		<h1 style="margin: 0;">Guideline Document</h1>		
Ref: GD: 013:01		Guidance on reviewing and updating Biological Agents Risk Assessments in all HSE Acute Healthcare Settings (excluding Laboratories) during COVID- 19		
Issue date:	May 2020	Revised Date:	August 2021	Version No.
		2		
Authors(s):	National Health & Safety Function (NHSF)			
Consultation With:	HPSC			
Responsibility for Implementation:	All HSE Managers and employees whose work activities involve the risk of exposure to COVID -19 during this pandemic phase.			
Note:	<p>This guidance has been developed to support Managers when reviewing their Biological Agents Risk Assessment during the COVID -19 pandemic. It is based on HPSC/ HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting and the interim guidance issued by the World Health Organization - WHO (2020) Infection prevention and control during healthcare when COVID-19 is suspected.</p> <p>The guidance referenced in this document may be subject to change, hence, all managers and employees must check HSE.ie daily to keep informed of up to date information and advice.</p>			
Version	Date approved	Section amended	Author	
2	August 2021	Reference to Safety, Health and Welfare at Work (Biological Agents) Regulations 2013, updated throughout the document to reflect the 2020 Regulations and COP	NHSF	
2	August 2021	Manager Responsibilities Included bullet point “Ensure a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) is notified to the Health and Safety Authority”	NHSF	
2	August 2021	CF:051:01 Biological Agents Risk Assessment in all HSE Acute HC facilities (excl. Lab) during COVID 19 Front Cover – inserted reference to legislation	NHSF	
2	August 2021	CF:051:01 Biological Agents Risk Assessment in all HSE Acute HC facilities (excl. Lab) during COVID 19 New question 43 “There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_guidance_and_advice/guidance_and_advice/covid_19_%E2%80%93_faqs_and_advice_for_employers_and_employees/reporting_of_covid-19_cases.html ”	NHSF	

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1.0 Introduction:

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus responsible for the disease COVID-19 belongs to the Coronaviridae family. This family also includes severe acute respiratory syndrome-related coronavirus (SARS-virus) and Middle East respiratory syndrome coronavirus (MERSvirus). Both of these viruses are classified as risk group 3 biological agents under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020.

It is the policy of the HSE to reduce, as far as is reasonably practicable, the risks associated with exposure to biological agents (COVID-19) and acknowledges that some employees may be exposed through work activities to COVID-19 and are committed to eliminating or reducing the risk of exposure.

2.0 Purpose:

This guideline has been developed to support Managers and employees in reviewing and updating their Biological Agents Risk Assessment during the COVID -19 pandemic.

3.0 Scope:

This guideline applies to all Managers and Employees in Acute Healthcare Settings (excluding Laboratories) whose work activities may involve the risk of exposure to a COVID-19 during this pandemic phase.

4.0 Roles and Responsibilities:

The Safety, Health and Welfare (Biological Agents) Regulations 2013 and 2020, places specific duties on managers and employees and are detailed in the ***HSE Policy on the Management of Biological Agents in the Healthcare Setting*** and are not reproduced here. In summary responsibilities are as follows:

Manager Responsibilities:

- Ensure that all hazards and the risks associated with exposure to COVID -19 are identified and assessed, and appropriate measures are put in place to eliminate, control or minimise the risk
- Ensure the risk assessment is in a written format (Refer to Appendix I)
- Where the results of the risk assessment identifies a risk to safety, health or welfare of employees, ensure relevant health surveillance is made available
- Ensure that employees are provided with appropriate information, instruction, supervision and training
- Ensure the implementation of appropriate responses for possible emergencies e.g. Spill management, management of contaminated employees
- Ensure that incidents involving potential exposure to COVID 19 are reported and managed in accordance with [Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health](#) and [The HSE Incident Management Framework](#) and ensure that remedial measures identified through incident reviews are promptly implemented
- Ensure a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) is notified to the Health and Safety Authority

