



Illness caused by the novel coronavirus (COVID-19)

Guidelines for people with disabilities who have NPA
(user-controlled personal assistance) or other user
agreements, and those who assist them

Hand washing – hand hygiene

Repeat each step of the hand washing procedure at least five times



1 Rub hands palm to palm



2 Rub right palm over left dorsum and vice versa



3 Rub thoroughly between all fingers



4 Rub fingertips and fingernails of both hands together thoroughly



5 Rub thumb of each hand thoroughly



6 Rub each palm thoroughly

2nd edition

6 May 2020

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1. Abbreviations

Abbreviation	Name
112	Emergency-Alert 112, a harmonised emergency answering service for the entire country
1700	Medical service hotline, a nationwide telephone service providing medical advice 24 hours a day, 7 days a week
Avd-RLS	National Commissioner of the Icelandic Police – Department of Civil Protection and Emergency Management
COVID-19	The respiratory illness caused by the novel coronavirus
PPE	Personal protective equipment (single-use gloves, masks, gowns, etc.)
FRN	Ministry of Social Affairs
HRN	Ministry of Health
NPA	User-controlled personal assistance
SVL	Chief Epidemiologist
WHO	World Health Organization

2. Instructions on contingency plan preparation

It is important that users of NPA and those who have other types of user agreements are prepared for the possibility that they or people who assist them could be suspected of having COVID-19.

When there is a risk of COVID-19 infection, users and their assistants must:

1. Be familiar with the symptoms of COVID-19 and the channels of contagion and acquaint themselves with instructions on recognised procedures. Further information can be found on the websites of the [Directorate of Health](#), the [Ministry of Social Affairs](#), the [Icelandic Association of Local Authorities](#), and the [NPA Centre](#).
2. The symptoms of COVID-19 are as follows: cough, fever, cold symptoms, body and muscle aches, and fatigue, sometimes with a sore throat. Some have also reported a change in or loss of their sense of taste and smell.
3. Be prepared to observe strict hygiene and cleanliness, take increased disease prevention measures and take basic measures to avoid contagion.
4. Be prepared to take on projects relating to COVID-19.
5. Be prepared to provide assistance with restricting access to users' households and to stop unnecessary traffic so as to reduce the risk of contagion.
6. Know how to put on and take off personal protective equipment (PPE).
7. Have familiarised themselves with the Chief Epidemiologist's [videos](#) on disease prevention, hand washing, and use of PPE.
8. Inform contact personnel at the community's Social Services Department of suspected COVID-19 infection and, as appropriate, administrative personnel or supervisory personnel.

Keep the following items in a safe and accessible place in the home:

- Hand sanitiser
- Paper towels
- Single-use gloves
- Plastic bags
- Liquid disinfectant to clean surfaces; such as disinfectant spray or Virkon
- Virkon tablets and instructions on their use

It is important to prepare yourself, and make your own contingency plan, and talk with assistants about how to respond if illness should occur and you need to enter quarantine or isolation. It is good to use these guidelines as a reference when you are making your own contingency plan.

It is good to:

- Make a list of important phone numbers that you should have available.
- Always have a supply of cleaning products, disinfectants, hand sanitiser, soap, paper towels, single-use gloves, etc.
- Prepare a disease prevention and cleanliness procedure for your assistants and those who spend time in your home:
 - Hand washing
 - Cleaning of your home and the surfaces that are touched
 - General cleanliness
- Prepare a procedure for visits, including the number of guests, and for trips outside your home
- Prepare a plan for how you can respond in case you or anyone in your group of assistants is suspected or confirmed to be infected with COVID-19.
- Try to plan how you can respond in an emergency. Example: If a large part of your group of assistants must enter quarantine or isolation and cannot work with you.
- You should decide who will act as supervisor if you cannot do so because of illness.
- Talk with your assistants about responses and procedures that should be followed if you or someone in your group of assistants becomes ill.
- Make a list of people who could be part of your “rear guard,” or back-up team:
 - Make a list of people who have worked with you before; contact them and ask them if they would be able to help out in an emergency.
 - Find out whether family members or friends could help you if the need arises.
- Be familiar with the procedures for getting assistance from the social welfare services’ back-up team.
- Prepare a procedure for how to pick up food, medicines, and other necessities for your home in case of COVID-19 infection.
- Have the necessary instructions printed out and share them as needed.

