St. Gabriel's Foundation

Title of Policy:	COVID-19 Response Policy

Developed By: Trail	**Date Developed:** May/June 2020
Approved By: CEO	**Date Approved:**
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Responsible person for implementation:	**CEO**

Compliance Officers	**Susan Walsh** – 085 1413042 - Dooradoyle **Chloe Quigley –** 085 0573854 - Respite House
Lead Workers Representatives	Line Managers

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1.0   COVID-19 Policy Statement

This COVID-19 Response Policy outlines St. Gabriel's commitment as an employer to implement a plan and help prevent the spread of the virus.

St. Gabriel's is committed to providing a safe and healthy workplace for all our staff and service users. To ensure that, we have developed the following COVID-19 Response Plan.

All line managers and staff are responsible for ensuring compliance with this plan and a combined effort will help contain the spread of the virus. We:

- continue to monitor our COVID-19 response and amend this plan in consultation with our staff and public health guidelines
- Provide up to date information to our staff on the Public Health advice issued by the HSE and Gov.ie. We will continue to forward relevant information that is received from the HSE re staff wellbeing and we encourage staff to use the very helpful links that are contained in these.
- display information on the signs and symptoms of COVID-19 and correct hand-washing techniques
- inform all staff of essential hygiene and respiratory etiquette and physical distancing requirements
- adapt the workplace to facilitate physical distancing
- keep a log of contact / group work to help with contact tracing
- provide a familiarisation briefing for all staff on their return to the workplace and new staff
- have a procedure to be followed in the event of someone showing symptoms of COVID-19 while at work or in the workplace
- have a procedure for staff to follow if they develop signs and symptoms of COVID-19 during work
- have Standard Operating Procedures for each area where staff have direct contact with service users, both on site and home visits. These will be kept under review as per government advice.
- have a policy on Working from Home COVID-19
- intensified cleaning in line with government advice

All line managers, supervisors and staff will be consulted on an ongoing basis and feedback is encouraged on any concerns, issues or suggestions. This can be done through the Lead Worker Representative(s)

2.0   Policy Purpose

This document outlines how St. Gabriel's manages the risks posed by COVID–19 as it relates to our business operations.

3.0   Scope of Policy

This policy applies to all Staff and Service Users – i.e. staff - part-time and full time employees, students and CE Scheme participants.

4.0   COVID-19 Response Policy

Our Approach to the Management of C-19:

➢   We have put in place this policy for the management of C-19. All staff and contractor staff will be provided with a copy of this document prior to returning or continuing to work.

➢   This policy has been drawn up in line with the guidance from the HSE and HSA and Government recommendations.

➢   This policy recognises that the work carried out at St. Gabriel's is deemed essential frontline work and all staff are essential frontline workers and are therefore can be in the workplace. Some staff can continue to work in a blended way and there is a Working from Home Policy which should be referenced by anyone working in this way.

➢   All staff including new staff must complete specific *C-19 Induction Training (Appendix B)*. Records of induction training and the briefing will be kept by the line manager.

➢   All staff are required to comply with the requirements of this policy while on our premises or when carrying out work on behalf of St. Gabriel's.

➢   Staff who are experiencing symptoms should not come into the workplace and contact their line manager as soon as possible.

➢   If you have any concerns about your own health or someone you live with, follow government guidelines - government guidelines are updated regularly.

➢   HSE and Public Health Authority Guidelines will be implemented onsite. Management will regularly visit www.hse.ie and www.hsa.ie to get updates on new best practice guidelines.

➢   Warning signage has been posted at all work areas to remind people to regularly wash hands, regularly disinfect equipment and surfaces, keep social distancing (as advised) and practice good respiratory hygiene.

➢   Hand sanitising stations are available in a variety of key work areas.

5.0   What is Coronavirus?

COVID-19 is a new illness that can affect your lungs and airways. It's caused by a new (novel) CoronavirusSARS-CoV-2. Current evidence suggests that the virus is significantly more infectious than the flu that circulates every winter. Viruses can be easily spread to other people and patients are normally infectious until all the symptoms have gone. COVID-19 may survive on surfaces for up to 72 hours. A combination of good personal hygiene and management of social distancing can protect from infection. This is at the core of this document.

https://www.who.int/health-topics/coronavirus#tab=tab_1

https://www2.hse.ie/conditions/covid19/symptoms/overview/

5.1   Symptoms of COVID-19

Infection with the virus that causes COVID-19 can cause illness, ranging from mild to severe, and, in some cases, can be fatal. It can take up to 14 days for symptoms to show. They can be similar to symptoms of cold and flu. See HSE links below which details symptoms.

If you have any common symptoms of COVID-19 (coronavirus) please adhere to the following isolation quick guides.

Adults and Children from 13th birthday – HSE Isolation Quick Guide
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/Isolation%20quick%20guide%20Adults%20and%20children%20from%20their%2013th%20birthday.pdf

Children aged 3 months – 13 years – HSE Isolation Quick Guide
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/Isolation%20quick%20guide%20under%2013s.pdf

Getting an early diagnosis means, you can get the help you need and take steps to avoid spreading the virus, if you have it.

