How to Handwash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



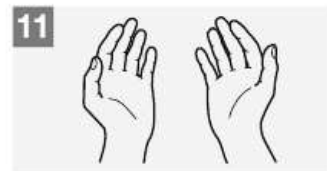
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.

 **World Health Organization**

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Portuguese Government, its Gabinete PUG, in particular the members of the Infection Control Programme, for their active participation in developing this material.

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Appendix 2 - Figure 2: Respiratory Hygiene

COVER UP

COUGHING AND SNEEZING

- • Turn your head away from others
• Use a tissue to cover your nose and mouth
- • Drop your tissue into a waste bin
- • No tissues? Use your sleeve
- • Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds

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

Appendix 3 - Legal basis for holding log of names for contact tracing purposes in a pandemic

In relation to the legal basis for holding names for contact tracing purposes, the following legal underpinnings support this action during a national pandemic.

Under the Infectious Diseases Regulations 1981 as amended;

In the context of:

- The Public Health Emergency of International Concern relating to Covid-19 illness;
- The serious risk of Covid-19 transmission in congregate settings due to the high transmissibility of SARS CoV2 (the virus that causes Covid-19);
- The serious health, healthcare and broader impacts of uncontrolled Covid-19 in a population;
- The unprecedented efforts that were required to control Covid-19 in Wave 1 of Covid-19 in the first half of 2020, especially in relation to congregate settings;
- The ethical and public health imperative to prevent all avoidable cases of Covid-19, and so protect individual people;
- The ethical and public health imperative to break all chains of transmission particularly in view of the exponential potential, to protect our communities and the people of Ireland.

Under Article 11, I, as a Medical Officer of Health under the Health Act 2004, consider it necessary and desirable; and under Article 19, I require and direct that the following are put in place immediately:

- Contact details of those in a congregate setting are recorded, and made available in a timely manner on request of a Medical Officer of Health, for the investigation and control, including contact tracing of people exposed to SARS CoV2/ Covid-19
- All recorded data should be kept secure as per Article 5 of the GDPR, not used for any other purposes, and destroyed when no longer required under this direction.

Appendix 4 - How to use face coverings



How to use Face Coverings

ALWAYS CLEAN YOUR HANDS BEFORE AND AFTER WEARING A FACE COVERING

Correct Covering

Medical masks should be reserved for health workers or patients in treatment.
If you have been advised to wear a medical mask, always have the coloured side showing and the metal band at the top of your nose.



Check Your Fit

Check that the face covering is made from a fabric that you are comfortable wearing.

Check that it is easy to fit and completely covers your nose and mouth, all the way down under your chin.

Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit. Do not touch or fidget with the face covering when it is on.



DO NOT:
Wear the face covering below your nose.



DO NOT:
Leave your chin exposed.



DO NOT:
Wear it loosely with gaps on the sides.



DO NOT:
Wear it so it covers just the tip of your nose.



DO NOT:
Push it under your chin to rest on your neck.



FOLLOW THESE TIPS TO STAY SAFE:

ALWAYS wash your hands before and after handling your face covering.

ALWAYS change your face covering if it is dirty, wet or damaged.

Carry unused face coverings in a sealable clean waterproof bag, for example, a ziplock.

Carry a second similar type bag, to put used face coverings in.

CHILDREN UNDER 13 should not wear face coverings.

ALWAYS wash cloth face coverings on the highest temperature for cloth.

Safe Removal

Use the ties or ear loops to take the face covering off.
Do not touch the front when you take it off.



Disposing Of Single-Use Mask

Always dispose of single-use masks properly in a bin.
Don't forget to clean your hands and keep social distance.



Stay safe. Protect each other.



