



# Cork Kerry Community Healthcare

## Protocol Working Document for Resumption of Services and Preparation of Buildings V2

## VERSION CONTROL TABLE:

Version	Date	Author	Signed off	Details of update from previous version
V1	29.05.2020	Primary Care Resumption of Services Working Group	Primary Care Management Team	Document Name: <b>Primary Care Resumption of Services in Primary Care Centres and Health Centres</b>
V2	03.07.2020	Buildings Oversight Implementation Group	Building Oversight Implementation Group CKCH Management Team	<ul style="list-style-type: none"> <li>• Introduction: updated to reflect consideration and input from Building Oversight Implementation Group</li> <li>• Mental Health Services updates to <b>Section 3</b>: 3.3, 3.5 and 3.6</li> <li>• <b>Section 4</b>: update to point 4.2 and 4.13</li> <li>• <b>Section 5</b>: Inclusion of Infection Prevention and Control section incorporating Cleaning, PPE and Waste Section</li> <li>• <b>Section 6</b>: Inclusion of Key Roles section</li> <li>• <b>Appendix 4</b>: Hazard Notice on the Use of Alcohol Based Hand Rubs</li> <li>• <b>Appendix 5</b>: Flow chart Protocol for Preparation of Buildings for Resumption of Services</li> <li>• <b>Section 7</b>: Updated HSA Checklist 7 for Lead Worker Representative</li> </ul>

## Table of Contents

1. Introduction.....	4
2. Context: .....	4
3. Guiding Principles: .....	4
4. Building Management: .....	6
5. Infection Prevention and Control: .....	8
5.1 Hand Hygiene Facilities.....	8
5.2 Respiratory Hygiene .....	9
5.3 Environmental Hygiene .....	9
5.4 Cleaning of Patient Care Equipment/Medical Devices .....	10
5.5 Cleaning after a Suspect COVID 19 case .....	10
5.6 Personal Protective Equipment .....	10
5.7 Laundry .....	11
5.8 Waste .....	11
5.9 Legionella .....	12
6. Key Roles for Resumption of Services .....	12
6.1 Staff Member:.....	12
6.2 Line Manager/Clinical Lead: .....	13
6.3 Building Manager/Area Administrator: .....	13
6.4 Lead Worker Representative LWR:.....	13
6.5 Estates Staff: .....	14
7. Checklists .....	14
Appendices: .....	26
Appendix 1: Training.....	26
Appendix 2: Sample Information Leaflet .....	31
Appendix 3: Covid-19 Patient Questionnaire: .....	33
Appendix 4: Hazard Notice On The Use Of Alcohol Based Hand Rubs .....	34
Appendix 5: Process Flow Chart for Preparation of Buildings for Resumption of Services.....	38

## 1. Introduction

The purpose of this document is to provide guidance and direction on resumption of services across Cork Kerry Community Healthcare. There is particular attention given to guiding principles and considerations that should take place before face to face consultations are provided. A number of key steps must be taken to prepare buildings for safe service delivery for both clients and staff.

This first version of this document was originally prepared by the Primary Care Working Group for Resumption of Service to support the process of reinstating Primary Care Services across both Cork and Kerry. The Chief Officer requested that a protocol be prepared to guide all services in Cork and Kerry through the process of resuming services by the safest and most effective means possible. The Building Oversight Implementation Group was established which consists of representation from all Care Groups, Infection Prevention and Control, Estates, HR, Health Promotion and Improvement and the PMO. This document has now been adapted for use by all services and is based on the principles prepared by Primary Care.

## 2. Context:

As part of the COVID-19 Response Plan for the resumption of services, this document details how services need to put in place control measures to reduce the risk of spread of COVID-19 in their services and in buildings across Cork and Kerry. The plan for the resumption of services will need to be done on a phased, co-ordinated building-by-building basis that ensures the safety of both staff and service users and will be underpinned by a set of “guiding principles” set out below. In addition there follows a number of other sections which cover key current information and practical guidance, which is backed up by sign-posts and links where the latest information can be accessed as well as a number of practical checklists to assist individual services.

## 3. Guiding Principles:

**3.1** The General Manager within each service must approve individual service resumption plans and thereafter the HOD/Line Manager/Clinical Director is responsible for implementation of same, in accordance with their own professional guidelines. On-going services should be provided only to those clients who have been prioritised by the service in accordance with the Pandemic Plan.

**3.2** The safe and successful resumption of services is dependent on compliance with the COVID-19 control measures including:

- physical distancing
- hand washing
- respiratory etiquette
- adequate signage
- increased cleaning regimes
- correct use and disposal of PPE
- safety documentation for the operation of services
- staggering breaks, working outside core hours
- the analysis of trends from risk assessments and the provision of controls

Each Head of Discipline/Line Manager/Clinical Director must ensure that they and their staff are trained in infection control and other COVID-19 specific training. A list of online training is provided (**Appendix 1**). Additional training for staff and Line Managers will be made available to support the safe resumption of services.

HODs/Line Manager/Clinical Directors must ensure that their staff members are compliant with the controls within the buildings in which they work. Solutions such as time-tabling of clinic appointments, mask wearing, staggered hours, physical protection measures such as signage and protective screens are matters for the HODs/Line Manager/Clinical Directors to understand and explore, while complying with Lone Worker and other related policies. Thereafter the person with responsibility for managing that building will need to advise, in consultation with services such as Infection Prevention and Control and Estates, as to whether these solutions can be implemented within said buildings.

### 3.3 Phone consultations and preparation for attendance at clinics:

All consultations should be done if possible by:

- Optimising the use of phone consultation, and video calls using tele-practice where currently available. Where not available, and where the HODs/Line Manager/Clinical Directors feels this is an option for delivery of service the application for same to be made via the line manager or directly to ICT as appropriate. Many services are using telehealth as a treatment option. Initial assessments, some group work and given the acuity of some cohorts of service users who come into buildings for treatment many need to have face to face sessions.
- All paperwork including the documentation of service user details, consent and subjective assessments, the provision of professional clinical advice and education, should be initially done on the phone by the clinician, recorded, signed, dated and filed in accordance with their usual procedures.
- It is important for staff in all buildings and their respective HODs/Line Managers/Clinical Directors/Area Administrators to work together with the assistance of the building lead where appropriate to agree and co-ordinate the safe resumption of services. Making links with other services working in adjacent/adjoining/shared clinic rooms and with persons responsible for managing the building is essential to ensure that the overall patient flow is managed so that physical distancing can be observed.

### 3.4 Service users should only be invited for a face-to-face meeting when:

- Phone and/or telemedicine consultations have been optimised;  
A risk assessment has been carried-out to ensure all prompts have been addressed and controls in place documented <https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-social-distancing-working-environment-risk-assessment.pdf>
- An objective assessment, examination or treatment is required to be carried out face to face or hands-on input.

### 3.5 Invitation to appointment:

- An “information leaflet” accompanying the letter of appointment should be provided to the service user if appropriate. See sample leaflet **(Appendix 2) which can be adapted to suit the service/service user.**
- Where possible Services should schedule appointments, however on exception a service user may present without appointment and a decision will need to be made by the Clinician should this person require to be seen.
- Service users will be invited to attend at the notified time of appointment (included on info leaflet). It is important to ensure that appointments are not all scheduled at the same time, to minimise crowding and congestion in buildings.
- Service users will be asked to wait in the car until their appointed time. Where a service user does not have a car, specific arrangements will need to be put in place to wait in waiting rooms or other designated areas. While waiting rooms will be spaced out according to physical distancing measures, the clinician will need to take responsible for monitoring service user adherence to same.

### 3.6 Prior to the appointment:

- Clinician or designated team member will ring the service user within 36 hours of their appointment to go through the Covid-19 Questionnaire (**Appendix 3**).
- Clinician should escort the service user from the designated waiting area to the desired location.

### 3.7 During the appointment:

- The duration of in-clinic consultations should be kept as short as possible; and
- Physical distancing should be maintained as much as possible both among staff and between staff and service users and companions. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/COVID19-PPE-Safe-Mask-Wear-Poster.pdf>

#### Guidance on use of Surgical Masks

- Surgical masks should be worn by healthcare workers when they are providing care to people and are within 2 meters of a person, regardless of the COVID-19 status of the person.
- Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2 meters cannot be maintained.

### 3.8 Following the appointment:

- Where appropriate follow-up information/discussions will be facilitated by phone to minimise face to face contact within the appointment.
- Notes to be written up in accordance with the usual department procedures.