6.0   Key Control Measures

The following are key control measures required for managing the spread of the virus at the workplace:

6.1   Symptoms
Ensuring no person with symptoms attends the workplace, please refer to HSE Guidelines:

Adults and Children from 13th birthday – HSE Isolation Quick Guide
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/Isolation%20quick%20guide%20Adults%20and%20children%20from%20their%2013th%20birthday.pdf

6.2   General Health
Staff in the "at risk" group or living with someone in the "at risk groups" as defined by the HSE, must consider if there is heightened risk from attending the workplace and discuss same with their line manager.

6.3   Travel
Persons returning to the island of Ireland should refer to national advice issued by the HSE/ Department of Foreign Affairs prior to going on their journey, application for leave will take into account any requirement to self-isolate on return. Staff must advise their line manager if they intend to travel abroad prior to getting approval for leave as any additional leave required by Government Guidelines for self-isolating or quarantining must be taken by the employee as annual leave or unpaid leave.

6.4   Hand Hygiene
Ensuring everyone is washing hands regularly, thoroughly and sanitising and ensuring sufficient facilities are provided and maintained to allow this to happen.

6.5   Social Distancing
Ensuring staff maintain 2-metre (1m) separation insofar as possible while working, when using toilets, staffrooms etc. Also, to promote social distancing when travelling to and from the workplace (public transport, etc.), and in their daily lives, in order to limit exposure.

6.5.1. Physical Distancing: The keeping of at least 2 metres between individuals.

6.5.2   Casual Contact in line with the St. Gabriel's Workplace Contact log, a **casual contact** is a contact with a co-worker where:

- 2 metre distance is adhered to or when working within 2 metres PPE is worn.

6.5.3   Close Contact in line with the St. Gabriel's Workplace Contact log, a **close contact** is:

- All workplace contacts (including co-workers, clients, reps, contractors, visitors etc.) where you cannot adhere to 2 metre physical distance and you are not wearing PPE.

6.6   Cough Etiquette/Respiratory Hygiene
Ensuring people cough/sneeze into sleeve or elbow, always cover up, dispose of tissues.

6.7   Cleaning
Ensuring that all frequently touched objects and surfaces are regularly cleaned and disinfected.

7.0   Hygiene

7.1   Good Hygiene and Hand Washing.
All staff should follow this advice and encourage others to follow this advice also.
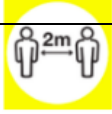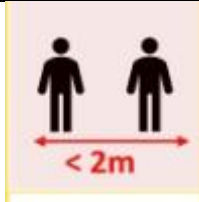
Do:
Wash your hands properly and often. Hands should be washed:

- ✓ After coughing or sneezing
- ✓ Before and after eating
- ✓ Before and after preparing food
- ✓ If you were in contact with someone who has a fever or respiratory symptoms (cough, shortness of breath, difficulty breathing)
- ✓ Before and after being on public transport if you must use it
- ✓ Before and after being in a crowd (especially an indoor crowd)
- ✓ When you arrive at and leave buildings including your home or anyone else's home
- ✓ Before having a cigarette or vaping
- ✓ If your hands are dirty
- ✓ After toilet use
- ✓ Cover your mouth and nose with a tissue or your sleeve when you cough and sneeze.
- ✓ Put used tissues into a bin and wash your hands.
- ✓ Clean and disinfect frequently touched objects and surfaces.

Don't
- - Do not touch your eyes, nose or mouth if your hands are not clean
- - Do not share objects that touch your mouth – for example, bottles, cups, pens.

8.0   COVID-19   -   Protocol

	COVID-19 Key Control Measures	Social Distancing Hand Hygiene - Cough Etiquette Cleaning Symptoms – see section 6.1 Travel - General Health
	Induction	All staff must complete the in-house **COVID-19 Induction – Appendix B**
	Self-Declaration	All staff must inform your line manager if you have any symptoms of Covid or if you are a close contact of a confirmed case. We will follow up-to-date HSE guidelines on management of same.
	Social Distancing	Plan all work to maintain 1m distancing
	Travel To/From Work	Discuss your arrangements around travel to and from the workplace with your Line Manager. Avoid public transport if possible. Follow Government Guidelines around wearing of face mask on public transport.
	Access	All persons entering our buildings must be directed to wash and/or sanitise their hands and additional hand washing/sanitisation stations will be provided where possible
	C-19 Compliance Officer	Social distancing compliance is the responsibility of everyone Role of C-19 Officer and Lead Worker Representative is to monitor work activities to ensure social distancing and hygiene rules are being maintained
	Close Working	SOP's have been developed for close working.
	Deliveries	Allocated times for delivery 8.30 – 4.30 daily from September 2020. Deliveries will be dropped just inside the main entrance, receptionist will contact the person who the delivery is for and it is up to that person to collect item(s). Deliveries for CRC will be managed by the CRC. Registered post may be delivered to reception.