3. Avoiding or preventing COVID-19 infection

It is important to observe strict hygiene and cleanliness, take increased disease prevention measures and take basic measures to avoid infection.

Basic measures to avoid infection include the following:

- General hand cleansing; i.e., hand washing and/or use of hand sanitiser. Wash your hands thoroughly for at least 20 seconds when you start your shift, before and after meals, and before and after going to the toilet.
- **Easy access to hand washing facilities and hand sanitiser.**
- **Easy access to single-use protective gloves. Sanitise your hands after using gloves.**
- Personal protective equipment (PPE) shall be used by assistants if there is even the slightest suspicion of infection in the household.
- Single-use equipment is placed in a closed plastic bag after use and may be disposed of with regular household trash.
- Both users and assistants should speak up immediately if they begin to experience symptoms.

Administrators of NPA agreements/user agreements (independent parties or users themselves) are asked to ensure that assistants have access to cleaning products, single-use gloves, and other PPE that is important for basic disease prevention.

In case of suspected infection, administrators/users can request **PPE from the Chief Epidemiologist's inventory** through the contact person at their municipality who oversees PPE orders (see Section 10).

This includes:

- Single-use gloves in sizes M and L
- Single-use protective gowns
- Face masks or goggles
- FFP2 antiviral masks

4. In cases of suspected COVID-19 infection

1. Contact your community healthcare centre or call 1700 and request assistance from the doctor on duty. If immediate attention is required, call 112.
2. Obtain equipment for protection against COVID-19 infection.
3. Separate the infected person from others as soon as possible.
4. Limit physical contact with the infected person and keep interactions with the infected person to a minimum.
5. Use single-use gloves. Remove the gloves immediately after use and disinfect your hands.
6. If other PPE is available and is to be used – single-use gowns or protective masks, for example – put it on in accordance with the Chief Epidemiologist's instructions.
7. If infectious agents (body fluids) are released into the environment, wipe them up with a single-use towel, clean the affected surfaces with soap and water, and then wipe them down with disinfectant (i.e. Virkon or disinfectant spray).
8. Place used PPE and other trash generated from caring for a sick person (used vomit bags, used wipes, etc.) into a closed bag and dispose of it with household trash.

9. Place contaminated clothing into a closed bag and wash it in a washing machine as you would other clothing.
10. Notify family members if applicable.
11. Assistants who provided care to the infected person shall put on clean clothing after completing their work. Contaminated work clothing may be washed in a machine (a temperature of 60° kills the virus).

5. Healthcare services in cases of COVID-19 infection

The COVID-19 outpatient department at Landspítali hospital provides care to individuals in home isolation. A group of physicians and nurses provide advisory services and telephone-based care to those who have been diagnosed with COVID-19 and are in home isolation. The objective of this service is to provide this group of patients the best possible service at each stage of the infection, including with specialised telemedicine services, consultancy, and support, so that the patient does not need to be admitted to hospital. This ensures patients' safety and maximises the time they can spend at home.

When a patient tests positive for COVID-19, the hospital calls them on the phone. The first telephone consultation is with a physician, who reviews the patient's medical history and any potential underlying health issues. The physician assesses the patient's current condition and symptoms. With this first telephone call, patients receive their first risk assessment. Thereafter, the patient is monitored by outpatient department nurses, in consultation with physicians. The patient's condition is monitored on a regular basis and an assessment made of whether there is need for a home visit or a more formal evaluation and examination at the outpatient department, with blood tests and x-rays. The outpatient department is staffed by a specialised team of nurses and physicians who attend to patients who come for consultation.

6. The user is in quarantine or isolation

Quarantine is used when an individual may have been infected but has no symptoms, and a test is not taken. Individuals who are diagnosed with COVID-19 are placed in **isolation**. A decision on whether an individual should enter quarantine or isolation is taken by the authorities, who give instructions in each individual case.

A user who enters [quarantine](#) or [isolation](#) due to COVID-19 continues to require assistance with necessary aspects of daily life, as well as needing the healthcare service called for by their medical condition. In those instances, follow the instructions below and ask for further consultation and instructions from healthcare professionals as needed.