Employee Responsibilities:

- Adhere to local procedures and safe systems of work and any associated risk assessments and risk controls
- Work in a safe and responsible manner and take reasonable care of their own safety, health and welfare and that of others
- Co-operate with the regular review of risk assessments and control measures
- Not engage in improper conduct or behaviour or place anyone at risk
- Attend training as appropriate
- Use safety equipment or PPE provided, or other items provided for their safety, health and welfare at work
- Report to the Line Manager any defects in equipment or the place of work and any unsafe systems of work
- Report any incident involving exposure or risk of exposure, to, or release of, a biological agent involving or likely to involve a risk to the health or safety of an employee.

5.0 Risk Assessment

The risk assessment process is broken down into four steps as outlined in Figure 1.

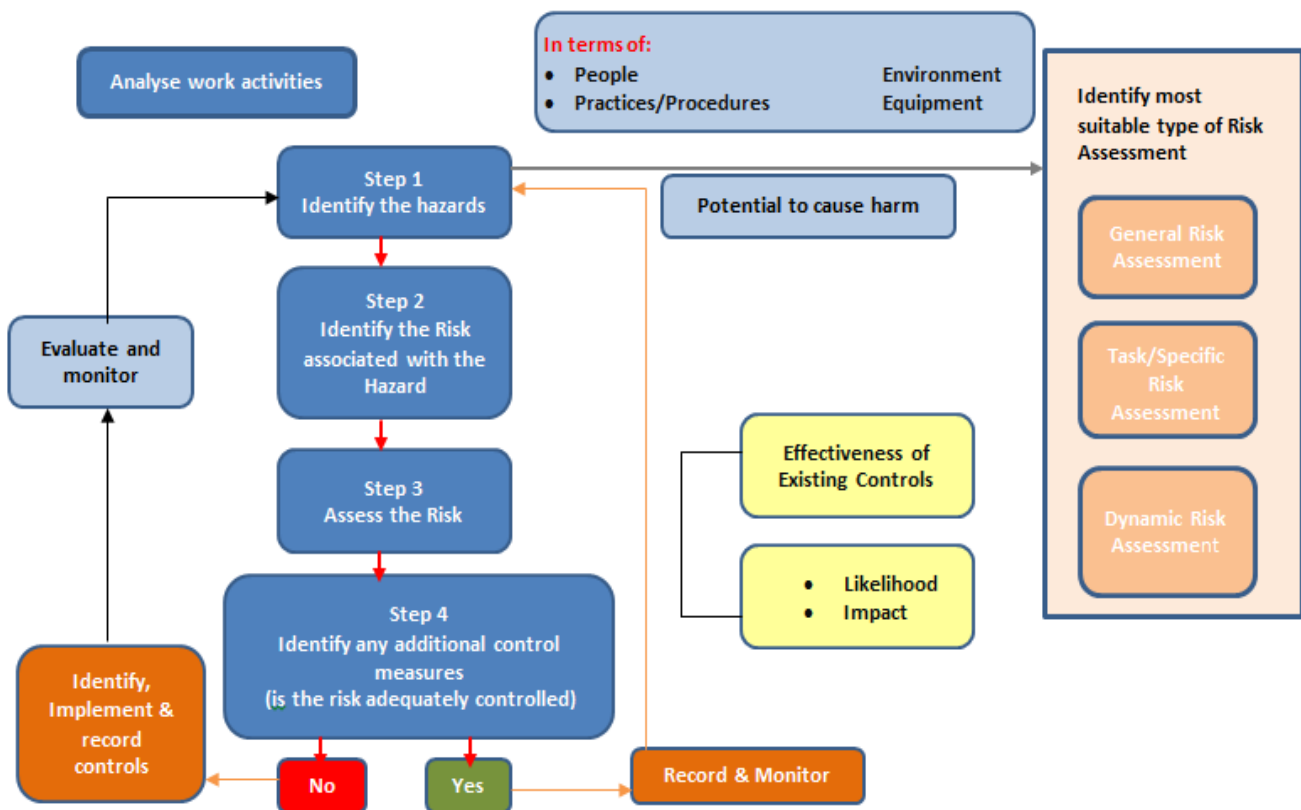


Figure 1

Note: The Risk Assessment Form in Appendix I must be used for the purpose of recording the assessment.