## 4. Building Management:

- 4.1 Persons with responsibility for the day-to-day operation of our buildings shall liaise closely with the HODs/Line Manager/Clinical Director or their designates to ensure the safe resumption of services.
- 4.2 Estates will provide assistance and support with the measurement, ordering and installation of the 2 meter distance signage, requirement for screen protection, sanitizer dispensers and any other building updates as required. All common areas within buildings will require 2 meter signage reminders as well as one way directional arrows. Sanitisers and screens (where required) will need to be installed. The management of clinical rooms will be the responsibility of the Clinician and they must ensure that any furniture to be set up to manage the appropriate appointment is in place as this will vary from Clinician to Clinician depending on requirements.
- 4.3 Excess equipment and furniture must be removed from all common areas including waiting areas as well as clinical consulting rooms, to facilitate social distancing and reduce the opportunities for contamination. Signage will need to be put in place on doors of meeting rooms, to indicate how many people can be safely accommodated at any one time in the room.
- 4.4 Hand sanitiser to be provided at entrances and exits, in areas of high traffic, and at points where care is delivered.
- 4.5 Office capacity will need to be reviewed and, in as much as is reasonably practicable, multiple occupancy is to be avoided. Where this cannot be avoided, all other control measures in line with Infection Control guidelines must be considered. Options for consideration by HODs/Line Managers/Clinical Directors should include working from home, staggered hours, alternative locations, working outside the standard core hours (8am -

8pm, Saturday mornings etc.). Staff who share computers need to agree a timetable to use the computer and the shared workstation including keyboards and all touch surfaces must be cleaned before and after use. Guidance for cleaning of keyboards can be found on. [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing)

- 4.6** Gatherings of staff/service users in buildings will need to be avoided and congregating in corridors, toilets, changing rooms, canteens is actively discouraged. The 2 metre distancing must be observed at all times.
- 4.7** Sign in—sheets to each service and/or buildings will need to be in place if not already in existence. People must use own pen and avoid sharing pens. Where a person has no pen, and where there is a receptionist, the receptionist or appropriate staff member will record names of the attendees and a contact phone number. Third party/contractors, etc. continues to be the responsibility of the service responsible for arranging their attendance. Sign-in logs and schedules of clinic appointments will be used to facilitate contact tracing should an outbreak occur.
- 4.8** When using welfare facilities such as canteen, kitchenettes, toilets, changing rooms and reception areas, please ensure compliance with hygiene and physical distancing controls. This may cause inconvenience e.g. require a longer wait for toilets. Break times should be staggered to reduce congestion and contact in canteens. Cleaning materials will need to be provided, so that surfaces can be cleaned when finished. Waste must be disposed of correctly. Bottles, cups, cutlery should not be shared unless a dishwasher is available. When filling personal water containers from water dispensers, care is required to avoid contact with the tap or drip tray.
- 4.9** Where possible internal doors should be kept open. However, fire doors should not be forcibly held open. When determining the risk associated with keeping doors open, safety, privacy and GDPR should be taken into account.
- 4.10** Each Head of Discipline is required to complete and submit a risk assessment for the service they provide in all buildings. As part of the risk assessment exercise, safety statements need to be updated by Heads of Discipline/Line Managers/Clinical Leads. The Risk assessment must take account of the workplace environment and the work activities of each service. This information must be shared with the person responsible for the day-to-day operation of each building, to give assurance about the provision of safe systems of work. This will give an indicative quantum level of safe face to face services that can be delivered each day.
- 4.11** Each health care building will need to have at least one Lead Worker Representative charged with ensuring COVID -19 measures are strictly adhered to. The Lead Worker Representative (s) will work closely with their Line Manager and the person responsible for the day-to-day operation of each building. Further information on the role of the LWR will be issued at a later date.
- 4.12** In the event that a COVID positive or suspected COVID positive person, be that service-user or staff member, is identified in the building, that person should be given a mask and asked to place it on their face. They must also be advised to remain in isolation in the room or if that room isn't suitable for isolation e.g. waiting area, the person should be escorted to the nearest suitable room. It may be necessary for an adjacent room to be vacated to minimise the distance to be travelled by the COVID suspect and thereby minimise the risk of COVID spread, [www.hspc.ie](http://www.hspc.ie)
- 4.13** Each building must have a facility for temperature checking for staff. It is the responsibility of staff members to check their temperature within the work place and to maintain a personal record of that temperature. If the temperature is above 38° degrees the staff member will need to inform their Line Manager or Lead Worker Representative to follow further instruction.

## 5. Infection Prevention and Control:

As healthcare facilities vary significantly and services delivered are diverse, it is not possible to provide generic prescriptive advice on infection prevention and control for all areas. The IPC measures required will vary on the risks identified within the setting. Also over the coming months the IPC requirements will be determined by the manner in which the COVID 19 pandemic evolves, the approach to IPC will vary on the national, regional and local effects of the pandemic.

However the core principles of IPC will continue to be the application at all times of the Standard Infection Control Precautions for all service users and staff.

Standard Infection Prevention and Control Precautions are detailed in Guidelines on Infection Prevention and Control for Cork Kerry Community Health care Section 3 of the following link

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html>

*The following are key aspects of IPC related to the physical environment and environmental cleaning*

### 5.1 Hand Hygiene Facilities

Adherence to recommendations on hand hygiene is key to the prevention of the transmission of all infections including COVID 19. In order to adhere to recommendations hygiene facilities should be in place in accordance with Guidelines on Hand Hygiene in the Irish Healthcare setting <https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/handhygiene/publications/File,15060,en.pdf>

Facilities should ensure that there is access to hand hygiene facilities by providing Alcohol hand rubs  
This should be provided:

- At the point of care in all healthcare settings either through dispensers which can be attached to the bed, wall, medicine trolleys or equipment and/or in small bottles carried by staff.
- At entrance and exits to buildings for use by the public
- In communal areas and high traffic areas
- Disposable single use cartridges or containers are recommended

*Refer to Safety Hazard Notice from Cork Kerry Fire and Safety in Appendix 4*

Clinical hand washing facilities should:

- Be dedicated to hand washing only and alternative sinks and disposal units are available for other purposes such as cleaning equipment and disposal of contents of waste water.
- Have wall mounted liquid soap in disposable single use cartridges or containers, placed above the sink.
- Have good quality paper towels in wall mounted dispensers placed above the sink.
- Have a hands free non risk waste bin adjacent.
- Signage to remind staff and service user should be in place

For further details on hand hygiene refer to Guidelines on Infection Prevention and Control Cork Kerry Community Health care Section 3

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-2-hand-hygiene.pdf>

It is the responsibility of all staff to maintain personal hygiene including thorough and regular hand washing and maintaining respiratory hygiene and cough etiquette to prevent possible spread of the COVID 19 virus.

All staff must ensure they comply with local policies on uniform policies and dress codes to enable adherence to hand hygiene best practice.



## 5.2 Respiratory Hygiene

Facilities should have signage and facilities to aid service users and staff comply with respiratory hygiene and cough etiquette including signage, lidded bins which are operated by hands free method, disposable tissues and hand hygiene facilities

It is the responsibility of all staff to maintain personal hygiene including respiratory hygiene and cough etiquette to prevent possible spread of the COVID 19 virus.

## 5.3 Environmental Hygiene

The healthcare environment must be well maintained and cleanable, free from non-essential items, and equipment, dust and dirt and acceptable to the service user, their visitors, and staff.

Each healthcare setting should have adequate procedures for the maintenance and routine cleaning of the environment including:

- cleaning schedules which clearly outline responsibilities of all staff involved in cleaning
- a roster of cleaning duties
- the frequency of cleaning required and
- the products to be used

Routine cleaning with detergent and warm water is considered sufficient to maintain the appearance of a building and to reduce the number of germs in the environment to a safe level.

The routine use of disinfectants for general environmental cleaning is unnecessary. However, disinfection following cleaning is needed if there is a known risk, i.e. items which are contaminated with blood/body fluids or as advised by Infection Prevention & Control.

All services should have robust processes in place to ensure everyone is aware of their role and responsibility in relation to cleaning, that adequate resources are available to support this including equipment, facilities and personnel and that a system of monitoring compliance and addressing deficits is in place. Adequate records of these processes should be maintained.

In the context of COVID 19 consideration should be given to:

- Increasing the cleaning of frequently touched areas such as mobile and desk phones, tablets, desktop touch screens, keyboards, printer touch screens.
- Ensuring that the environment is fit for purpose and maintained in a manner that allows it be cleaned and disinfected.
- Ensuring all areas are free of non-essential equipment/clutter to facilitate cleaning.
- Frequency of cleaning should be increased as footfall and quantity of services increases.
- Particular attention should be paid to the cleaning of frequently touched services in shared and common areas of building where there is a high level of occupancy.
- All staff must take responsibility for keeping their own area of work as clean as possible including keyboards, phones, desks both before and after and should removing personal items and keeping the area as clutter free as possible. Where phones are shared, each person using the phone will need to clean same before and after they use it.