	First Aid	Compression only CPR. PPE Disposable gloves /FFP2 mask /Disposable plastic apron /eye protection available at the following locations: - Main Reception - Nursing - Hydrotherapy Pool - Orthotics

9.0   Return to Work Process

9.1   Staff

In the event of staff either being a suspected/ confirmed case of COVID-19 or a known "close contact" with a confirmed or suspected case, up-to-date HSE guidelines will be followed. Each department will follow the minimum guidelines laid out by the HSE but will risk asses the situation taking into consideration the vulnerability of the clients attend.

- Any staff who has or displays symptoms consistent with COVID-19 must stay away from the workplace, self- isolate and contact their GP or book a PCR test.

- They must also notify their line manager. An individual will be classified as either a suspected or confirmed case, based on HSE decision to test/outcome of test.

- An individual who is a known "close contact" with a confirmed or suspected case will be contacted by the HSE through its contact tracing process. Advice received from the HSE must be followed regarding self-isolation see links:

Adults and Children from 13th birthday – HSE Isolation Quick Guide
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/Isolation%20quick%20guide%20Adults%20and%20children%20from%20their%2013th%20birthday.pdf

Children aged 3 months – 13 years – HSE Isolation Quick Guide
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/Isolation%20quick%20guide%20under%2013s.pdf

- **An individual must only return to the workplace if deemed fit to do so and upon approval of their medical adviser and having co-ordinated with their line manager.**

Return to work criteria, see link below:

https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/quick-guide-for-healthcare-worker-management1.pdf

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[1] Close contact is defined by the HSE as spending more than 15 minutes face-to-face contact within 2m of an infected person or living in the same house or shared accommodation as an infected person (This is only a guide). Definition of Close Contacts – see link below:

https://www2.hse.ie/conditions/coronavirus/close-contact-and-casual-contact.html#:~:text=Close%20contact%20can%20mean%3A,public%20transport%20or%20an%20airplane

9.1 Suspect COVID-19 Case at Work

What to do if a member of staff or a member of the public becomes unwell and believe they have been exposed to COVID-19:

- ➢ isolate the individual, accompany the individual to the designated isolation area via the isolation route, keeping at least 2 metres away from the symptomatic person and also making sure that others maintain a distance of at least 2 metres from the symptomatic person at all times.
- ➢ Provide a mask for the person presenting with symptoms. The person should wear the mask if in a common area with other people or while exiting the premises.
- ➢ Advise the person to immediately go home, call their doctor and continue self-isolation at home.
- ➢ Facilitate the person presenting with symptoms remaining in isolation if they cannot immediately go home and facilitate them calling their doctor. The person should avoid touching people, surfaces and objects. Advice should be given to the person presenting with symptoms to cover their mouth and nose with the disposable tissue provided when they cough or sneeze and put the tissue in the waste bag provided.
- ➢ Arrange transport to appropriate destination, home or otherwise. Public transport of any kind should **not** be used.
- ➢ Arrange for appropriate cleaning of the isolation area and all areas involved.
- ➢ If the case is positive, St. Gabriel's will follow up-to-date HSE advice.

9.3 Confirmed COVID-19 Case at Work

If a confirmed case is identified in your workplace, the HSE guidelines will be followed. Individual cases will be risk assessed taking into account the nature of your work. **The advice will be dependent on the vaccination status of the people concerned.**

10.0 Covid Response Manager, C-19 Compliance Officer and Lead Worker Representatives

This section is intended to outline the role and duties of a Covid Response Manager, COVID-19 Compliance Officer and Lead Worker Representatives for workplaces of all sizes in line with the Government's recommendations to monitor Social Distancing.

Social distancing compliance is the responsibility of everyone.

A backup will be available in the event of a C-19 Compliance Officer going on training, annual leave or being off sick.

Details of the assigned Covid Response Manager, C-19 Compliance Officer and Lead Worker Representatives will be communicated to staff via email and staff notice boards.

10.1 Role of Lead Worker Representatives

The role is to work collaboratively with the employer to assist in the implementation of measures and monitor adherence to the measures to prevent the spread of COVID-19. This role is allocated to the Line Managers in the following areas:

- Children's Disability Network Teams
- Orthotics
- Hydrotherapy

- Respite
- Finance
- CE Scheme
- Transport

10.2 Role of a C-19 Compliance Officer
- The role of a C-19 Compliance Officer is to monitor day to day work activities to ensure social distancing and hygiene rules are being maintained to protect health and reduce the spread of the C-19 virus.
- The Compliance Officer should be clearly identifiable to all staff at St. Gabriel's.
- The person(s) undertaking the role must receive training in what the role will entail.
- Ensuring compliance to the 2m social distancing rule and good hygiene is not the sole responsibility of the C-19 Compliance Officer. Their role is supported by all management and staff.
- A C-19 Compliance Officer must not put themselves at risk while carrying out their duties.
- C-19 Compliance Officers must have a structure or framework to follow within the organisation to be effective in preventing the spread of COVID-19. This structure must be regularly audited and managed to ensure it works and protects all staff. Failure to take it seriously could result in an outbreak of COVID-19 in the workplace.