Appendix 5 – National Framework for Living with COVID-19

	Very low rate of COVID-19 infections Low R-Number					Very high rate of COVID-19 infections High R-Number				
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 1	Level 2	Level 3	Level 4	Level 5
Social & Family Gatherings	Max: 10 from 3 other households	Max: 6 from 3 other households	Max: 6 from 1 other household	No visitors	No visitors					
Weddings	Max: 100	Max: 50	Max: 25	Max: 6	Max: 6					
Indoor Events	Depending on venue size 100 200	Depending on venue size 50 100	No organised events	No organised events	No organised events					
Outdoor Events	Depending on venue size 200 500	Depending on venue size 100 200	Gatherings of up to 15	Gatherings of up to 15						
Sports Training	Normal training with protective measures	Indoors Pods of 6 Outdoors Pods of 15	1 individual only Pods of 15 Non-contact	1 individual only Pods of 15 Non-contact	Individual training only					
Matches & Events	100 indoor 200 outdoor 500 stalls	50 indoor 100 outdoor 200 stalls	Except specific exemptions	Except specific exemptions	No events					
Gyms, Pools & Leisure Centres	Open with protective measures	Open with protective measures	Individual training only	Closed	Closed					
Religious Services	50 (or sub-groups of 50)	50 (or sub-groups of 50)	Services move online Funerals 25	Services move online Funerals 25	Services move online Funerals 10					
Bars serving food, Cafés & Restaurants	Open with protective measures	Open Groups of 6 from up to 3 households	Range of restrictions up to and including no indoor dining	Outdoor dining only Max: 15 Takeaway/Delivery	Takeaway/Delivery only					
Wet Pubs	Open with protective measures	Open Groups of 6 from up to 3 households	Range of restrictions up to and including no indoor service*	Outdoor only Max: 15 persons Takeaway/Delivery	Takeaway/Delivery only					
Hotels, Guesthouses B&Bs	Open with protective measures	Open with protective measures	Services limited to Residents only	Existing Guests & Essential Purposes only	Essential Purposes only					
Retail & Services	Mandatory face coverings Open with protective measures	Open with protective measures	Open with sensitive measures	Primarily outdoor Essential retail/services	Essential retail only					
Indoor Cultural Venues	Open with protective measures	Open with protective measures	Venues closed Libraries available for e-services/call & collect	Venues closed Online services available	Venues closed Online services available					
Workplace	Work from home if possible Staggered attendance	Essential Meetings, Induction & Training only	Attend only if absolutely necessary	Essential & other designated workers only	Essential workers only					
Domestic Travel	No restrictions	No restrictions	Stay in your county except for work, education & essential purposes	Stay in your county Except for essential work, education & essential purposes	Stay at home Exercise with 5km					
Public Transport	Underground Public Transport Mandatory face coverings	50% Capacity Peak hours prioritised to essential workers & purpose	50% Capacity Only when necessary	25% Capacity Avoid public transport	25% Capacity Avoid public transport					
Schools & Childcare	Open with protective measures	Open with protective measures	Open with protective measures	Open with protective measures	Recommendations based on situation and evidence at time					
Adult & Higher Education	Open with protective measures	Open with protective measures	Open Exclude all appropriate protective measures / limit congregation	Move online On-site attendance only when essential	Recommendations based on situation and evidence at time					
Care Homes	Open with protective measures	Open with enhanced protective measures	Visiting suspended, aside from critical and compassionate circumstances							
Over 70s & Medically Vulnerable	Exercise judgement regarding engaging with others and in activities outside home.									

*Pubs currently remain closed in Dublin

More detailed information is available at gov.ie/COVID19



References

1. UNICEF (2020). *Breastfeeding safely during the COVID-19 pandemic*. Available at: <https://www.unicef.org/coronavirus/breastfeeding-safely-during-covid-19-pandemic>
2. Health Protection Surveillance Centre (2020). *COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare V2.1 26/06/2020*. Available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/healthandsocialcareworkers/Guidance-%20Healthcare%20worker%20visiting%20homes%20to%20deliver%20care.pdf>
3. Government of Ireland (2020) Resilience and Recovery 2020-2021: Plan for Living with COVID-19 <https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/>