Refer to Guidelines on Infection Prevention and Control Section 8

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf>

## 5.4 Cleaning of Patient Care Equipment/Medical Devices

Each healthcare worker is responsible for ensuring that only clean equipment is used during the delivery of care and that all reusable equipment is appropriately decontaminated after each use as recommended by the manufacturer and in line with guidelines.

All equipment should be in a good state of repair and visibly clean. It must be appropriately decontaminated after each use in line with manufacturer's instructions

Single Use - All single use items must be disposed of carefully and safely.

Reusable invasive medical devices must be decontaminated in accordance with National Guidelines <https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/hse-guidance-for-the-application-of-standards-and-recommended-practices-for-decontamination-of-rimd-in-primary-care-2019.pdf>.

## 5.5 Cleaning after a Suspect COVID 19 case

Procedures should be in place in each facility in relation to managing a suspected case of COVID 19, service user or staff member. A designated contact person(s) in each service area should be assigned to take responsibility for ensuring the area where the infected or suspect case visited is fully cleaned following guidelines outlined below. The name and contact detail of this designated person should be made available to all staff in that area.

After a suspect case of COVID 19 is identified in a facility the area should be cleaned and disinfected after the service user /staff member leaves the room. All environmental surfaces that the person has come in contact with must be cleaned first and then disinfected including flat surfaces, backs of chairs, couches, door handles etc. After aerosol generating procedures the room should remain vacant with the door closed for one hour before decontamination.

All areas should be cleaned first with water and detergent followed by chlorine based disinfection at 1,000parts per million (ppm) available chlorine or combined detergent /disinfectant solution at the dilution of 1,000 ppm available chlorine.

A list of recommended products is available from the HSE Medical Hygiene Framework

## 5.6 Personal Protective Equipment

The principles of Standard Precautions include that Healthcare workers should wear protective clothing when there is a risk of contact with blood, body fluids, secretions and excretions (with the exception of sweat).

HCW should select the appropriate PPE (gloves, apron/gown, eye, nose and mouth protection) based on a risk assessment of the task to be carried out.

Protective clothing can create a false sense of security and even increase the risk of cross infection if used incorrectly e.g. failure to carry out hand hygiene following the removal of gloves.

Refer to Guidelines on Infection Prevention and Control Section 3 Standard Precautions Guidelines on Infection Prevention and Control

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-3-2-ppe.pdf>

During the current pandemic in addition to standard precautions surgical mask should be work in line with national guidelines on use of surgical masks available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/>

#### *Guidance on the use of Surgical Masks*

- Surgical masks should be worn by healthcare workers when they are providing care to people and are within 2 meters of a person, regardless of the COVID-19 status of the person.
- Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2 meters cannot be maintained.

In the context of providing care to a service user with Covid 19 additional PPE is required in line with Current recommendations for the use of Personal Protective Equipment (PPE) for Possible or Confirmed COVID-19 in a pandemic setting v2.1, 26.05.2020 <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Current%20recommendations%20for%20the%20use%20of%20Personal%20Protective%20Equipment.pdf>

The responsibility for ordering appropriate PPE for the needs lies with each individual Head of Discipline/Line Manager/Clinical Director. All staff must follow HSE Guidelines in this regard and keep up to date.

Appropriate storage units should be provided which allows for PPE to be stored in proximity to the location it will be used in and in a manner that protect the equipment from contamination. Wall mounted dispensers are recommended for storage of PPE in clinical environments

The policy in relation to disposal of PPE must be done in accordance with current HPSC guidelines.

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE>

## **5.7 Laundry**

All facilities should have local procedure on the management of laundry. All facilities should have appropriate storage for laundry awaiting collection.

Refer to Guideline on Infection Prevention and Control for Cork Kerry Community Healthcare Section 9 <https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-9.pdf>

The risk of infection from used linen is minimal if handled properly. In the context of COVID 19

- The principles of Standard Precautions apply to the management of all laundry and linen.
- Where a suspected case of COVID 19 occurs linen should be handled as infectious linen.

## **5.8 Waste**

Processes and procedures should be in place for the management of waste in each facility.

The principles of Standard Precautions should be applied to protect against exposure to blood and body substances during handling of waste including adhering to hand hygiene and use of PPE. Hand hygiene should be carried out after handling all waste.

Waste should be segregated in line with national guideline on the Segregation and Packaging of waste and this should occur at the point of generation. All waste should be contained in the appropriate receptacles, identified by colour and label, and disposed of according to the facility waste management plan. Healthcare risk waste bins to be in place where healthcare risk waste is generated. Bins which are operated by hands free method should be in place.

All facilities should have appropriate storage for waste awaiting collection. Guidance on the management of healthcare risk waste is available on Section 20 of guidelines available at ; <https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-20-healthcare-risk-waste-management.html><https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/section-20-healthcare-risk-waste-management.html>

See also HSE Waste Management Handbook (2014)  
<https://www.hse.ie/eng/about/who/healthbusinessservices/national-health-sustainability-office/files/hse-waste-management-handbook.pdf>

Additional “foot-operated” bins for general waste (non-risk waste) will be put in place where required.

Healthcare risk waste disposal bins must be used for the disposal of healthcare risk waste only. All heads of discipline to ensure their staff are fully compliant with same. Please note masks, gloves and aprons are to be disposed of in accordance with current HPSC guidelines <https://hpsc.ie>

## 5.9 Legionella

The management of legionella needs to be taken into account as part of the resumption of services process – see attached information and leaflet for further guidance.

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/legionella-in-healthcare-settings.pdf>  
[https://www.hsa.ie/eng/topics/biological\\_agents/specific\\_biological\\_agents\\_infections/legionellosis/covid-19\\_legionella\\_information\\_note.pdf](https://www.hsa.ie/eng/topics/biological_agents/specific_biological_agents_infections/legionellosis/covid-19_legionella_information_note.pdf)

Where buildings have remained closed during the COVID 19 pandemic arrangements should be made with Estates to carry out the required water flushing procedures prior to the building being opens for either service user or staff use.

## 6. Key Roles for Resumption of Services

### 6.1 Staff Member:

- Responsible for making themselves aware of:
  - Signs and symptoms of COVID 19.
  - How COVID 19 is spread and steps to take in minimising the spread.
  - Infection Prevention and Control and hygiene measures such as:
    - Proper hand washing requirements
    - Respiratory hygiene & cough etiquette
    - Physical distancing
    - Cleaning of workspace and touch surfaces in the workplace

- Safe disposal of waste
  - Aware of social distancing requirements.
  - Awareness of steps to take in the event of close contact with a COVID 19 confirmed case.
  - Steps to take if they develop COVID 19 symptoms while in the workplace.
  - When to quarantine and how this should be done.
  - Steps involved in Self Isolation.
  - Temperature checks and steps to take when temperature goes above 38°C.

## 6.2 Line Manager/Clinical Lead:

- Overall responsibility for keeping staff informed of all of the COVID 19 guidelines and implementing the HSE Return to Return Work Protocol.
- Implement all Health and Safety and Infection Prevention and Control guidelines for both staff and Service users.
- Carry out Risk Assessment.
- Appoint a Lead Worker Representative or take on this role themselves.
- Identify services to be provided by Telemedicine/Phone consultation.
- Identify Patient Flow for Face to Face consultations.
- Identify number of Face to Face consultations planned per day/times for each appointment.
- Coordination of priority service provision against safe capacity of building.
- Line managers will need to ensure that any changes to rosters or working arrangements are negotiated in line with nationally agreed information and consultation frameworks. Queries should be referred to local HR and Employee Relations departments if required.
- A directory of supports available to CKCH staff in relation to workplace health is available on <https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/community-healthcare-organisations/wellbeing-booklet-180520-small.pdf>

## 6.3 Building Manager/Area Administrator:

- In cooperation and consultation with Line Managers and Clinical Leads/Heads of Discipline identify required updates and changes to buildings to ensure COVID 19 Health and Safety Guidelines are adhered to.
- Work with Facilities to ensure appropriate physical changes are identified, quantified and installed to ensure COVID 19 compliance.
- Responsible for coordinating the resumption of services where the building has multiple occupancy service provision.
- Identification of services to be provided from each Care Group.
- In consultation with each Care Group representative agree on patient flow patterns and schedule to implement physical distancing within the building.
- Keeping up to date on new COVID 19 guidelines as they emerge.

## 6.4 Lead Worker Representative LWR:

- Line Managers can assign this role to one of their staff or hold the role themselves.
- The LWR must ensure that COVID-19 measures are strictly adhered to in their place of work.