5.1 Steps in the Risk Assessment Process

The risk assessment process **for a given task** comprises of the following four steps:

Step 1 - Identify the Hazard – Document the activities where there is a potential exposure to COVID-19, and determine the nature, route, degree and duration of employee's exposure. Examples of **Contact and Droplet Activities may include the following (non –exhaustive)**:

- Low Contact patient activities: Initial clinical assessments; taking a respiratory swab or recording temperature; handling laundry or waste
- High Contact patient care activities: Close contact for physical examination/physiotherapy; changing incontinence wear or assisting with toileting;

Aerosol Generating Procedure (AGP) may include: tracheal intubation; bronchoscopy

Step 2- Identify the Risks associated with the hazard.

For the purpose of the assessment:

- Identify categories of employees who may be exposed
- Describe the risk associated with the hazard
- Consider whether existing control measures are adequate.

The WHO recommends the following IPC strategies (control measures) to prevent or limit transmission in health care settings:

1. Ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19)
2. Applying standard precautions for all patients
3. Implementing empiric additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of COVID-19
4. Implementing administrative controls
5. Using environmental and engineering controls.

These WHO IPC recommended strategies and the [HPSC/ HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#) have been integrated into the risk assessment process in Appendix 1 to assist in identifying both the existing control measures in place (tick YES) and any additional controls required (tick NO).

Note: Control programmes must accord with the prevention and risk reduction measures contained in [Schedule 2, 3, 4 and 5 of the Safety, Health and Welfare at Work \(Biological Agents\) Regulations 2013 and 2020](#), and [schedule 2, containment level 3 of the Code of Practice for the Safety, Health and Welfare at Work \(Biological Agents\) Regulations 2020](#).

Step 3 - Assess (i.e. Rate) the risks (Refer to HSE Risk Assessment Tool)

<https://www.hse.ie/eng/about/qavd/riskmanagement/risk-assessment-tool.pdf>

Step 4 - Identify any additional control measures (if any) required (i.e. evaluate and treat the risks).

Where additional control measures are identified these should be documented on the Biological Agents Risk Assessment Form, assigned an 'action owner' and 'due date' for completion.

(See Appendix 1 Biological Agents Risk Assessments in all HSE Acute Healthcare Settings (excluding Laboratories) during COVID- 19)

6.0 Supporting Information



- HSE Policy on the Management of Biological Agents in the Healthcare Sector
- Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013 and 2020
- Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2020
- CF:004:02 Guidance on Completion of Biological Agents Risk Assessment form

For further health and safety advice or support during the COVID-19 pandemic, please contact the HSE health and safety helpdesk by visiting <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/health-and-safety-helpdesk.html> or alternatively phone 1850 420 420

7.0 References

- HPSC/HSE (2021) Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting
- WHO (2020) Infection prevention and control during healthcare when COVID-10 is suspected
- HPSC/HSE (2021) Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19
- HPSC/HSE (2021) Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health
- HSPSC/HSE (2021) Use of PPE to support Infection Prevention and Control Practice when performing aerosol generating procedures on CONFIRMED or CLINICALLY SUSPECTED COVID-19 CASES in a PANDEMIC SITUATION, version 2.3