It is best that the same assistants work with users in quarantine or isolation at their home, so as to reduce the number of persons potentially exposed if the users concerned should become infected.

The table provides a summary of quarantine and isolation, highlighting the differences from a disease prevention perspective and restrictions on interactions with others. Further information can be found in the guidelines on [quarantine](#) or [isolation in the home](#).

QUARANTINE	ISOLATION
<p>Users shall stay within their home as much as possible and interact only with assistants. Family members and friends should not come to visit.</p>	<p>Users shall stay within their home while in isolation and interact only with assistants. Family members and friends should not come to visit.</p>
<p>Assistants must use PPE while in close physical contact with a user in quarantine: single-use gloves, protective gowns, or plastic aprons.</p> <p>Both assistants and users must wash their hands thoroughly after such contact.</p>	<p>Assistants who provide care to users in isolation shall use PPE: single-use gloves, protective gowns or plastic aprons, face shields or protective goggles, and face masks that filter out particles.</p> <p>The patient shall use a face mask that filters out particles if they can tolerate it.</p>
<p>Assistants shall observe general precautionary measures to protect against contagion:</p> <p>Wash hands and use hand sanitiser before and after assisting the user, and observe general hygiene practices.</p> <p>If you use protective clothing, put it on in accordance with the Chief Epidemiologist’s instructions.</p>	<p>Protective clothing should be put on in a designated place in the user’s home, where the utmost hygiene and disease prevention measures are observed.</p> <p>Put on protective clothing in accordance with the Chief Epidemiologist’s instructions.</p> <p>It is recommended that you watch the instructional video on how to put on and take off protective clothing.</p>
<p>Avoid physical contact with body fluids (mucus from the respiratory tract, vomit, faeces).</p>	<p>Use hand sanitiser before putting on protective clothing. Protective clothing should be put on in this order: face mask (FFP2), protective goggles, gown, gloves. You should change gloves if they become contaminated, and as needed. Protective clothing should be removed in this order: gloves, gown, face mask, goggles. Hands should be sanitised after each item is removed.</p>
<p>Place used PPE and other items that have been used (used wipes, used vomit bags, etc.) into a closed bag and dispose of it with the household trash. Wash, dry, and sanitise your hands.</p>	

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QUARANTINE	ISOLATION
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Keep close track of whether the individual develops symptoms such as fever, which could indicate an infection.

If the patient’s condition deteriorates, call 1700 and report the situation.

Keep close track of the user’s health and take their temperature on a daily basis.

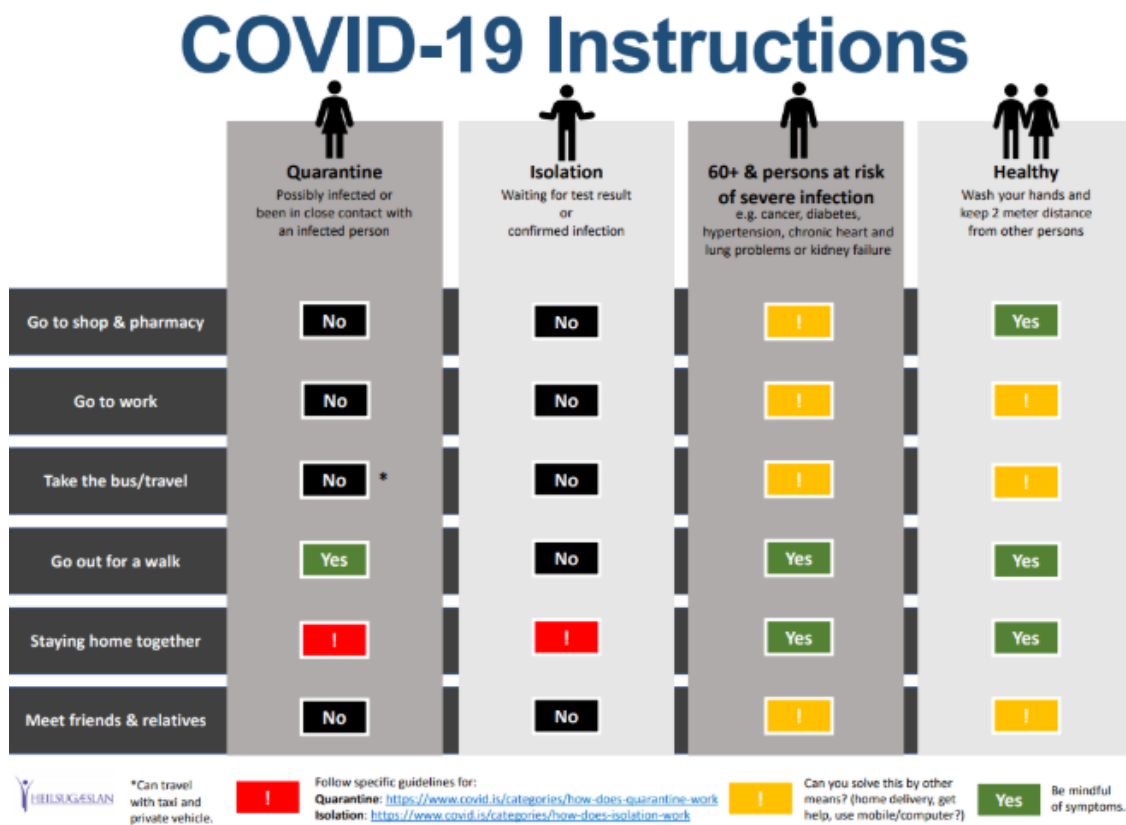
Provide information to healthcare professionals by phone during their daily monitoring call.