- The person(s) undertaking the role must receive the necessary training and guidance from their lines manager and have a structured framework to follow within the organisation to be effective in preventing the spread of the virus. (National training and guidance for LWR to be issued shortly)
- Line Managers must have regular and meaningful engagement with their Lead Worker Representative.
- The number of representatives appointed will, ideally, be proportionate to the number of workers in the workplace and these key personnel will be clearly identifiable in the workplace.
- Every workplace will have at least one Lead Worker Representative in place to address COVID-19 requirements.
- The Lead Worker Representative(s) appointed should be involved in communicating the health advice around COVID-19 in the workplace.
- The LWR in consultation with their Line Manager, should agree through negotiation with workers/Trade Unions any temporary restructuring of work patterns that may be required to implement the COVID-19 prevention measures in the workplace. In so doing, any existing agreements must be taken into account and reference should be made to existing national circulars relating to COVID -19 working arrangements relative to social distancing and flexible working arrangement. Consultation and engagement with Employee Relations should be made where required.

## 6.5 Estates Staff:

- Working with the Building Manager/Area Administrator the Estates staff member is responsible for measuring each work place for implementation of appropriate signage for 2m distancing guidelines and any other required physical structure required to be compliant with Infection Prevention and Control Guidelines
- Responsible for procuring required physical structures for COVID 19 compliance
- Implementing required physical structures for COVID 19 guidelines

## 7. Checklists

In accordance with the “Return to Work Safely Protocol” a number of checklists, which have been amended for use by all HSE HOD and staff to use are available.

[Return to Work Safely Protocol: COVID-19 Specific National Protocol for Employers and Workers](#)”.

These include:

1. Planning and Preparing
2. Control Measures to Prevent Infection
3. COVID-19 Induction
4. Dealing with a Suspected Case of Covid-19
5. Cleaning and Disinfection –[www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing) & [www.hse.ie/infectioncontrol](http://www.hse.ie/infectioncontrol)
6. Worker Representative

All documentation must be read in conjunction with detailed safety guidance that has been posted on: [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie) [www.hpsc.ie](http://www.hpsc.ie) that support the implementation of the Government Return to Work Safely Protocol. The websites are frequently updated and must therefore be frequently checked for the most up-to-date information.

A selection of useful documents and other information is provided in the [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

It is important to note that all existing Health and Safety provisions continue to apply during this time.

Each healthcare building will appoint at least one worker representative charged with ensuring that COVID-19 measures are strictly adhered to.

## Checklist 1: Planning and Preparing for resumption of services

These checklists have been prepared for HSE managers as prompts to get their services up and running again in a way that will help prevent the spread of Covid-19. Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

No	Controls in place	Yes/No	Action needed
1.	Have you a system in place to keep up to date with the latest advice from Government and to adjust your plans and procedures in line with that advice?		
2.	Have you prepared / revised your business COVID-19 response plan?		
3.	Have you a system in place to provide staff with information and guidance on the measures you have to put in place to help prevent the spread of the virus and what is expected of them? <i>Have you appointed a Lead Worker Representative for your area?</i>		
4.	Is there a mechanism for staff to raise issues or concerns and to have them responded to through your <i>Lead Worker Representative</i> ?		
5.	Have you identified the control measures you will need to put in place to minimise the risk of workers being exposed to COVID-19? (See Checklist No. 2)		
6.	Have you reviewed and updated your risk assessments and safety statement to take account of any controls to help prevent the spread of COVID-19?		
7.	Have you updated your emergency plans, in particular to take account of physical distancing?		
8.	Have you appointed and trained a COVID-19 Lead Worker Representative to help advise staff and to monitor compliance with COVID-19 control measures in the workplace?		
9.	Have you agreed with staff about any adjustment of staff rosters, organising of teams, breaks etc. needed to reduce the number of people in the workplace at any one time and to maintain physical distancing?		
10.	Have you updated your workplace induction / familiarization training to include all information relating to COVID-19? (See Checklist No. 3)		
11.	Have you organised to carry out meetings, training and information sessions online or by phone as far as possible?		
12.	Have you identified the activities that involve interacting with patients/service users/ visitors and put in place measures to prevent physical contact, as far as possible?		
13.	Have you contacted suppliers and arranged contactless delivery, invoicing and payment?		
14.	Have you stopped all non-essential business / work travel?		
15.	Have you advised workers to clean their hands before and after using public transport before arriving to work?		
16.	Have you set up workstations, desks and tables to help with physical distancing?		
17.	Have you put in place supports for workers who may be suffering from anxiety or stress and told your staff about these supports?		
	Has the workplace, including all equipment, workstations, benches, doors and frequent touched surfaces points, been thoroughly cleaned?		
	<b>Personal Protective Equipment (PPE)</b>		
18.	Have you identified, selected and sourced the PPE needed for your workers and arranged enough supplies of it?		
19.	Have you arranged to train your workers in the proper fitting, use, removal, cleaning, storing and disposal of PPE?		
20.	Have your first aiders been given updated training on infection prevention and control re hand hygiene and use of face masks?		
	<b>Buildings</b>		
21.	If your building/department has mechanical ventilation does it need cleaning or maintenance before the workplace reopens?		
22.	Does your hot water system need flushing at outlets e.g. showers, backwashes etc. following low usage to prevent Legionnaire's Disease?		
23.	Has the workplace, including all equipment, workstations, benches, doors and frequent touched surfaces points, been thoroughly cleaned?		
	<b>Additional Information</b>		



## Checklist 2: Control Measures

These checklists have been prepared for HSE managers and their staff to resume their services in a way that will help prevent the spread of COVID-19. By putting in place control measures, you can help to protect your HSE staff and service users. Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

No	Topic	Yes/No	Action Required
	<b>Hand Hygiene Facilities:</b>		
1.	Are there enough hand washing and hand sanitising stations in place to accommodate workers, patients and service users and visitors/contractors adhering to hand hygiene measures?		
2.	Are hand washing and hand sanitising stations in convenient locations that can be easily and frequently accessed? Have you considered: <ul style="list-style-type: none"> <li>all entry/exit points</li> <li>high traffic areas</li> <li>the need for workers to wash their hands before, during or after a work task</li> <li>the distance workers are from hand washing /hand sanitising facilities including wash/bathrooms</li> <li>the number of workers and any shift arrangements</li> </ul>		
3.	Have you made arrangements to ensure hand hygiene facilities are regularly checked and well-stocked e.g. hot running water, soap dispensers, paper towels, touch-free bins and hand-sanitiser?		
	<b>Hand sanitising</b>		
4.	Does the alcohol-based hand sanitiser have at least 60% ethanol or 70% isopropanol as the active ingredient?		
5.	Are there stations at entry/exit points to the workplace?		
6.	Are there stations in areas that have high touch points or high footfall?		
	<b>Employee awareness around hand hygiene in the workplace</b>		
7.	Have you informed staff about the importance of hand washing?		
8.	Have you ensured that staff are trained on <a href="#">how to wash their hands</a> (with soap and water for at least 20 seconds) and dry them correctly? (hseland or other)		
9.	Have you shown staff how to use hand sanitiser correctly and where hand-sanitising stations are located?		
10.	Have you <a href="#">displayed posters</a> on how to wash hands correctly in appropriate locations?		
11.	Have you told staff and others when they need to wash their hands? This includes: <ul style="list-style-type: none"> <li>before and after eating and preparing food</li> <li>after coughing or sneezing</li> <li>after using the toilet</li> <li>before smoking or vaping</li> <li>where hands are dirty</li> <li>before and after wearing gloves</li> <li>before and after being on public transport</li> <li>before leaving home</li> <li>when arriving/leaving the workplace/other sites</li> <li>after changing tasks</li> <li>after touching potentially contaminated surfaces</li> <li>if in contact with someone displaying any COVID-19 symptoms</li> </ul>		
	<b>Respiratory hygiene</b>		
12.	Have you told staff about good respiratory measures to limit the spread of the virus: <ul style="list-style-type: none"> <li>avoid touching the face, eyes, nose and mouth</li> <li>cover coughs and sneezes with an elbow or a tissue</li> </ul>		