Appendix I

		<h1 style="margin: 0;">Health & Safety Risk Assessment Form</h1>				
Ref: CF:051:01		Re Biological Agents Risk Assessment in all HSE Acute HC facilities (excl. Lab) during COVID 19				
Issue date:	May 2020	Revised date:	August 2021	Version No.	2	
Author(s):	National Health & Safety Function					
Legislation:	Under Section 19 of the <i>Safety, Health and Welfare at Work Act, 2005</i> and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.					
Note:	The WHO IPC recommended strategies and the HPSC/ HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting have been integrated into the risk assessment process to assist in identifying both the existing control measures in place (tick YES) and any additional controls required (tick NO). Where additional control measures are identified these should be documented on the Biological Agents Risk Assessment Form, assigned an 'action owner' and 'due date' for completion.					
Biological Agents Risk Assessment in all HSE Acute HC Facilities (excl. Lab) during COVID 19						
Division:		Source of Risk:				
HG/CHO/NAS/ Function:		Primary Impact Category:				
Hospital Site/Service:		Risk Type:				
Dept./Service Site:		Name of Risk Owner:				
Date of Assessment:		Signature of Risk Owner:				
Unique ID No:		Risk Co-Ordinator:				
		*Risk Assessor(s):				
Amendments to the Risk Assessment						
Version	Date Approved	Section Amended				Author
2	August 2021	CF:051:01 Biological Agents Risk Assessment in all HSE Acute HC facilities (excl. Lab) during COVID 19 Front Cover – inserted reference to Legislation				NHSF
2	August 2021	CF:051:01 Biological Agents Risk Assessment in all HSE Acute HC facilities (excl. Lab) during COVID 19 New question 43 “There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g.				NHSF

		<p>informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2)</p> <p>https://www.hsa.ie/eng/topics/covid-19 coronavirus information and resources/covid-19 guidance and advice/guidance and advice/covid 19 %E2%80%93 faqs andadvice for employers and employees/reporting of covid-19 cases.html</p>	
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No.		Yes	No	N/A	Comment
Section 1- Triage, Early Recognition and Source Control					
To facilitate early identification of cases or suspected cases of COVID-19 the following measures are in place in all Acute Healthcare Settings:					
1	Healthcare Workers (HCWs) are aware of the early signs and symptoms of COVID- 19 in patients presenting and know who to alert if they have a concern				
2	At entry to the hospital, patients presenting for assessment are segregated into suspected/confirmed positive COVID and non COVID Zones based on criteria set out in the latest version of the COVID-19 Hospital Pathway (Appendix II)				
3	Appropriate COVID -19 signage displayed in public areas				
4	There are adequate supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR), tissues, and hands free waste bins for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins				
5	Arrangements are in place for HCWs involved in care of suspected or confirmed cases to have access to an occupational health team and emergency contact details for out of hours advice in the event they develop symptoms or they have a breach in PPE in line with Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health				
6	Arrangements are in place to promptly notify local Infection Prevention and Control Teams & Public Health Departments in relation to patient presenting with possible or confirmed cases of COVID- 19				
Note: Hand Hygiene and Respiratory Hygiene are essential Preventative Measures					
Section 2- Standard Precautions					
Hand Hygiene					
7	HCWs apply WHO My 5 Moments for Hand Hygiene before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings				
8	Hand hygiene includes either cleaning hands with an alcohol based hand rub or with soap and water				
9	Alcohol based hand rubs are preferred if hands are not visibly soiled/dirty				
10	Washing hands with soap and water applies when hands are visibly soiled				