If the patient’s condition deteriorates, call 1700 and report the situation.

Clean the user’s home thoroughly with soap and water and wipe surfaces down with disinfectant on a regular basis.

If infectious agents (body fluids) are released into the environment, wipe them up with a single-use towel, clean the affected surfaces with soap and water, and then wipe them down with disinfectant.

Clean all areas where the patient has stayed very thoroughly, and observe stringent hygiene and disease prevention measures (see instructions in Item 7).



Guidelines for people with disabilities who have NPA or other user agreements, and those who assist them

7. Cleaning areas where a patient has stayed

Cleaning shall commence as soon as the patient has left the space in question. The area shall be [cleaned in accordance with the Chief Epidemiologist's instructions](#). Employees must have completed the relevant training in how to put on and take off PPE and how to dispose of used items properly. It is not known how long the novel coronavirus can live in the environment (hours or days). This depends on surface type, humidity level, and temperature, among other factors.

For those who clean COVID-19 areas: protecting yourself against infection

- a. Observe basic disease prevention guidelines when cleaning areas where exposure to COVID-19 is suspected.
- b. When cleaning, use the following PPE:
 - i. Single-use gloves (two pairs)
 - ii. Single-use protective gown
 - iii. Use an antiviral mask and protective goggles if there is the risk that contaminated materials can be transmitted to your face.
- c. After finishing the work, place used PPE into a plastic bag, close it securely, and dispose of it with regular trash.
- d. Wash and sanitise your hands immediately after putting used gloves into a closed bag, which can be disposed of with regular trash.
- e. Put on clean work clothing after completing the cleaning. Used clothing may be washed in a washing machine.

Cleaning areas where contamination is suspected

- a. Clean the area where the patient stayed and the area immediately surrounding it.
- b. Do not use compressed air – such as high-pressure cleaning of patios and pavement – as this could disperse infectious agents into the atmosphere.
- c. The contagious area is demarcated, and traffic is routed elsewhere.
- d. Have a trash bag handy.
- e. Use approved cleaning agents and disinfectant (such as 1% Virkon or disinfectant spray). Use the correct strength.
- f. Use paper towels to clean up visible contaminated waste. Change gloves if your gloves are exposed to contaminants.
- g. Wash the area first with a soap solution, and then go over the same area with disinfectant (such as 1% Virkon or disinfectant spray).
- h. Start cleaning at the top and continue downwards. Begin by spreading the soap solution over the area with a paper towel or a spray container. When the entire area has been covered with soap solution, use paper towels to wipe it up, and place the towels into a bag that is closed and disposed of with regular trash. Then cover the entire area with paper towels and wet the paper towels with 1% Virkon or disinfectant spray. Wait for the length of time specified in the manufacturer's instructions, and then remove the paper towels and place them into a closed

bag, which may be disposed of with regular trash. Finally, rinse the area with hot (60°) water and then dry it.