	<ul style="list-style-type: none"> <li>dispose of tissues in a covered bin</li> </ul>		
13.	Have you made tissues available to staff and non-risk waste covered bins for their safe disposal?		
14.	Is there a system in place to regularly empty bins so they don't over fill beyond 3/4?		
	<b>Physical Distancing – staying 2 metres apart</b>		
15.	Have you looked at how you can change the layout of your workplace to allow for physical distancing?		
16.	Have you a system to regularly remind workers to stay 2 metres apart?		
17.	Have you specifically identified the activities that involve interacting with patients, service-users, contractor's visitors and others and put in place measures to help prevent contact and ensure physical distancing, as far as possible?		
18.	Can you rearrange working times and shifts to minimise the number of people at work together and to optimise the number of patient appointments that can be offered?		
19.	Can you rearrange break areas and times to comply with physical distancing? (e.g. placing tables and chairs further apart, staggering breaks)		
20.	Can you organise workers into teams who consistently work and take breaks together?		
21.	If it's not possible to maintain physical distancing in the canteen, have you considered making alternative arrangements?		
22.	Can you provide a one way system for entering and exiting the workplace, where practical?		
23.	Have you adapted work schedules to accommodate appropriate physical distancing in offices?		
24.	Have you put floor markings in place to remind everyone in the workplace of the 2 metre physical distance required?		
25.	Have you made face masks available to workers in line with Public Health advice and have you ensured that staff have received guidance in the appropriate use of facemasks?		
26.	Have you carried out an environmental assessment and have you installed physical barriers where appropriate following this assessment.		
	<b>Minimising Contact</b>		
27.	Have you minimised the need for travel or for workers to gather for meetings and interactions e.g. by making available technology for online or phone meetings?		
28.	If staff have to meet, do you make sure they meet in a large space where physical distancing can be done and for as short a time as possible?		
29.	Have you advised workers to travel alone if using their cars for work?		
30.	Have you told workers to clean and disinfect surfaces and shared equipment, not to shake hands and to avoid any physical contact?		
	<b>Personal Protective Equipment (PPE) [Guidance open to change]</b>		
31.	Note: PPE use cannot take the place of other preventative measures. For COVID-19, employers should check public health advice. Gloves are generally not required for infection prevention and control and are not a substitute for hand hygiene.		
32.	Has the correct PPE been identified based on the hazard and work activity?		
33.	Is there a sufficient supply of relevant PPE required to allow a safe system of work?		
34.	Have you trained workers in the correct fitting, use, removal, cleaning, storing and disposal of PPE?		
35.	Have you made arrangements for the cleaning, inspection, maintenance and disposal of PPE, where appropriate?		
	<b>At Risk Groups</b>		
36.	Have you determined which, if any of your staff are at higher risk from COVID-19? Check out <a href="#">At Risk Groups</a> .		
37.	Have you enabled at risk or vulnerable staff to work from home where possible?		
38.	Have you enabled at risk staff to maintain a physical distance of 2 metres?		
	<b>Changes to Work Practices</b>		

39.	Have you considered other changes to work practices to minimise the spread of COVID-19?		
40.	Have you arranged for safe delivery of goods to the workplace?		
	<b>Visiting Contractors / Workers</b>		
41.	Are there arrangements in place to inform other workers, contractors or visitors of the workplace measures to help prevent the spread of infection?		
42.	Is there a system for recording visits to the site/workplace by workers and others, as well as visits by workers to other sites? (COVID-19 Contact log)		
	<b>Additional Information</b>		

### Checklist 3: Induction

These checklists have been prepared for HSE managers and their staff to resume their services in a way that will help prevent the spread of COVID-19. By putting in place control measures, you can help to protect your HSE staff and service users. Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie) and the checklist below should be read in conjunction with the documents available on these website. The usual staff induction, for new employees will have to be revised to include measures to help prevent the spread of the virus. All workers must be brought through this COVID induction.

	Control	Yes	No	Action needed
1.	Have you a system in place to keep up to date with the latest COVID-19 advice from Government and to pass that advice on to staff?			
2.	Have you covered the <a href="#">signs and symptoms of COVID-19</a> ?			
3.	Have you explained to staff <a href="#">how the virus is spread</a> ?			
4.	Have you covered the control measures you have put in place to minimise the risk of staff being exposed to COVID-19? (See Checklist No. 2)			
5.	Have you arranged training in physical distancing, good hand hygiene and respiratory etiquette for staff?			
6.	Have staff been given information on <a href="#">At Risk Groups</a> and asked them to let you know privately if they fall into any of these categories?			
7.	Have staff been told workers they must stay at home if sick or if they have any <a href="#">symptoms of COVID-19</a> and informed them of their entitlements if they are sick or need to quarantine?			
8.	Have you staff what to do and what to expect if they start to develop symptoms of COVID-19 in the workplace, including where the isolation area is? (See Checklist No. 4)			
9.	Have you told staff that the purpose of the COVID-19 contact log in the workplace is to ensure that contact tracing can be conducted quickly, if necessary?			
10.	Have you included any relevant updates (to minimise the risk of you and others being exposed to COVID-19) in your risk assessments and safety statement?			
11.	Have you explained any changes to first aid procedures to minimise the risk of you and others being exposed to COVID-19?			
12.	Have you explained any new staff rosters, changing of start / finish times, rostering of breaks etc.?			
13.	Have you told staff to wash their hands before leaving home and on arrival in the workplace, and at <a href="#">regular intervals throughout the day</a> ? (Pg.10 - 11)			
14.	Have you explained the importance of staff avoiding touching their faces?			
15.	Have you explained the need for staff to avoid physical contact with colleagues, customers or visitors?			
16.	Have you explained the need for the twice-daily cleaning regime of frequently touched surfaces such as door handles, light switches, kettles, sinks, toasters, microwaves, fridge doors etc.?			
17.	Have you explained the need to avoid sharing items such as cups, bottles, cutlery, pens etc.?			
18.	Have you made available cleaning materials, including disinfectant wipes, and advised staff to clean their own workspace twice daily?			
19.	Have you advised staff of the public health recommendation to use a face covering on public transport?			
20.	Have you advised staff to reduce work-related travel as far as possible and provided means for them to have meeting in other ways e.g. phone/ online rather than in person?			
21.	Have you advised staff to travel alone if using their cars for work?			
22.	Have you told staff about the supports available to them if they are feeling anxious or stressed?			
23.	Have you explained the proper fitting, use, removal, cleaning, storing and disposal of any required PPE?			
24.	Have you a system that allows your staff to raise issues or concerns and have these responded to?			

	<b>Additional Information</b>			
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#### Checklist 4: Dealing with a Suspected Case of Covid-19

These checklists have been prepared for HSE managers and their staff to resume their services in a way that will help prevent the spread of COVID-19. Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

No	Control	Yes/No	Action needed
	<b>Procedures and Information</b>		
1.	Have you a system in place to identify and isolate staff or others who start to display symptoms of COVID-19 in the workplace?		
2.	Have you a COVID-19 contact / group work log in place to facilitate contact tracing?		
3.	Have you informed staff of the purpose of the log?		
4.	Have you consulted with staff on the purpose of the isolation procedure and when it should be used?		
5.	Have you displayed the COVID-19 posters in suitable locations highlighting the <a href="#">signs and symptoms of COVID-19</a> ?		
	<b>Instructions if a person(s) develops signs and symptoms of COVID-19 at work</b>		
6.	Have you instructed your staff about what they need to do if they develop signs and symptoms at work?		
7.	Have you provided your staff with up to date public health information on COVID-19 issued by the <a href="#">HSE</a> , <a href="#">HPSC</a> and <a href="#">GOV.ie</a> ?		
	<b>Reporting</b>		
8.	Have you made your staff aware of reporting procedures if they develop signs and symptoms at work for COVID-19?		
	<b>Response team</b>		
9.	Have you allocated staff to support a response to deal with a suspected case of COVID-19 in the workplace and trained this team in what actions to take?		
	<b>Isolation area(s)</b>		
10.	Have you identified arrangements for the provision of a place that can be used as an isolation area, preferably with a door that can be closed, in the event of a suspected case of COVID-19?		
11.	Is this isolation area accessible, including to staff with disabilities?		
12.	Is the route to the isolation area accessible?		
13.	Have you a contingency plan for dealing with more than one suspected COVID-19 case? e.g. If more than one person is displaying signs and symptoms of COVID-19, are there additional isolation areas?		
14.	Are the following available in the isolation area(s)? <ul style="list-style-type: none"> <li>• ventilation, e.g. fresh air ventilation/ability to open a window</li> <li>• tissues</li> <li>• hand sanitiser</li> <li>• disinfectant and/or wipes</li> <li>• gloves, masks</li> <li>• waste bags</li> <li>• pedal-operated, closed bin</li> </ul>		
	<b>Isolating a person(s) displaying COVID-19 symptoms</b>		
15.	Are procedures in place for the manager or a member of the isolation team to accompany the affected person to the isolation area, along the isolation route, while maintaining physical distancing (2 meters) from them?		
16.	Is the manager and response team familiar with this procedure?		
17.	Have others been advised to maintain a distance of at least 2 metres from the affected person at all times?		
18.	Is there a disposable mask available for the affected person to wear while in a		

	common area and when exiting the building?		
	<b>Arranging for the person to leave workplace/Exit Strategy</b>		
19.	Have you established, by asking them, if the affected person feels well enough to travel home?		
20.	If the affected person considers themselves able to travel home, have you directed them to do so and to call their GP and self-isolate at home?		
21.	If the affected person feels unable to go home, has the manager/isolation team let them remain in isolation, and enabled them to call their GP?		
22.	Has the affected person been advised to avoid touching other people, surfaces and objects?		
23.	Has the affected person been advised to cover their mouth and nose with the disposable tissue(s) provided when they cough or sneeze, and to put the tissue in the waste bag provided?		
24.	Has transport home or to an assessment centre been arranged if the affected person has been directed to go there by their GP?		
25.	Has the affected person been advised not to go to their GP's surgery or any pharmacy or hospital?		
26.	Has the affected person been advised they must not use public transport?		
27.	Has the affected person been advised to continue wearing the face mask until they reach home?		
	<b>Follow-up</b>		
28.	Have you carried out an assessment of the incident to identify any follow-up actions needed?		
29.	Are you available to provide advice and assistance if contacted by the HSE?		
	<b>Disinfection</b>		
30.	Have you taken the isolation area and any work areas where the person was involved out-of-use until cleaned and disinfected?		
31.	Have you arranged for cleaning and disinfection of the isolation area and any work areas involved, at least one hour after the affected person has left the building?		
32.	Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?		
	<b>Additional Information</b>		