10.3 Role of Covid Response Manager

This role is suggested to assist sites and services in managing adherence to the Government Protocol. This will, in turn, help facilities and services ensure legal compliance, to discharge their duties under the Corporate and Local Safety Statements and, ultimately, help reduce the risk of the spread of COVID-19 in the workplace. The key roles of the COVID-19 Response Manager are as follows:

1. Oversee compliance with the requirements of the Return to Work Safely Protocol.

2. Ensure areas of non-compliance are escalated to an agreed Senior Manager.

3. Ensure an employee contact log is maintained.

4. Ensure emergency plans and first aid procedures are reviewed and updated.

5. Appoint a Lead Worker Representative(s) (LWR) for each site (Number(s) to be proportionate to the workplace.

6. Provide the LWR(s) with information and training in relation to their role.

7. Ensure LWR(s) receives induction prior to their return to the workplace.

8. Consult with the LWR(s) and Safety Representative(s) on the implementation of control measures.

9. Agree a means of regular communication with the LWR(s).

10. Agree with the LWR(s) the type and frequency of COVID-19 inspections.

11. Set up Covid Response Committee.

10.4   Responsibilities of a C-19 Compliance Officer

C-19 Compliance Officer's responsibilities and duties fall broadly into 2 categories:
1. Proactive day to day duties
2. Reactive emergency duties

10.5   Proactive day to day duties of a C-19 Compliance Officer

- Ensure staff in the workplace complete relevant COVID-19 Questionnaires / Declarations.
- Being a constant workplace presence to monitor compliance with current Public Health social distancing recommendations for all staff in the workplace (with the exception of planned close working). In instances where there is non-conformance with social distancing the C-19 Compliance Officer is to intervene.
- Maintain a log of regular monitoring of COVID-19 controls in the workplace.
- Ensure there is sufficient up to date signage erected in visible locations to educate all staff about the COVID-19 controls in the workplace.
- At all times promote and coach good hygiene practises to all staff at work.
- Ensure regular cleaning of welfare facilities, handrails, door handles, etc. is undertaken.
- Ensure hand wash liquid/soap and hand sanitizers are replenished as required.
- Check hot water and hand drying facilities are available.
- Make representations to management with regards to any COVID-19 concerns raised by staff to the C-19 Compliance Officer.
- Ensure all staff are adhering to staggered break time schedules and limiting numbers in canteens and smoking areas cognisant of the current Public Health social distancing recommendations.
- Ensure all staff leaving the workplace at designated breaks remove their work PPE and continue to adhere to social distancing guidelines, as applicable.
- Report any areas of non-compliance to the area management and ensure these are addressed.
- Consider provision of additional controls for exceptional circumstances
- Keep up to date on HSE guidelines.

10.6   Reactive C-19 Compliance Officer duties

While the main role of the C-19 Compliance Officer is to prevent the spread of COVID-19 in the workplace, there is the potential where an individual may experience COVID-19 symptoms and where the C-19 Compliance Officer needs to react.

In a reactive position, their responsibilities include:

- Informing management if there is a confirmed case or if they have been made aware of an individual with COVID-19 symptoms.
- Isolating an individual with symptoms in an isolation room/segregated area away from other staff.
- Following workplace protocol for individuals with COVID-19 symptoms. (ie send home, inform them to contact GP).
- Assisting in contact tracing should there be a confirmed case of COVID-19.

11.0 Social Distancing

What is social distancing?

Social distancing, or physical distancing, is a set of interventions or measures taken to prevent the spread of a COVID-19 by maintaining a physical distance between people and reducing the number of times people come into close contact with each other. In order to slow the transmission rate of COVID-19, a social distancing of minimum 2m is recommended by the HSE.

The flow chart below is provided to assist in the review of work processes with social distancing in mind.
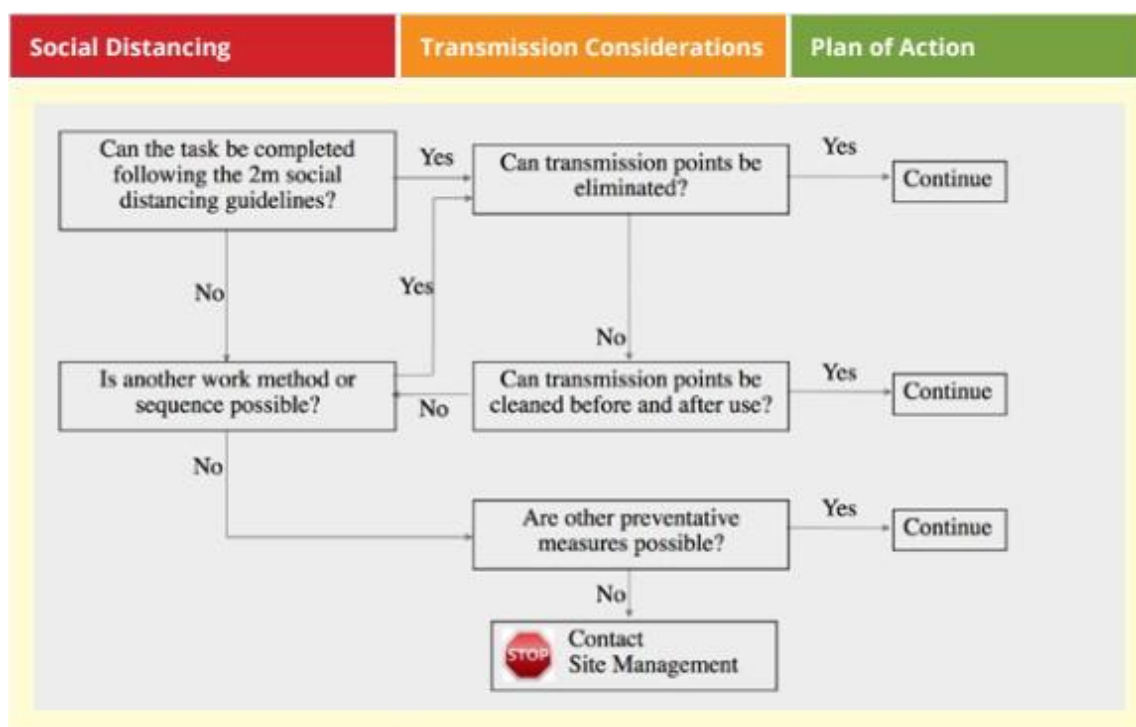
11.1 Walkways and General Access

