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|  | **COVID-19 Test Centre Checklist** | | |
| **CF:059:01** |  | | |
| **Issue date:** | January 2021 | **Reviewed date:** | February 2022 |
| **Author(s):** | National Health and Safety Function, Information & Advisory Team | | |
| **Legislation** | Safety Health and Welfare at Work Act, 2005 | | |
| **Scope/ Instructions for use** | The following is a non-exhaustive list of safety checks which should be considered by Managers when assessing and controlling the hazards associated with COVID-19 test centres.  Note: As these test centres are varied e.g. fixed, mobile, drive-through, not all questions will be applicable.  This checklist has been developed in line with Safety Health and Welfare at Work Act, 2005, the [Transitional Protocol Good Practice Guidance for Continuing to Prevent the Spread of COVID-19](file:///C:\Users\Carrollem\Downloads\214428_b94ff281-916e-4158-9349-5f2a04ee60ba.pdf) and the HSE’s [Work Safely arrangements for COVID-19](https://healthservice.hse.ie/staff/coronavirus/safety-in-the-workplace/managing-employees-return-to-work-safely1.html).  All control measures must be documented on the appropriate risk assessment form. For further guidance on undertaking workplace Occupational Safety Health (OSH) Risk Assessments, please refer to [Guideline RE: Completion of Occupational Safety and Health Risk Assessments](https://healthservice.hse.ie/filelibrary/staff/guideline-on-completing-occupational-safety-and-health-risk-assessment.pdf). | | |

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| **Name of Manager:** |  |
| **Date:** |  |

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| **No.** | **Hazard controls to be considered when carrying out your risk assessment** | **Yes** | **No** | **N/A** |
| **Exterior/Car Parking Areas:** | |  |  |  |
|  | Are appropriate signs posted in external areas (e.g. no parking signs in fire routes, etc.)? |  |  |  |
|  | Are walkways clearly designated/segregated and free from trip hazards (e.g. pot holes, cracks, etc.)? |  |  |  |
|  | Are the parking areas free from trip hazards (e.g. pot holes, cracks, etc.)? |  |  |  |
|  | Is the car park kept free of debris? |  |  |  |
|  | Is there adequate lighting? (Tip: lighting levels that enable users to perform tasks safely, especially during dusk or night time.) |  |  |  |
| **Security:** | |  |  |  |
|  | Is there controlled access to the test site? |  |  |  |
|  | Is there controlled access through the test site (e.g. staff areas, treatment rooms, waste storage, gas storage area etc.)? |  |  |  |
|  | Are security checks carried out to ensure windows/doors are closed and locked as required? |  |  |  |
|  | Have staff access to a secure area for the safe storage of valuables/personnel belongings? |  |  |  |
| **Security Procedures and Alarms:** | | | | |
|  | Are security procedures documented? Including access to Security personnel as identified through risk assessment. |  |  |  |
|  | Is there a documented procedure for security breaches? |  |  |  |
|  | Is there a system in place to ensure staff receive appropriate information, instruction and training in the implementation of agreed security procedures? (Ensure training records are maintained.) |  |  |  |
|  | Are personal and fixed alarms available based on risk assessment? |  |  |  |
|  | Where personal or fixed alarms are used, is there a   * activation plan * system for testing alarms * alarm maintenance * retention of service records? |  |  |  |
|  | Are emergency contact numbers prominently displayed? |  |  |  |
|  | What is the procedure for dealing with violent and/or aggressive service users/visitors? |  |  |  |
| **Dress Code/ Identification (ID) Badges:** | | | | |
|  | Are staff ID badges worn at all times? |  |  |  |
|  | Do lanyards have a safety release mechanism? |  |  |  |
|  | Are ID badges of staff not known to the service checked prior to the commencement of duties? This can apply to agency staff, contractors and other HSE staff. |  |  |  |
| **CCTV: (based on risk assessment)** | | | | |
|  | Is there signage in place to indicate to the public and others that CCTV is installed? |  |  |  |
|  | Does CCTV cover all necessary areas? (e.g. blind spots) |  |  |  |
|  | Is there a system in place to retain CCTV footage? |  |  |  |
| **Staff Communication:** | | | | |