- i. Paper and other single-use products used in the area where the patient stayed shall also be placed into a bag that may be disposed of with regular trash.
- j. Change washcloths after cleaning each area, and place them into a bag that may be washed in a washing machine.
- k. The following shall be cleaned in areas used by the patient:
 - Doorknobs and locks on doors.
 - Faucets and sinks.
 - Walls adjacent to beds, toilets, and sinks.
 - Toilets and surrounding areas.
- l. After the cleaning work is complete, PPE and gloves shall be placed into a bag and disposed of with regular trash.

8. Quarantine for assistants

Assistants must quarantine themselves for 14 days, in accordance with [guidelines from the Chief Epidemiologist](#), if they:

1. Report direct physical contact with a person who has COVID-19, contact with infectious agents, or close physical proximity to the patient (less than 2 metres, and without PPE, for more than 15 minutes). Those who live in the same household as the patient must enter quarantine.
2. Have cleaned a possibly contaminated area without using PPE.

Co-workers of those who enter quarantine should take precautions against infection but are not asked to enter quarantine unless the above applies also to them.

Registration of assistants in quarantine

Assistants must be registered as being in quarantine in order for it to be possible to issue a confirmation/certificate. They can do this themselves, or they be registered by their community healthcare centre or the Department of Civil Protection and Emergency Management's Contact Tracing Team.

- Individuals who have a **digital certificate (e-ID)** can register themselves in quarantine on heilsuvera.is (this applies solely to quarantine by order of the authorities, not to self-imposed quarantine).
- Individuals who do not **have** an e-ID must register their quarantine status through their community healthcare centre.
- When the registration is complete, it is possible to obtain a certificate/confirmation of quarantine on www.heilsuvera.is, with an e-ID.
- Individuals who do not have an e-ID and need a certificate/confirmation of quarantine shall send a request to this effect to mottaka@landlaeknir.is, with the subject line: **Confirmation of quarantine**. They will receive the confirmation by e-mail.

Assistants' entitlement to payments while in quarantine

On 20 March 2020, Parliament passed legislation providing for temporary payments to individuals in quarantine. The objective is to support employers and employees affected by quarantine, thereby enabling them to follow the healthcare authorities' instructions in quarantine without having to worry about their income.

Those entitled to payments under the new law are:

- Employers that have paid wages to wage-earners under mandated quarantine between 1 February through 30 April 2020.
- Wage-earners who have been in mandated quarantine over this period but do not receive wages from their employer.
- Self-employed individuals in mandated quarantine over the same period.

The legislation is implemented by the Directorate of Labour. Information on [payments during quarantine mandated by healthcare authorities](#) can be found on the Directorate of Labour website. Detailed information can also be found under [questions and answers](#), including information on the requirements, application process, and amounts of quarantine payments, as well as the rights of guardians of children in quarantine.

Assistants of users in mandated quarantine are entitled to wage payments, and self-employed assistants may also be entitled to payments if they have paid payroll tax and pay-as-you-earn income tax on their estimated salary for at least three of the four months immediately preceding the application date, or on a regular basis.

Users/supervisors list the assistants' shifts as usual but identify them explicitly as "quarantine".

How to apply for payments

Applications are filed on the Directorate of Labour website. **Applications for payments must be received by the Directorate of Labour no later than 1 July 2020. After that date, entitlement to payments will expire.**

Administrators of user-controlled personal assistance may apply to the Directorate of Labour (DoL) for payments through the My Pages portal for [employers](#) on the DoL website. They shall list the names of assistants for whom payments are sought and the dates when the assistants were partially or fully unable to carry out their work because they were ordered into quarantine. It is possible to file a single application for all assistants who began quarantine in the same month. If quarantine begins in two or more months, a separate application must be filed for each month during which quarantine began. Accompanying documents must be submitted if the DoL requests them. It is possible to specify full and/or half-days of quarantine.

Assistants who are self-employed shall file an application through the My Pages portal for [job-seekers](#). These applicants must indicate on the form that they are self-employed. They must select the month during which quarantine began and specify the number of workdays when they could not work from the location where they were quarantined.

Exemptions from home quarantine – Quarantine B

Under extraordinary circumstances, when other options are not feasible, specialised employees in quarantine who provide key services – such as caring for individuals with disabilities who are also in quarantine – may be authorised to return to work, upon satisfying specified requirements. Such quarantine is called **Quarantine B** in order to distinguish it from general quarantine.