To assist with social distancing, establish:

➢ A one-way system on access routes throughout the area where possible. Increasing access points can help establish a one-way system.
➢ Where a one-way system is not possible consider widening pedestrian routes so social distancing can be maintained on main walkways.
➢ Marked up walkways can help give an indication of what 2-metre spacing looks like.
➢ Staff/visitors are to wear masks when in public areas in the building and when working closely (within 2m) with either clients or colleagues.

12.0 Communal and Welfare Areas

12.1 Office Arrangements
- Office space re-arranged to enable social distancing in as far as possible.
- Perspex Screens have been installed in office areas where 2m physical distance is not possible.
- Perspex Screens have been installed at reception
- Limit non-essential visitors attending St. Gabriel's.
- Use technology to support online meetings both in and out of the office.
- Staff must keep their own workstation surfaces clear and follow a clean desk policy and wipe with disinfectant regularly.
- Hand sanitisers are available at main entry and exit points, offices, therapy rooms and staff rooms.
- Main doors are kept open where possible to reduce persons touching door handles etc.
- Cleaning regimes have been increased, including a wipe down with disinfectant on door handles, stair rails etc. at regular intervals throughout the day.

12.2 Toilet Facilities
- There is a restriction on the number of people using toilet facilities at any one time. Ensure there is a social distance of 2m maintained while using the toilet facility.
- Implementing appropriate COVID-19 hygiene regime.
- Ensuring soap and hand washing pictorial guides provided for washing hands are clearly visual and in a form manner and language understand for all.
- Enhancing the cleaning regimes for toilet facilities particularly door handles, locks and the toilet flush handle.
- Providing suitable and sufficient rubbish bins for hand towels with regular removal and disposal.

OFFICE SPACE

2 metres / 6.5 feet apart
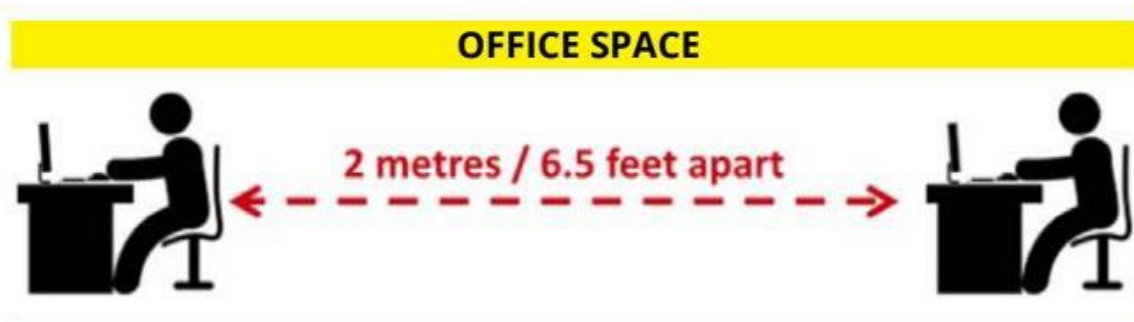
12.3   Staff Room and Eating Arrangements

The following has been put be in place to ensure a social distancing of 2m.

> ➢ Break times will be staggered to reduce congestion and contact.
> ➢ Hand cleaning facilities or hand sanitiser is provided at the entrance and exit of staff room and should be used by all staff when entering and leaving the area.
> ➢ A seating arrangement where staff sit 2 metres apart from each other whilst eating and avoid all physical contact with colleagues.
> ➢ Tables are cleared, cleaned and disinfected between each use and sitting by person using the table.
> ➢ All rubbish will be disposed in a suitable bin.
> ➢ If the staff room is at capacity and you want to get tea/coffee/water to bring back to your desk, this is permitted, wear your mask while in the staff room.
> ➢ A newly designated outside staff area has been set up at the end of the therapy corridor for staff working in this area. Please make sure that all tables are cleared, cleaned and disinfected between each use and sitting by person using the table. Keep social distancing in mind even when outdoors.

13.0 Cleaning and Disinfection

Arrangements for more regular and thorough cleaning of areas and surfaces within the workplace has been made.