|  | Is there a safe system of work for communications between staff e.g. walkie-talkie or a phone system? |  |  |  |
| **Safe Access/Egress:** | | | | |
|  | Are all internal passageways, aisles and walkways free from obstructions, trailing leads, sharp edges and other trip hazards? |  |  |  |
|  | Are exits clearly visible, unobstructed and adequately lit? |  |  |  |
| **Accessibility:** | | | | |
|  | Where necessary, is the workplace organised to take account of workers with disabilities? (e.g. doorways, passageways, staircases, toilets, wash hand basins and workstations)? |  |  |  |
| **Indoor Environment:** | | | | |
|  | Is the floor in good condition and free from trip hazards? |  |  |  |
|  | Is there adequate ventilation/air flow within the work area? Are windows/ roller doors opened to allow for natural ventilation as much as possible? |  |  |  |
|  | If appropriate, has environmental monitoring been completed? |  |  |  |
|  | Have carbon monoxide detectors been fitted in vehicular areas? If so, is there an SOP that includes testing? |  |  |  |
|  | Do staff have control over the thermal environment? |  |  |  |
|  | Is there adequate lighting for tasks and general observations (dawn to dusk lighting considered)? |  |  |  |
|  | Are all fixtures/fittings/lighting in good working order? |  |  |  |
|  | Are there any hazardous chemicals in the work area? Consider alcohol gel, swab medium and cleaning agents. If **Yes:** Has a Chemical Agents Risk Assessment been carried out? |  |  |  |
| **Electrical:** | | | | |
|  | Are there appropriate power points for electrical equipment? |  |  |  |
|  | Are there sufficient electrical points to avoid training cables? |  |  |  |
|  | Are extension leads and multiple adaptors avoided wherever possible? |  |  |  |
| **Equipment, to include office equipment:** | | | | |
|  | Is there an inventory of all equipment in use to include portable electrical equipment? |  |  |  |
|  | Is the equipment provided suitable for the tasks being undertaken and the environment in which it is used? (i.e. is outdoor electrical equipment appropriately IP rated) |  |  |  |
|  | Is the equipment in good condition and free from sharp edges, corners and other hazardous features? |  |  |  |
|  | Is all electrical equipment used in accordance with manufacturer’s instructions? |  |  |  |
| **Inclement weather conditions:** | | | | |
|  | Are there precautions in place for staff during inclement weather conditions? |  |  |  |
|  | Has consideration been given to excessive heat exposures, severe cold or wet conditions? |  |  |  |
| **Noise:** | | | | |
|  | Do noise levels interfere with communication or the work being undertaken? |  |  |  |
| **Work Related Stress (WRS):** | | | | |
|  | Has WRS been risk assessed? |  |  |  |
| **Welfare:** | | | | |
|  | Is there a supply of drinking water? |  |  |  |
|  | Are suitable and adequate rest and eating facilities available for staff? |  |  |  |
|  | Are adequate staff toilets, hand washing and showering facilities provided? |  |  |  |
|  | Are there adequate changing rooms? |  |  |  |
|  | Do all the above facilities allow appropriate social distancing? |  |  |  |
| **First Aid:** | | | | |
|  | Are first aid/emergency kits available, accessible and checked periodically? |  |  |  |
|  | Is there signage to indicate where first aid kits are stored? |  |  |  |
| **Lone Workers:** | | | | |
|  | Have lone workers been identified? |  |  |  |
|  | Lone worker risk assessment been completed with appropriate safety arrangements in place? |  |  |  |
| **Ergonomics:** | | | | |
|  | Has a DSE Risk Assessment been carried out for each DSE User? |  |  |  |
|  | Has ergonomics been reviewed for the swabbing procedure? |  |  |  |
| **Working at Heights:** | | | | |
|  | Has working at heights been identified and risk assessed? |  |  |  |
| **Personal Protective Equipment:** | | | | |
|  | Is there an adequate supply of PPE? |  |  |  |
|  | Have staff had the appropriate training in donning and doffing? |  |  |  |
|  | Has fit testing been completed for respirators e.g. FFP2/FFP3? |  |  |  |
|  | Are there appropriate waste points available for disposal? |  |  |  |
|  | Do staff know what to do in the event of a breach of PPE? |  |  |  |
| **Manual Handling:** | | | | |
|  | Are all manual handling activities risk assessed? |  |  |  |