## Checklist 5: Cleaning and Disinfection

This checklist will help you to put additional cleaning and disinfection measures in place at your workplace. Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

No.	Topic	Yes/No	Action Required
1.	Have you a system in place for checking and keeping up to date with the latest public health advice from Government and to adjust your cleaning procedures in line with that advice?		
2.	Have you a system in place of thorough and regular cleaning of frequently touched surfaces?	Schedule	
3.	If disinfection of contaminated surfaces is required, has it been done following cleaning?		
4.	Have the following frequently touched surfaces been included in your cleaning plan: for example <ul style="list-style-type: none"> <li>• table tops and desks</li> <li>• door handles and light switches</li> <li>• stairs rails and elevator buttons</li> <li>• toilets and toilet doors, taps</li> <li>• remote controls</li> <li>• kettles, toasters, microwave, fridge handles, dishwashers</li> <li>• kitchen surfaces and cupboard handles?</li> </ul>		
5.	Are frequently touched surfaces visibly clean at all times and cleaned at least twice a day?		
6.	Are washrooms and surfaces in communal areas being cleaned at least twice a day and whenever visibly dirty?		
7.	Have you provided staff with cleaning materials such as disinfectant or wipes to keep their own workspace clean?		
8.	Have you told staff what they need to do to keep their own workspace clean?		
9.	Staff are responsible for cleaning personal items that have been brought to work and are likely to be handled at work or during breaks. E.g. mobile phone. Have you told staff to clean personal items that they have brought to work, such as mobile phones, to avoid leaving them down on communal surfaces or they will need to clean the surface after the personal item is removed?		
10.	Have no-touch bins been provided, where practical?		
11.	Have arrangements been made for the regular and safe emptying of bins?		
12.	Have you sufficient cleaning materials available to allow for increased cleaning?		
13.	Have cleaning staff been trained in the new cleaning arrangements?		
14.	Have staff been instructed to read and follow instructions on the product label/ Safety Data Sheet for any cleaning product(s) before use and that where relevant appropriate PPE is worn by cleaners?	Contractor	
15.	If cleaning staff have been instructed to wear gloves when cleaning are they aware of the need to wash their hands thoroughly with soap and water, both before and after wearing gloves?		
16.	Is there is system in place for the disposable of cleaning cloths and used wipes in a rubbish bag? Current HSE guidance recommends waste such as cleaning waste, tissues etc. from a person suspected of having COVID-19 should be double bagged and stored in a secure area for 72 hours before being presented for general waste collection.		
17.	Is there a system in place to make sure reusable cleaning equipment including mop heads and non-disposable cloths are clean before re-use?		
18.	Is there a system in place to ensure that equipment such as buckets are emptied and cleaned with a fresh solution of disinfectant before re-use?		
	<b>Additional Information</b>		

# COVID-19 Return to Work Safely Protocol

## Checklist No. 7 – Lead Worker Representative

This checklist has been developed to help those appointed as a Workplace Representative understand their role in helping to help prevent the spread of COVID-19 in their workplace and in the community.

Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie)

No.	Control	Yes	No	Action Required
1.	Have you agreed with your employer or manager to act as a Worker Representative for your workplace or work area?			
2.	Have you been provided with information and training in relation to the role of Worker Representative?			
3.	Are you keeping up to date with the latest COVID-19 advice from Government?			
4.	Are you aware of the <a href="#">signs and symptoms of COVID-19</a> ?			
5.	Do you know <a href="#">how the virus is spread</a> ?			
6.	Do you know how to help prevent the spread of COVID-19?			
7.	Have you been brought through an induction before returning to your workplace?			
8.	Are you helping in keeping your fellow workers up to date with the latest COVID-19 advice from Government?			
9.	Have you completed the COVID-19 return-to-work form and given it to your employer? (See template Return-to-Work form)			
10.	Are you aware of the control measures your employer has put in place to minimise the risk of you and others being exposed to COVID-19? (See Checklist No. 2 Control Measures)			
11.	Did your employer consult with you when putting control measures in place?			
12.	Have you a means of regular communication with your employer or manager?			
13.	Are you co-operating with your employer to make sure these control measures are maintained?			
14.	Have you familiarised yourself with the cleaning requirements needed to help prevent cross contamination? (See Checklist No.5 Cleaning and Disinfection)			
15.	Have you been asked to walk around your workplace / work area daily and check that the control measures are in place and are being maintained? (Using Checklist No.2)			
16.	Are you reporting immediately to your employer / manager any problems, areas of non-compliance or defects that you see?			
17.	Are you keeping a record of any problems, areas of non-compliance or			



	defects and what action was taken to remedy the issue?		
18.	Are you familiar with what to do in the event of someone developing the symptoms of COVID-19 while at work?		
19.	Are you co-operating with your employer in identifying an isolation area and a safe route to that area? (See Checklist No.4)		
20.	Are you helping, as part of the response team, in the management of someone developing symptoms of COVID-19 while at work?		
21.	Once the affected person has left the workplace, are you helping in assessing what follow-up action is needed?		
22.	Are you helping in maintaining the worker contact log?		
23.	Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace?		
24.	Are you making yourself available to fellow workers to listen to any COVID control concerns or suggestions they may have?		
25.	Are you raising those control concerns or suggestions with your employer or manager and feeding back the response to the worker who raised the issue?		
26.	Do you know what supports are available if you are feeling anxious or stressed and will you pass this information on to your fellow workers?		
	<b>Additional Information</b>		

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The information contained in this guidance is for educational purposes only and is non-exhaustive. It is not intended to provide legal advice to you, and you should not rely upon the information to provide any such advice. We do not provide any warranty, express or implied, of its accuracy or completeness. The Health and Safety Authority shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this checklist.*

## Appendices:

### Appendix 1: Training

Training is directed at the four groups as follows: -

1. Delivery of direct patient & client care
2. Heads of Disciplines
3. Staff responsible for Buildings
4. Administration Staff

#### 1. For people involved in the Delivery of Direct Patient and Client Care

To complete or have completed on HSELand or at training:

Training	Training /Resources /Website
Hand Hygiene Clinical/Non Clinical	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Breaking the chain of infection	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Donning PPE	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Overview of Covid 19	<a href="https://www2.hse.ie/coronavirus/">https://www2.hse.ie/coronavirus/</a>
Guidelines on Infection Prevention and Control for Cork Kerry Community Healthcare 03: Standard Precautions- with particular emphasis on Standard 3 - Precautions	<a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/gl2012">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/gl2012</a> <a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html</a>
Guidelines on Infection Control Prevention for Cork & Kerry – Standard 8 – Decontamination	<a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf</a>
Guidance on the use of surgical masks when healthcare is being provided in the context of the COVID-19 pandemic	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/</a>
Be Familiar with Safe Mask Wear Poster	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf</a>

**For Reference:**

- Interim guidance for healthcare professionals in relation to the management of individuals with suspected COVID-19 infection phoning/presenting to community health care settings other than general practice. This guidance is suitable for use in all community care settings including a Health Care Centre, dental practice, podiatry service or optometrist

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/communityhealthcaresettings/Interim%20IPC%20guidance%20on%20acute%20healthcare%20settings.pdf>

- COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/healthandsocialcareworkers/Guidance-HealthSocialCareWorkersWhoVisitHomes.pdf>

- Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Infection%20Prevention%20and%20Control%20Precautions%20for%20Possible%20or%20Confirmed%20COVID-19%20in%20a%20Pandemic%20Setting.pdf>

- Designated and documented staff member to log onto [www.hpsc.ie](http://www.hpsc.ie) daily and circulate updates to team members