➢ Regular and thorough cleaning of communal areas and frequently touched surfaces is being carried out, in particular, toilets, lifts, door handles and light switches. Cleaning is performed regularly and whenever facilities or surfaces are visibly dirty.

➢ All staff have access to cleaning products and are required to maintain cleanliness of their own work area. Staff should thoroughly clean and disinfect their work area before and after use each day.

➢ There is regular collection of used waste disposal bags from offices and other areas.

➢ Staff must use and clean their own utensils (cup, cutlery, plate etc.).

➢ See *Appendix C – SOP - Cleaning Spaces with Suspected/Confirmed Cases COVID-19*

14.0 First Aid Responder Guidance

➢ COVID-19 infects people through contact with the mucous membranes. First Aid Responders must think of these as being the mouth, nose and eyes. It does not infect through the skin.
➢ The greatest element of risk for a First Aid Responder is transfer of the virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth.
➢ The key interventions to manage this risk are to minimise hand contamination, avoid touching your face and clean your hands frequently with soap and water or alcohol-based hand gel.
➢ There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the person's respiratory tract landing directly in your eyes, nose or mouth. This risk is managed by use of appropriate PPE (mask and eye protection) and by providing the ill person with a mask to cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).
➢ If, as a First Aid Responder, you can avoid close contact with a person who may require some level of first aid, do so. This, of course, will not be possible in the event of having to provide emergency lifesaving measures such as an incident of cardiac arrest, heart attack, choking, stroke.
➢ First Aid Responders should be familiar with the symptoms of COVID-19, as per graphic below. You will need to perform a "dynamic risk assessment" based on the scenario you are presented with.

Coronavirus COVID-19

Symptoms	Coronavirus Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms
Fever	Common	Rare	Common
Cough	Common* (Usually Dry)	Mild	Common* (Usually Dry)
Fatigue	Sometimes	Sometimes	Common
Aches and Pains	Sometimes	Common	Common
Sore Throat	Sometimes	Common	Sometimes
Headaches	Sometimes	Rare	Common
Shortness of Breath	Sometimes	No	No
Runny or Stuffy Nose	Rare	Common	Sometimes
Diarrhoea	Rare	No	Sometimes for Children
Sneezing	No	Common	No

Sources: World Health Organization, Centers for Disease Control and Prevention

14.1 Key Control Measures

➢ Standard infection control precautions to be applied when responding to any first aid incident in the workplace. Hand washing with warm water and soap or an alcohol-based hand gel must be performed before and after providing any first aid treatment.

➢ Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case.

➢ In such cases, move individual to designated isolation room to minimise risk of infection to others.

➢ Only one First Aid Responder to provide support/ treatment, where practical.

➢ Additional PPE (enclosed eye protection and FFP2 mask if available) should be worn by First Aid Responders when responding to all first aid incidents where close contact cannot be avoided. Please also have a mask available to give to person if they are displaying symptoms consistent with COVID-19 to limit droplet dispersion.

➢ If you suspect a person has experienced a cardiac arrest, do not listen or feel for breathing by placing your ear and cheek close to the person's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions only until help arrives. To iterate the point, a person in cardiac arrest should have compression only CPR applied.

➢ Persons with minor injuries (cuts, abrasions, minor burns) - where practical, a First Aid Responder should avoid close contact and advise the injured party what steps to take in treating their injury.

➢ No reusable equipment should be returned to service without being cleaned/disinfected appropriately.

14.2　PPE Requirements for First Aid

The following PPE are in the first aid boxes located in Reception; Hydrotherapy Pool, Nursing and must be available for responding to first aid incidents:

1. Disposable gloves (nitrile/latex)
2. FFP2 Face masks
3. Disposable plastic aprons
4. Enclosed eye protection

First Aid Responder must ensure that the mask covers both the mouth and nose and is fitted correctly to create an adequate seal to the face.

Following first aid treatment, disposable PPE and any waste should be disposed of appropriately and reusable PPE cleaned/disinfected thoroughly.

Wash hands thoroughly with warm water and soap before putting on and after taking off PPE.

Replenish PPE stock as appropriate. Liaise with your Line Manager to ensure any issues with first aid PPE are resolved in as timely a manner as possible.

15.0 Management of Meetings

Meetings can be conducted virtually or in person, see below:

Work Meetings
➢ Attendees should be 2m apart from each other if possible.
➢ Rooms to be well ventilated/windows open to allow fresh air circulation.
➢ Attendees or meeting host are to sanitise their area before leaving the room.
➢ Attendees to wear masks during meeting.
➢ Consideration to be given to hold meetings in open areas where possible.

16.0 Contact Tracing within the Workplace

*Appendix D - Contact Log within the Workplace*

17.0 Management of Visitors

The prompt identification and isolation of potentially infectious individuals is a crucial step in restricting the spread of the virus and protecting the health and safety of the individuals themselves and other staff and visitors at the workplace. Arrangement for visitors, will be restricted to those who have completed the *COVID-19 Visitor Questionnaire Form (Appendix E)* on arrival.   As there is no waiting room, you will need to arrange to meet your visitor at the main entrance to St. Gabriel's where the form can be completed prior to entering the building.   This completed Questionnaire will be retained for two weeks by the St. Gabriel's staff contact.