Apart from continuing to carry out work that others cannot, assistants in Quarantine B must comply with general quarantine rules outside working hours; i.e., they must meet with as few people as possible and must follow the Chief Epidemiologist’s instructions on PPE, etc., which are sent together with the approval for the exemption. This is an extraordinary measure taken in an extremely demanding environment under unprecedented circumstances.

Requirements for Quarantine B:

- a. The work done by the assistant concerned must be necessary to ensure the safety of the user, and no other individuals can be found who have the required experience and background in the welfare services’ back-up team.
- b. The assistant and the user/employer must agree to apply for an exemption. The assistant may withdraw the application if it is filed without their consent.
- c. The assistant must be asymptomatic. Assistants working under an exemption must monitor their own health closely and may not go to work if they have symptoms that resemble COVID-19.
- d. Assistants shall leave work immediately if they become aware of symptoms, in consultation with the user.

Applications for exemption must be filed with the Chief Epidemiologist, on a [form](#) that can be found on the Directorate of Health website. Violations of the Chief Epidemiologist’s rules on quarantine are punishable under the Act on Health Security and Communicable Diseases, no. 19/1997.

Umsókn um undanþágu frá heimasóttkví

Við sérstakar aðstæður, þegar aðrar leiðir eru ekki færar, kann að koma til þess að sérhæfðir starfsmenn í sóttkví sem sinna lykil-þjónustu s.s. umönnun fatlaðra einstaklinga sem eru líka í sóttkví eða við innviði samfélagsins fái heimild til að snúa til vinnu að uppfylltum ákveðnum skilyrðum. Slík sóttkví kallast sóttkví B til aðgreiningar frá hinni almennu sóttkví. Hér er um sérstaka aðgerð að ræða í ljósi mjög krefjandi umhverfis við fordæmalausar aðstæður.

Undanþágu þarf að sækja um til sóttvarnalæknis en brot á reglum sóttvarnalæknis um sóttkví varða sóttvarnalög nr. 19/1997.

Stofnun/fyrirtæki sem sækir um undanþágu:

Dags. umsóknar:

_____ 2020

Nafn og kennitala starfsmanns sem er í sóttkví:

Lokadagur sóttkvíar:

_____ 2020

Starf sem **aðrir geta ekki sinnt** meðan á sóttkví stendur:

Fjöldi einstaklinga sem starfsmaður í sóttkví mun óhjákvæmilega eiga samskipti við í sóttkví B _____

Nafn	Kennitala	Tengsl við starfsmann í sóttkví

Afgreiðsla sóttvarnalæknis:

Undirskrift sóttvarnalæknis:

Hafnað _____ Samþykkt _____

Figure 1. The application form for exemption from home quarantine can be found on the Directorate of Health website.

9. Assistants who are ill with COVID-19

Provisions on assistants' entitlement to sick pay can be found in their wage agreement.

COVID-19-caused illness affecting assistants of NPA users is considered an absence in the sense of [Article 20 of the Regulation on User-Controlled Personal Assistance, no. 1250/2018](#), with subsequent amendments. The administrator may apply to the municipality in question for a contribution to cover additional expenses incurred as a result of substitute staffing during absence due to COVID-19. The municipality in question confirms the application on its own behalf and forwards it to the Local Authorities' Equalisation Fund for processing.

NPA agreements assume that the municipality, the user, and the administrator will work together to respond to changes in users' circumstances, with reference to the need for services. User quarantine or isolation is considered such a change in circumstances. As soon as the situation arises, it is vital to create a framework for communications among the municipality, the user, and the administrator in view of the changed circumstances, including communications on staffing issues. This also applies to other user agreements.

Even though circumstances change according to an agreement, the administrator still has the responsibilities of an employer towards workers, and must fulfil those duties according to current regulatory instruments and wage agreements.








If COVID-19 causes widespread illness among assistants, it is possible to notify the contact person at the municipality if users do not have their own back-up team who can assist in such cases.