|  | Have all staff received up-to-date manual handling training? |  |  |  |
| **Pedestrian/Vehicle Management:** | | | | |
|  | Is there an SOP for traffic management as appropriate? (e.g. one way system, parking.) |  |  |  |
|  | At swabbing, are drivers provided with instructions to stop their car safely? |  |  |  |
|  | Are there clearly marked pedestrian routes? |  |  |  |
|  | Are there barriers to protect marked pedestrian walkways and vehicle operating areas? |  |  |  |
|  | Are there clear warning and traffic management signs? |  |  |  |
|  | Are there strictly enforced ‘NO GO’ exclusion zones for vehicles and pedestrians? |  |  |  |
| **Biological Agents:** | | | | |
|  | Has the biological risk assessment been completed and implemented? |  |  |  |
|  | Is there an SOP for specimen collection and transport? |  |  |  |
|  | Are specimens correctly packaged and labelled? |  |  |  |
| **Decontamination:** | | | | |
|  | Are cleaning and disinfection procedures in place, in line with the requirements set out in [**HPSC  *Infection Prevention and Control Precautions for COVID-19***](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/)? |  |  |  |
| **Waste Management:** | | | | |
|  | Is there a waste management procedure? |  |  |  |
|  | Is waste clearly identified and removed from site, in line with the procedure? |  |  |  |
| **Physical Distancing:** | | | | |
|  | Has 1 metre physical distancing requirements been reviewed as part of a risk assessment? See HPSC guidance for more information [Infection Control Guiding Principles for Buildings Acute Hospitals and Community Settings](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Infection%20Control%20Guiding%20Principles%20for%20Building.pdf) |  |  |  |
|  | Is there evidence of the implementation of adequate controls as per risk assessment? |  |  |  |
| **Accident/Incidents and Near Misses:** | | | | |
|  | Are all incidents/accidents/near misses recorded on NIMS? |  |  |  |
|  | Are incidents/accidents investigated and remedial control measures implemented? |  |  |  |
| **Emergency Plans including Fire Safety:** | | | | |
|  | Is there an emergency plan for the building and are exits clearly marked? |  |  |  |
|  | Have staff received the necessary training, particularly in issues specific to the building such as the emergency plan? |  |  |  |
|  | Has fire training been undertaken in relation to the evacuation procedures? |  |  |  |
|  | Has the local Fire Safety Officer been contacted to conduct a fire risk assessment for the premises? |  |  |  |
|  | Are weekly Fire Safety (FSR 7) checklists completed? Request form from Local Estates Department. |  |  |  |
|  | Are emergency plans in place for the following (non-exhaustive)   * Needlestick/Sharp Injury? * Blood/Body Fluid? * Chemical spillage? * Violent or Aggressive incident? * Workplace accident? * Medical Emergency? |  |  |  |
|  | Is there a local procedure in place for the management of a suspected case of COVID-19 in Healthcare workers? |  |  |  |
| **Consultation:** | | | | |
|  | Is there a system in place for the exchange of information and consultation with staff, Lead Worker Representatives and/or Safety Representatives? |  |  |  |
| **COVID-19 Requirements:** | |  |  |  |
|  | Is there a Lead Worker Representative to cover the site? |  |  |  |
|  | Is there a COVID-19 Response Manager to cover the site? |  |  |  |
|  | Is there a COVID-19 Response Plan for the site? |  |  |  |
|  | Is there a Safety Statement for the site? |  |  |  |
| **Contractors:** | | | | |
|  | Has a HSE Contracts Manager been appointed to oversee contracts regarding the provision of services or labour? |  |  |  |
|  | Has a service level agreement been developed for each contract/ service? |  |  |  |
|  | Has the content of the HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others 2018 been communicated to Contractors? |  |  |  |
|  | Have the contractor signed the declaration in ‘Appendix 1’ of the above policy? |  |  |  |
| **Training Needs:** | | | | |
|  | Are training needs for staff managed? |  |  |  |
|  | Is staff induction completed and recorded? |  |  |  |

For supporting documentation please refer to <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/> or contact the NHSF helpdesk on 1800 420 420 between the hours of 10.30-12.00 and 14.00-15.30 Monday to Friday