No.		Yes	No	N/A	Comment
Respiratory Hygiene					
11	All patients are advised to cover their nose and mouth with a tissue or their bent elbow when coughing and sneezing				
12	Medical masks are offered to patients with suspected COVID-19 while they are waiting, in waiting/public areas or cohorting rooms or being transported to other departments or externally to other facilities where possible				
Personal Protective Equipment (PPE) – Also See Section 6 Q's 57-61					
13	The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19				
Section 3- Transmission Based Precautions					
Contact and Droplet Precautions					
14	Patients known or suspected with COVID-19 are located in proximity to each other to the greatest degree possible for example by identifying COVID-19 isolation rooms / cohort wards /units				
15	Isolation signage is placed at the entrance to the patient's room to restrict entry and indicate the level of transmission-based precautions required, namely contact and droplet precautions. The door remains closed				
16	Where practicable, patients are cared for in a single room with en-suite facilities. If there is no en-suite toilet a dedicated commode is used, with arrangements in place for safe removal of a bedpan/urinal to an appropriate disposal point. Where this is not possible, safe access to a toilet close by, that is assigned for the use of that patient only has been identified				
17	Patients are placed in adequately ventilated single rooms.				
18	When single rooms are not available, patients suspected of having COVID-19 are grouped/cohorted together in a dedicated multi occupancy with the door closed				
19	All patients' beds are placed at least 1 metre apart regardless of whether they are suspected to have COVID-19. Additional space may be required in order to facilitate good manual handling practice				
20	Where possible, a team of HCWs is designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission				

No.		Yes	No	N/A	Comment
21	Equipment is either single-use and disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, it is cleaned and disinfected between use for each individual patient (e.g. by using ethyl alcohol 70%)				
22	HCWs refrain from touching eyes, nose, or mouth with potentially contaminated gloved or bare hands				
23	Patients are not moved/transported out of their room or area unless medically necessary. Designated portable X-ray equipment or other designated diagnostic equipment is used. If transport is required, predetermined transport routes are identified and used to minimise exposure for staff, other patients and visitors, and the patient wears a medical mask				
24	Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE as per HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19				
25	Prior to the patients arrival, the receiving area is notified of any necessary precautions as early as possible				
26	Surfaces are routinely cleaned and disinfected in line with local procedures. Increased frequency of cleaning and in particular close contact surfaces occurs at least twice daily in wards/departments where COVID-19 patients are accommodated				
27	The number of HCWs, family members and visitors are restricted when patients are suspected/confirmed COVID - 19 in line with HPSC guidance				
28	The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19				
<p>Airborne Precautions for Aerosol Generated Procedures (AGPs) <i>Note: Some aerosol generating procedures may include :e.g. Front of neck airway procedures – Insertion of tracheostomy, cricothyroidotomy, tracheal intubation, tracheotomy, tracheal extubation, cardiopulmonary resuscitation (CPR), positive pressure ventilation with inadequate seal , manual ventilation and bronchoscopy (non-exhaustive list) Ref: HSPSC/HSE Use of PPE to support Infection Prevention and Control Practice when performing aerosol generating procedures on CONFIRMED or CLINICALLY SUSPECTED COVID-19 CASES in a PANDEMIC SITUATION</i></p>					
29	Where an AGP is necessary, where practicable, it is undertaken in a negative-pressure room, using recommended airborne precautions				

No.		Yes	No	N/A	Comment
30	If a negative pressure room is not available, the AGP is undertaken using a process and environment that minimises the exposure risk for HCWs, ensuring that patients, visitors, and others in the healthcare setting are not exposed for example, in a single room, with the door kept closed and restricted entry during the AGP				
31	The number of HCWs providing care and support to the patient is limited to the absolute minimum during AGPs				
32	The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19 . To include an FFP2/FFP3 respirator mask or equivalent and should be fit tested. Staff know how to self-fit check each time the mask is applied				
Section 4 - Administrative Controls					
33	HCWs are provided with adequate training in standard precautions and transmission based precautions				
34	There is an adequate patient to staff ratio				
35	HCWs have access to local Occupational Health support and are aware of Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health				
36	HCWs and members of the public are informed on the importance of promptly seeking medical care				
37	Group meetings and social interaction among staff are restricted and alternative methods of communication arranged (e.g. E-mail, teleconference, videoconference). Note: Where meetings are essential, select a meeting space that can facilitate the anticipated number of attendees, so that physical distancing can be observed				
38	There is a local visitor restriction policy in place in line with the requirements of HPSC/HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting				
39	Where available and feasible, healthcare laundry services are used to launder staff uniforms. If there is no laundry facility available, HCWs are informed to take uniforms home in a disposable plastic bag. This bag should be disposed of into the household waste stream. Note: Alginate /water-soluble bags should not be used to take uniforms home, as they are designed for use in commercial washing machines rather than domestic washing machines and may damage the domestic machine				