Swabbing Training	Where possible staff to attend face to face training as per HSPC Guidelines
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## 2. Heads of Discipline Managers/Line Manager/Clinical Leads

Training	Training /Resources /Website
Hand Hygiene Clinical/Non Clinical	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Breaking the chain of infection	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Overview of Covid 19	<a href="https://www2.hse.ie/coronavirus/">https://www2.hse.ie/coronavirus/</a>
Guidelines on Infection Prevention and Control for Cork Kerry Community Healthcare 03: Standard Precautions- with particular emphasis on Standard 3 - Precautions	<a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/gl2012">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/gl2012</a> <a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html</a>
Guidelines on Infection Control Prevention for Cork & Kerry – Standard 8 – Decontamination	<a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf</a>
Guidance on the use of surgical masks when healthcare is being provided in the context of the COVID- 19 pandemic	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrol/guidance/ppe/useofsurgicalmasksinhealthcaresetting/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrol/guidance/ppe/useofsurgicalmasksinhealthcaresetting/</a>
Be Familiar with Safe Mask Wear Poster	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrol/guidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrol/guidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf</a>
Outbreak Management for non- Acute Healthcare settings	Guidelines to be issued by HPSC
Risk Assessment	Be familiar with HR Circular 014/2020 Social Distancing in the Health Sector <a href="https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-014-2020-social-distancing-in-the-health-sector.pdf">https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-014-2020-social-distancing-in-the-health-sector.pdf</a> Risk Assessment Prompt Sheet & Implement recommendations <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-social-distancing-working-environment-risk-assessment.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-social-distancing-working-environment-risk-assessment.pdf</a>
Meetings	Attend face to face training for COVID19 incorporating Question and Answer session. Designated & documented staff member to log onto <a href="http://www.hpsc.ie">www.hpsc.ie</a> daily and circulate updates

### 3. Responsible for the day-to-day operation of buildings

Training	Training /Resources /Website
Hand Hygiene Non Clinical	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Breaking the chain of infection	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Overview of Covid 19	<a href="https://www2.hse.ie/coronavirus/">https://www2.hse.ie/coronavirus/</a>
Guidelines on Infection Prevention and Control for Cork Kerry Community Healthcare 03: Standard Precautions- with particular emphasis on Standard 3 - Precautions	<a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/gl2012">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/gl2012</a> <a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/sec3.html</a>
Guidelines on Infection Control Prevention for Cork & Kerry – Standard 8 – Decontamination	<a href="https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf">https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-8.pdf</a>
Guidance on the use of surgical masks when healthcare is being provided in the context of the COVID-19 pandemic	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/</a>
Be Familiar with Safe Mask Wear Poster	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf</a>
Risk Assessment	Be familiar with HR Circular 014/2020 Social Distancing in the Health Sector <a href="https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-014-2020-social-distancing-in-the-health-sector.pdf">https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-014-2020-social-distancing-in-the-health-sector.pdf</a> Risk Assessment Prompt Sheet & Implement recommendations <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-social-distancing-working-environment-risk-assessment.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-social-distancing-working-environment-risk-assessment.pdf</a>
Meetings	Attend face to face training for COVID19 incorporating Question and Answer session. Designated & documented staff member to log onto <a href="http://www.hpsc.ie">www.hpsc.ie</a> daily and circulate updates

#### 4. Administration staff

Training	Training /Resources /Website
Hand Hygiene Non Clinical	Hseland – <a href="http://www.hseland.ie">www.hseland.ie</a>
Overview of Covid 19	<a href="https://www2.hse.ie/coronavirus/">https://www2.hse.ie/coronavirus/</a>
Be Familiar with Safe Mask Wear Poster	<a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/COVID19-PPE-Safe-Mask-Wear-Poster.pdf</a>
Meetings	Attend face to face training for COVID19 incorporating Question and Answer session. Designated & documented staff member to log onto <a href="http://www.hpsc.ie">www.hpsc.ie</a> daily and circulate updates

## Appendix 2: Sample Information Leaflet

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**PLEASE ENSURE YOU HAVE READ THIS INFORMATION BEFORE ATTENDING THE APPOINTMENT**

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We are taking every precaution in light of Covid 19 to prevent infection within in our clinic. Please note the following measures are in place and should be observed at your appointment.

- Please only have somebody accompany you where absolutely necessary;
- If the appointment is for a child please only bring the child to which the appointment is for (no additional or other children)
- Only one person should accompany the child patient

**Do not attend clinic appointment if the child or accompanying person has symptoms of Covid 19:** These include fever, cough, shortness of breath, runny nose, sore throat, loss of sense of smell or taste

**Do not attend the appointment if you have tested positive for the Coronavirus in the past 14 days or had close contact (i.e. less than 2 meter for more than 15 minutes accumulative in one day) with someone with Covid 19 symptoms.** If you have any concerns, please phone ahead before attending.

Please let us know if you have been advised by your Doctor to either self-isolate or cocoon at this time.

**Please arrive for your appointment no more than 5 minutes before your appointment time** - to enable the clinic to maintain hygiene standards and minimise patient interactions.

**Before entering the clinic you are asked to phone (insert)**

An initial consultation will take place over the phone, to minimize risk of exposure to patients and staff members. *Alternatively advise that clinician will ring at the time of appointment, or as close as possible, to enable an initial consultation take place; where patients have no mobile phone alternative arrangements will need to be put in place specific to the situation.*

**Ensure you wash hands thoroughly and/or use hand sanitiser before entering the facility and/or after using the toilet.**

We will minimise the time you spend within the clinic building as far as possible. Please exercise physical distancing when in the facility.

If the appointment is for a child please also explain these requirements to the child before attending

<https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/respiratoryhygieneposters/>

After the examination has taken place, you will be asked to immediately leave the clinic via the designated routing system. The discussion about the examination will take place via phone outside the building.

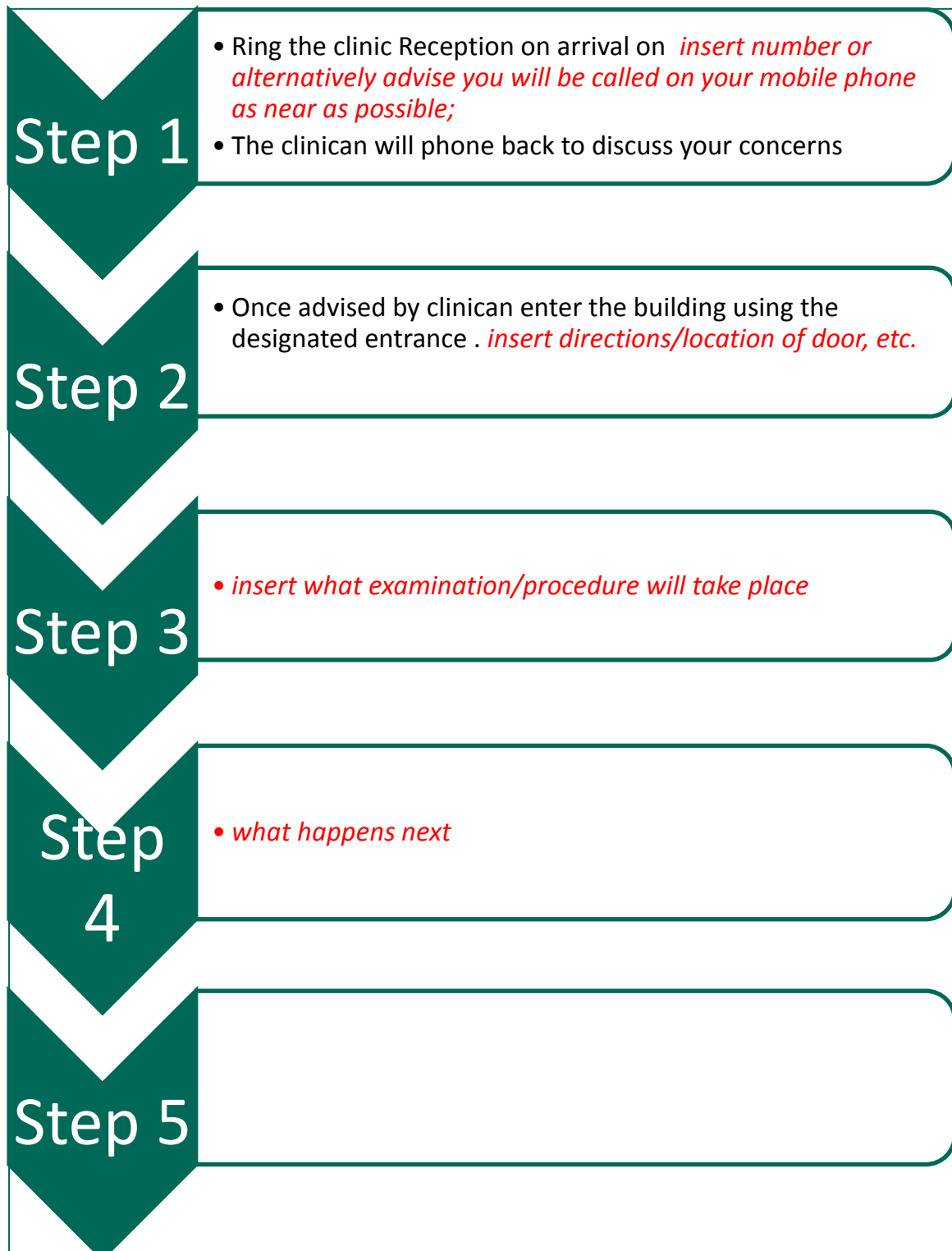
All information about the examination and follow up appointment will be given at this stage and there will be time to answer any further questions that you have at this point.