1. The municipality's contact person then requests assistance from the social welfare services' back-up team.
2. The user/administrator notifies the contact person at their municipality, who will obtain a list of names from the social welfare services' back-up team.
3. The user/administrator will receive a list containing the names of several back-up team members.
4. The user/administrator chooses back-up team members and contacts them, conducts employment interviews, and finalises an employment contract if an agreement is reached.
5. The user/administrator notifies the contact person at the municipality which members of the social welfare services' back-up team were hired.

10. Social Services contacts in users' communities

- **Reykjavík:** Arne Friðrik Karlsson arne.fridrik.karlsson@reykjavik.is
- **Kópavogur:** Guðlaug Ósk Gísladóttir guðlaugo@kopavogur.is
- **Akureyri:** Karólína Gunnarsdóttir karolina@akureyri.is
- **Hafnarfjörður:** Sjöfn Guðmundsdóttir sjofng@hafnarfjordur.is
- **Garðabær:** Pála Marie Einarsdóttir palaei@gardabaer.is
- **Mosfellsbær:** Sigurbjörg Fjölisdóttir sigurbjorgf@mos.is
- **Northwest Iceland:** Gréta Sjöfn Guðmundsdóttir gretasjofn@skagafjordur.is
- **Snæfellsnes Social and Educational Services:** Sveinn Þór Elinbergsson sveinn@fssf.is
- **Akranes:** Svala Hreinsdóttir svala.hreinsdottir@akranes.is
- **Dalvík:** Þórhalla Fr. Karlsdóttir tota@dalvikurbyggd.is
- **West Fjords Community Partnership on the Affairs of the Disabled:** Sif Huld Albertsdóttir bsvest@bsvest.is
- **Bergrisinn, South Iceland service area:** Íris Ellertsdóttir iris.ellertsdottir@arborg.is and Arna Ír Gunnarsdóttir, arna@arnesthing.is

How to protect yourself against the COVID-19 Coronavirus

-  Be mindful of hygiene. Regularly and thoroughly wash your hands with soap and water and use hand sanitiser. Avoid touching your eyes, nose and mouth.
-  Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze, especially if you have cold like symptoms.
-  Avoid close contact with individuals who are coughing or have cold/flu like symptoms.
-  Be mindful of hygiene when you are using things such as public touchscreens, handrails, elevator buttons, card machines and doorknobs.
-  Say hello with a smile rather than a handshake or a hug.
-  Cook meat and eggs well.
-  Avoid contact with stray animals in market areas.

 **Embætti landlæknis**
Directorate of Health

11. Relaxation of ban on gatherings and disease prevention measures beginning 4 May 2020

Iceland has made progress in the fight against COVID-19, but we still need to be careful. The virus has not disappeared, even though the epidemic has receded in Iceland and community spread appears limited. Our aim remains the same: to protect those in high-risk groups and to protect workers who provide services to vulnerable people.

The general rules still apply:

- Clean hands – wash with soap and water or use hand sanitiser
- Maintain a distance of 2 metres between people
- Limit your close interactions to a specified number of people

Individuals at risk of severe infection from COVID-19

For individuals at risk of severe infection from COVID-19, there are [special guidelines in effect, which can be found here](#).

It is important to assess, in consultation with your primary care physician or specialist, whether you are at risk of severe infection.

Other services

Many types of operations that were closed in March are now re-opening, including workplaces for people with disabilities and social activities. Municipal services for people with disabilities are subject to special [guidelines for social welfare services, which can be found here](#).

The first steps out of so-called preventative /self- imposed quarantine

Many have been in so-called preventative quarantine and have remained at home for the most part while the pandemic is ongoing. Now that the number of infections in Iceland has declined so steeply and the ban on gatherings has been relaxed, many people are uncertain about whether they may leave home and have visitors.

- You should always consider the circumstances in the environment. If the number of infections rises, people must continue their voluntary quarantine and should relax it only in proportion to the decline in the infection rate.
- You must also consider your health and underlying risk factors when you assess how to begin re-engaging with the community after having been home in preventative quarantine.
- People with disabilities are encouraged to continue being careful, to avoid crowds, and to avoid interacting with people who have symptoms; however, they should also consider relaxing restrictions on contact with other people.
- Study the guidelines for people who are at risk of severe infection. People can decide to follow the instructions there concerning restrictions on contact with others during the first weeks in May.
- It is wise to stay away from crowded places at first, and find places where it is possible to maintain a distance of 2 metres from others.
- It is possible to attend smaller gatherings where cleanliness and hygiene are observed and the 2-metre social distancing rule is followed.