No.		Yes	No	N/A	Comment
40	Where laundry facilities are not available, HCWs have access to HPSC/HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting and are aware how to safely launder uniforms at home				
41	There is a system in place for monitoring compliance with control measures to prevent or limit transmission of COVID-19				
42	There is a system in place for managing and reporting incidents of COVID-19 in line with Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health and the HSE Incident Management Framework				
43	There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_guidance_and_advice/guidance_and_advice/covid_19_%E2%80%93_faqs_and_advice_for_employers_and_employees/reporting_of_covid-19_cases.html				
Section 5 - Environmental and Engineering Controls					
44	Arrangements are in place to isolate the patient with contact and droplet precautions to minimize transmission				
45	The healthcare facility maintains a separation distance of 1 metre between patients				
46	Physical barriers (e.g. glass or plastic windows) are erected at reception areas, registration desks, pharmacy windows to limit close contact between staff and potentially infectious patients where close patient contact is not required				
47	Where possible a designated eating area is provided to staff working in cohort areas, to minimize their need to travel to communal eating facilities				
48	Dedicated staff changing areas are available with shower facilities				
49	The healthcare facility has adequate ventilation				

No.		Yes	No	N/A	Comment
50	All available mechanical ventilated rooms have been commissioned, are serviced regularly and that there are mechanisms in place to validate that the ventilation system is functioning correctly				
Cleaning and decontamination					
51	The use of mobile healthcare equipment is restricted to essential functions, as far as possible to minimise the range of equipment taken into and later removed from rooms				
52	Only the minimum amount of equipment and supplies essential to patient care each day is stored within an isolation room, ante-room or cohort area				
53	Local procedures are in place to manage laundry, catering, and decontamination of equipment during COVID-19 in line with the recommendation outlined in HPSC/HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting				
54	Local cleaning and disinfection procedures are implemented, monitored and reviewed regularly in line with the requirements set out in HPSC/ HSE Interim Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting				
Healthcare Risk Waste					
55	All COVID-19 related waste is disposed of as healthcare risk waste				
56	There is an adequate number of foot pedal operated healthcare risk waste bins provided and in full working order				
Section 6- PPE (General)					
<i>Note: The rational, correct and consistent use of PPE can help reduce the spread of COVID-19. PPE effectiveness depends strongly on adequate and regular supplies, adequate staff training, appropriate hand hygiene and appropriate human behaviour.</i>					
57	There is access to adequate supplies of onsite PPE at the point of care				
58	All HCWs have reviewed HSE video resources / completed the HSELand Modules on donning and doffing PPE				
59	The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19				
60	Fit testing is in place for all respiratory protective equipment e.g. FFP2 and FFP3 respirators				
61	There is a buddy system in place for donning and doffing PPE to minimise the risk of accidental contamination				

Use the columns below to document any local existing control measures not referenced above					
No.		Yes	No	N/A	Comment

***Risk Assessor to be recorded for OSH risks only**

**HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Describe the activity being undertaken and the frequency of exposure include: <ul style="list-style-type: none"> Contact and Droplet activities undertaken in the department e.g., close contact for physical examination, handling laundry, handling waste AGP undertaken in the department e.g. tracheotomy Identify number & category of employees who might be affected. Describe the associated risk			Attach checklist - Where the checklist answers yield a 'yes' these are the control measures in place	Where the checklist answers yield a 'No' consider and document additional control measures required.	Mary Bloggs (Line Manager)	30.08.21
INITIAL RISK			Risk Status			
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed	

****Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only**

Appendix II COVID-19 Assessment and testing pathway for use in a Hospital Setting