Please take care in following this guidance, as it is in place to protect you, those near to you and the staff of the HSE.

*Advise where to park and – if patient has no personal transport – agree alternative strategy*

- Wash your Hands – Physical Distancing – Respiratory Etiquette -

### What to Expect on the Day of Appointment





### **Appendix 3: Covid-19 Patient Questionnaire:**

1. Do the patient or their parent/guardian attending the examination have any fever or upper respiratory symptoms (cough, sore throat or runny nose)?
2. Does anyone else who currently lives in the same address have the above symptoms in the past 14 days?
3. Have you been in contact with anyone with the above symptoms in the past 14 days?
4. Have you or your child been in contact with anyone with a confirmed case of Covid-19 in the last 14 days?
5. Is anyone in the household a healthcare worker or currently working not in their home?

If **yes to any of these questions**, please ring the clinic for advice as the appointment may need to be rescheduled.

For more information on Covid-19, please visit <https://www2.hse.ie/coronavirus/>

**Thank You**

## Appendix 4: Hazard Notice On The Use Of Alcohol Based Hand Rubs



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

### Title:

# HAZARD NOTICE ON THE USE OF ALCOHOL BASED HAND RUBS

<b>Document reference number</b>	HAZARD NOTICE ON THE USE OF ALCOHOL BASED HAND RUBS	<b>Document developed by</b>	FIRE AND SAFETY OFFICERS HSE SOUTH(CORK AND KERRY)
<b>Revision number</b>	3	<b>Document approved by</b>	ESTATE MANAGER
<b>Approval date</b>	JUNE 2020	<b>Responsibility for implementation</b>	RESPONSIBLE PERSONS
<b>Revision date</b>	MARCH 2022	<b>Responsibility for review and audit</b>	FIRE AND SAFETY OFFICERS HSE (CORK AND KERRY)

The purpose of this document is to assist the Person in Charge (PIC) of each area to comply with their fire safety management obligations under the following legislation: Fire Services Act 1981, Safety, Health and Welfare at Work Act 2005 and the Safety, Health and Welfare at Work (General Application) Regulations 2007. Should you have any queries in this regard, you may contact the Fire and Safety Officer for your area on 021 4927215.

**PROBLEM:**

The wide spread use of Alcohol-Based Hand Rub to control cross infection has introduced a risk of fire and poisoning. It should be noted that the benefits of using alcohol hand rubs are considerable and far outweigh the risks mentioned in this notice if adequate control measures are put in place.

**Distribution**

This notice should be brought to the attention of the following:

- General Managers
- Risk Managers
- Directors of Nursing/Midwifery
- Regional Materials Manager
- Area Administrators
- Consultants
- Matrons
- LHOs
- Infection Control

**Estates  
Department**

**Fire &  
Safety  
Officers**

**Immediate Action**

Co-ordinated risk assessments and control measures are required to control the risks of fire and ingestion from alcohol based hand rubs; the location of dispensers; the storage and disposal of new and used stock

**Other Considerations**

- Under the Safety, Health and Welfare at Work Act 2005 and the Safety, Health and Welfare at Work (General Application) Regulations an employer is obliged to risk assess Alcohol based hand rubs, and then must decide how to either prevent the risk or put any necessary precautions in place to adequately control the risks.
- Alcohol is recognised as flammable or a substance hazardous to health as defined by the Safety Health and Welfare at Work (Chemical Agents) Regulations 2001 (S.I. No. 619 of 2001).
- Alcohol hand rub gives off a vapour, which will burn with a colourless flame. Concerns have been raised about the potential for ignition by smokers materials, static sparks, the use of electrical switches etc. these risks are increased in an oxygen enrich environment i.e. near a patient on oxygen therapy or while handling oxygen equipment.
- There have been reported incidents of deliberate ingestion of alcohol hand rub by patients with alcohol dependency, also children and patients in a confused state have been known to drink the product.

**Action**

- Alcohol hand rub dispensers should not be placed above, or close to light switches, electrical outlets, or electrical equipment e.g. beds mattresses etc. Other flammable material e.g. linen, paper, etc. should not be stored under dispensers. Where dispensers are placed in corridors (i.e. outside bedded areas and are accessible for visitors the following should apply;

HAZAR

- 1. The corridor should not be carpeted
  2. The corridor should not be less than 2 metres wide
  3. The corridor should not be designated as a protected means of escape
  4. Dispensers should be at least 1.2 metres apart
  5. The maximum container size should be 1 litre
  6. Clear instructions for use should be displayed at dispenser points if visitors are asked to use them
- Ensure dispensers are removed from beds and appropriately stored while beds are moved through the hospital
- For local storage (e.g. on a ward) a non-combustible 'highly flammables' cabinet is required to ensure the containment of spills / leakage and segregation from other materials. Each compartment /Ward should not contain more than 50 litres of highly flammable material.
- Alcohol hand rub containers should be kept closed during and after use. Containers and cartridges should be stored in a cool dry place away from sources of ignition (flammable cabinet)
- Staff should be advised to let their hands dry properly and the vapours to disperse after using alcohol hand rub (this should take only a few seconds) and before the following actions
  1. Using an electrical switch or electrical equipment, including electrically powered medical devices.
  2. Using oxygen or medical devices involving oxygen
  3. Handling a patient or bedding if the patient is receiving oxygen
  4. Changing an oxygen cylinder or oxygen regulator
  5. Smoking or being near a naked flame (e.g. match, lighter)
- Used dispenser cartridges and containers should be treated as controlled waste requiring careful collection and disposal in line with environmental regulations. Rinsing containers with cold water will reduce the alcohol residues with its fire / environmental risks, and caps should be replaced afterwards
- In areas where there is a risk of ingestion for example paediatric, mental health wards or other areas where patients are known or suspected to be at risk, alcohol hand rub dispensers should be appropriately positioned so as to minimise the risk of ingestion. It may be necessary to remove dispenser cartridges temporarily.
- Bulk storage in pharmacy departments (or main stores) must be in fire resisting cabinets.

## References;

- Safety, Health and Welfare at Work Act 2005
- Safety, Health and Welfare at Work Act (General Application) Regulations 2007
- Medical Device / Equipment Alert (NI) 2005/43
- NHS Estates Alert (2005) 07
- Alcohol-Based Hand Rub Solution, Fire Modelling Report; for American Society for Healthcare Engineering of the American Hospital Association (2003)
- National Stakeholders meeting on Alcohol based Hand Rubs and Fire Safety in Health Care Facilities ; Executive Summary (2003)

**ALCOHOL BASED HAND RUB IN WARDS/DEPARTMENTS**

Ward/Department	
Audit Date	
Audit By	

1.	What quantity of reserve stock is held (in litres)?	
2.	Are reserve stocks stored in a lockable, fire resisting metal cabinet with the appropriate hazard warning signs?	YES/NO
3.	Are procedures in place to keep reserve stocks to a minimum?	YES/NO
4.	What is the maximum quantity (in litres) of all flammable liquids held in the ward/dept. at any one time? I.e. Alcohol gel dispensers and stock plus any other flammable liquids.	
5.	Are any other dispensers positioned directly above or adjacent to electrical sockets or switches?	YES/NO
6.	Are dispensers or stocks near any source or ignition? I.e. Naked flame or other heat source.	YES/NO
7.	Are dispensers sited on corridors and accessible to visitors? <b>If YES:-</b> a) Is the corridor a minimum of 2 metres wide? b) Are dispensers a minimum of 1.2 metres apart? c) Does the dispenser size exceed 1 litre? d) Are dispensers located in public areas that are carpeted?	YES/NO  YES/NO YES/NO YES/NO
8.	Are there instructions indicating when, where and how the gel is to be used, including safety measures and actions to be taken in case of emergency e.g. swallowing, eye contact etc.	YES/NO

## Appendix 5: Process Flow Chart for Preparation of Buildings for Resumption of Services