18.0 Management of Deliveries

➢ All delivery transactions enforce physical distancing.
➢ All deliveries must be planned and must adhere to allocated times for collections/ appointments/ deliveries – 8.30 am – 4.30 pm daily.
➢ Arrangements have been made for paperless delivery acceptance and acknowledgements with suppliers to ensure materials management and material reconciliations are accurate.
➢ Hand washing/sanitising facilities are available at entrance to building.

19.0   COVID-19 Risk Control Programme
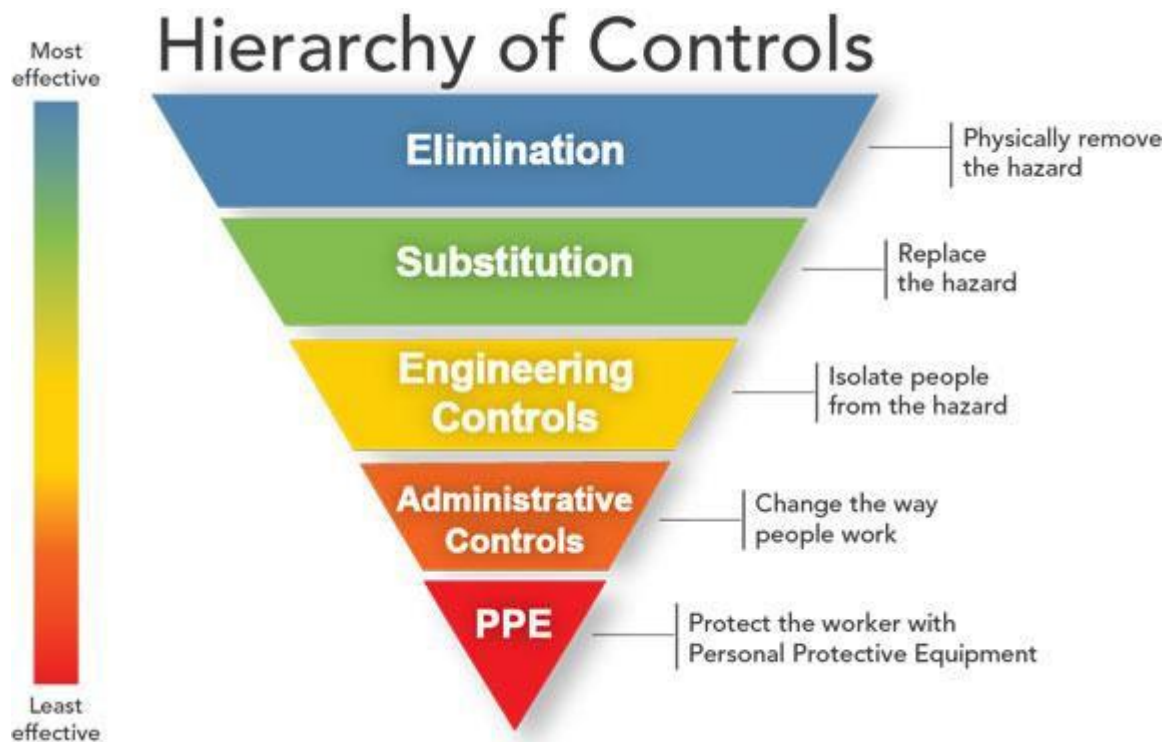
Following this hierarchy will lead to inherently safer systems of work. We know that controlling exposures to hazards is fundamental to protecting staff. This is extended to entire populations when dealing with a global pandemic. If we minimise exposure, we reduce the risk. A closer examination of the advice issued by authorities demonstrates how closely aligned this is to the hierarchy of control.

➢   Elimination (and substitution which isn't really relevant at this stage of the crisis though it will be when a vaccine is developed), is the most effective control at reducing exposure to hazards. However, it tends to be the most difficult control to implement (social distancing and the challenge with getting people to buy into it, is a classic example of elimination. Cocooning is an even more extreme form of elimination).

➢   Engineering controls are designed to minimise exposure to the hazard at the source, before it comes in contact with the staff. Well-designed engineering controls can be highly effective in protecting staff and will typically be independent of staff interactions to provide this high level of protection. Perspex screens at check-outs in shops and supermarkets, are a good example of such controls.

➢   Administrative controls are changes to the way people work. It is important to note that administrative controls do not remove hazards, but limit or prevent people's exposure to the hazards. Examples include operational changes (contacts log is a good example from the COVID-19 response), employee training, and the installation of signs. All staff to receive a return to work familiarisation programme on COVID-19.

➢ <u>Personal protective protectio</u>n (PPE) controls are the least effective form of protection. Only after all the previous measures have been tried and found to be ineffective in controlling risks to a reasonably practicable level, must PPE be considered. Staff must be trained in the function and limitation of each item of PPE and if using PPE have completed the online HSELand module on 'putting on and taking off PPE in community setting.

Appendices

Appendix B - COVID-19 Induction

Mandatory training to be completed before returning to or commencing work and record of same to be retained by Line Manager.