Guidelines for people with disabilities who have NPA or other user agreements, and those who assist them

- Various services are now open, including hair salons and physiotherapy, where service providers are in close contact with many individuals every day. It is wise to begin by going to these places at the least busy times of day.
- It is important to take good care of your mental and physical health.

Visits and guests

It is important to continue being cautious, to comply with general rules on hand washing and disease prevention, to maintain a distance of 2 metres from other people, and to begin by limiting your close interactions to a specified number of people, with the aim of avoiding infection.

- Adapt the number of visits and the number of guests to current conditions, as contagion can be brought into the home with guests.
- It is also wise to consider how many confirmed infections there are in your municipality.
- Consider the conditions in your home and determine how many guests you can receive while maintaining a distance of 2 metres between people.
- It is possible to begin by seeing 1-2 close acquaintances or friends per week, avoiding physical contact, and maintaining a distance of 2 metres between individuals.

Sound advice for avoiding infection

1. Ask guests to wash their hands and then use hand sanitiser when they arrive and before they leave.
2. Avoid physical contact between guests and members of the household insofar as is possible.
3. Ask guests to maintain a distance of 2 metres between individuals insofar as is possible.

Rakning C-19 – the contact tracing app

People with disabilities, as well as other members of the community, are encouraged to download the Department of Civil Protection and Emergency Management’s contact tracing app and to encourage family members, friends, and guests who visit their home to do the same. The app can be found [here](#) on the website www.covid.is.

12. Further information

- On the FAQ page on the website www.covid.is you can find answers to a large number of questions. When you open that page, select “all questions”.
- There is also a discussion of **emotional wellbeing** during the COVID-19 pandemic, as well as information on where to seek help and support, and sound advice. This information can be found under [Our Wellbeing on www.covid.is](#).
- Also on www.covid.is are guidelines on [how to avoid infection](#).
- Information on accessible walking routes and outdoor activities [can be found here](#).
- Reliable information in addition to www.covid.is can also be found on these websites:
 - www.landlaeknir.is
 - www.samband.is
 - www.felagsmalaraduneyti.is
 - www.npa.is

Things to remember

- **Clean hands** – wash with soap and water or use hand sanitiser
- **Social distancing** – follow the 2-metre rule
- **Positive attitude** – avoid negative thinking
- **Sleep** – get enough sleep
- **Nutrition** – eat a wide range of healthy foods
- **Delivery services** – have food and services delivered if possible, and ask for assistance if you need it
- **Daylight** – enjoy the daylight
- **Physical exercise** – inside or outside
- **Social network** – keep in contact with family and friends; use the phone and social media
- **Medicines** – take all medications as directed by your doctor
- **Community healthcare centre/Medical service hotline** – make contact if necessary (new symptoms, changes in symptoms of an underlying condition or illness, potential infection, etc.)



The poster features a blue play button icon on the left, followed by the text 'covid.is' in blue. Below this is the title 'Community pledge' in large blue font, with the subtitle '- in our hands' in smaller blue font. The main text reads: 'Let's make a pledge to keep up the good work. A pledge that will be valid throughout spring and summer and one that we will all observe.' This is followed by the heading 'We pledge to:' and a list of 12 items, each preceded by a blue play button icon. At the bottom, it says 'Civil defense is still in our hands.' and includes logos for the Icelandic Red Cross and the Directorate of Health.

covid.is

Community pledge

- in our hands

Let's make a pledge to keep up the good work. A pledge that will be valid throughout spring and summer and one that we will all observe.

We pledge to:

- ▶ Wash our hands regularly
- ▶ Sanitize our hands
- ▶ Remember to keep a distance of 2 metres / 6 feet
- ▶ Sanitize common surfaces
- ▶ Keep protecting at-risk groups
- ▶ Call the clinic if we experience symptoms
- ▶ Keep screening for COVID-19
- ▶ Observe quarantine rules
- ▶ Observe isolation rules
- ▶ Keep providing great services
- ▶ Provide trustworthy information
- ▶ Be understanding, mindful, and supportive of each other

Civil defense is still in our hands.

  Embætti landlæknis
Directorate of Health