1.	Complete the online HSElanD module on 'Clinical Hand Hygiene'

2.	Complete the online HSElanD module on standard precautions 'Breaking the Chain of Infection'

3.	Complete the online Hseland module on 'putting on and taking off PPE in community setting

4.	View:	https://youtu.be/QpWsM5KxyC8

5.	View:	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/

6.	For your reference - please also be aware of the occupational health section of the HPSC website:
	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/

Appendix C – Standard Operating Procedure (SOP) - Cleaning Spaces with Suspected/Confirmed Cases COVID-19

Personal protective equipment (PPE)

➢ The minimum PPE to be worn for cleaning an area, where a person with a possible or confirmed coronavirus (COVID-19) has been, is a mask, disposable gloves and an apron. These should be disposed of in clinical waste bins.

➢ If a risk assessment of the setting indicates that a higher level of virus may be present, for example, there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner is necessary, wear a mask, visor, disposable gloves and a disposable gown.

➢ It is recommended cleaning an area with normal household disinfectant after a suspected coronavirus (COVID-19) case has left, will reduce the risk of passing the infection onto other people.

➢ If an area can be kept closed and secure for 72 hours, wait until this time has passed for cleaning as the amount of virus living on surfaces would have reduced significantly by 72 hours.

➢ Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab rails in corridors and stairwells and door handles.

➢ If an area has been heavily contaminated, such as with visible body fluids, from a person with coronavirus (COVID-19) consider using protection for the eyes, mouth and nose, as well as wearing gloves and an apron

➢ Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

➢ Public areas where a symptomatic individual has passed through and spend minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

Additionally:

➢ Avoid creating splashes and spray when cleaning.

➢ Any cloths and mopheads used must be disposed of and should be put into waste bags as outlined below.

➢ When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

➢ Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Waste Management

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1 Should be put in a plastic rubbish bag and tied when full.
2 The plastic bag should then be placed in a second bin bag and tied.
3 It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and securely. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

➢ If the individual tests negative, this can be put in with the normal waste
➢ If the individual tests positive, then store it for at least 72 hours and put it in with the normal waste.

Appendix D - Contact Log within the Workplace

Information for Covid-19 Contact purposes only:

This information is being collected solely to assist an individual in the event that they are asked to recall who they were in close contact with on any given day. It is recommended that this form would be completed on a daily basis and stored in a designated area within your department. The forms should be maintained for a period of 2 weeks.

Close contacts are defined as:
- Being within 2 meters for more than 15 mins (cumulative over the course of the day).
- Spending more than 2 hours in an enclosed space (within a distance of less than 2 metres)

Contact Name	Date	Within 2m for More than 15 mins	Spending more than 2 hrs in an enclosed space/ office	Contact Tel. Number	Check if wearing PPE					
					Perspex Screen	Face Mask	Goggles	Gown	Apron	Gloves

Appendix E - Visitor Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building.

Visitors Name:	Phone/MOB:
Visitors Organisation:	Name of St. Gabriel's Staff:

1.	Do you have symptoms of cough, fever, high temperature, loss or change to sense of taste or smell, breathlessness or flu like symptoms now or in the past 14 days?	Yes/No
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	Yes/No
3.	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	Yes/No
4.	Have you been advised by a doctor to self-isolate at this time?	Yes/No
5.	Have you been advised by a doctor to cocoon at this time?	Yes/No

If the answer is yes to any of the questions, access to the facility will be denied.

Signature (visitor) _____   Date: _____

Note: If you plan to be onsite for consecutive days, please immediately advise your contact at St. Gabriel's if any of your responses change.

_____

Access to St. Gabriel's (circle one):   Approved   Denied

Signed: _____   Date: _____

Appendix F1 - Pre-Appointment Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building.

Parent(s)/Guardian(s) Name:	Phone/MOB:
	Clinician's Name:

1.	Do you have symptoms of cough, fever, high temperature, loss or change to, sens of taste or smell, breathlessness or flu like symptoms now or in the past 14 days?	Yes/No
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	Yes/No
3.	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	Yes/No
4.	Have you been advised by a doctor to self-isolate at this time?	Yes/No
5.	Have you received a vaccination? If yes – clarify with client 1st dose or fully vaccinated	Yes/No

If the answer is yes to any of the questions 1 - 4, access to the facility will be denied.

Note: If you plan to be onsite for consecutive days, please immediately advise your contact at St. Gabriel's if any of your responses change.

___

Access to St. Gabriel's (circle one):   Approved   Denied

Signed: _____   Date: _____

Appendix F2 - Client Face-to-Face Contact Record during COVID-19

Please use this contact record form to document clients who attend St. Gabriel's in order to have traceability of what clinicians were involved in their care should there be a Public Health tracing process required in the event the client/parent/clinician tests positive for COVID-19.

Date of contact:	
Time arrived:	
Time left:	
Client Name:	
Client File No:	

Triage questionnaire completed by:	
Temp assessed by:	
Temp of client:	
Temp of parent(s)/ guardian:	
Any action required for temp:	

Names of clinicians/staff who attended appointment:

Name	Time with client