		<h1>Guideline Document</h1>			
Ref: GD:014:01		Guidance on reviewing and updating Biological Agents Risk Assessments in HSE Residential Care Facilities during COVID- 19			
Issue date:	May 2020	Revised Date:	August 2021	Version No:	2
Authors(s):	National Health & Safety Function (NHSF)				
Consultation With:					
Responsibility for Implementation:	All HSE Managers and employees whose work activities involve the risk of exposure to a 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 and is based on the HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and the interim guidance issued by the World Health Organization – WHO (2020) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19</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:053:01 Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19 Front Cover – inserted reference to legislation			NHSF
2	August 2021	CF:053:01 Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19 New question 40 “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 in HSE Residential Care Facilities (RCF) during the COVID -19 pandemic.

3.0 Scope:

This guideline applies to all Managers and Employees in HSE Residential Care Facilities whose work activities may involve the risk of exposure to 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.

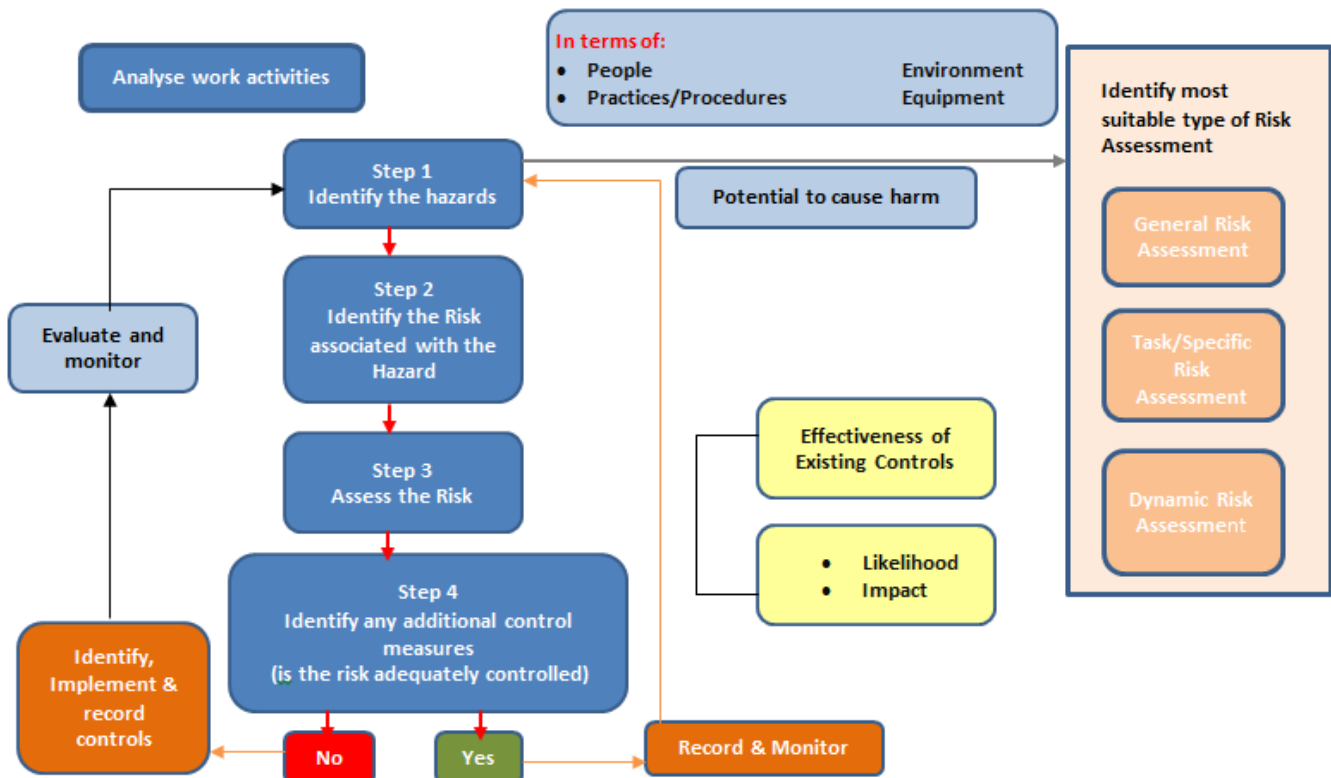
Employee Responsibilities:

- 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



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 work activities may include: (non – exhaustive)

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

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 [HPSC/HSE Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units](#) and interim guidance issued by the World Health Organization, [WHO \(2020\) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19](#) 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).

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 HSE Residential Care Facilities 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 Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units



Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health

HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19

WHO (2020) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19

HSE (2020) Incident Management Framework

Appendix 1

		<h1 style="text-align: center;">Health & Safety Risk Assessment Form</h1>				
Ref: CF:053:01		Re Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19				
Issue date:	May 2020	Revised date:	August 2021	Version No.	2	
Author(s):	National Health & Safety Function (NHSF)					
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:	<p>The HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and the interim guidance issued by the World Health Organization WHO (2020) Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 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).</p> <p>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.</p>					
Biological Agents Risk Assessment for HSE Residential Care Facilities 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:053:01 Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19 Front Cover – inserted reference to legislation				NHSF
2	August 2021	CF:053:01 Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID- 19 New question 40 “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				NHSF

	<p>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)</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_and_advice_for_employers_and_employees/reporting_of_covid-19_cases.html</p>	
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No.		Yes	No	N/A	Comment
<p>Section 1- General measures to prevent a COVID-19 outbreak during the pandemic</p> <p>To facilitate early identification and planning for cases or suspected cases of COVID-19 the following measures are in place.</p>					
1	A COVID-19 preparedness plan is in place to include: planning for cohorting of residents (COVID-19 separate from non-COVID-19), enhanced IPC, training for Healthcare Workers (HCWs), establishing surge capacity and promoting resident and family communication				
2	Each ward or floor operates where possible as a discrete unit or zone, i.e. HCWs and equipment are dedicated to a specific area and are not rotated from other areas (this includes night duty)				
3	Dedicated HCWs are assigned to work in the facility and do not move across settings				
4	The temperature of each HCW working in the facility is measured at the start of each shift and there is a system in place whereby all HCWs confirm verbally with their line manager that they do not have any symptoms of respiratory illness, such as fever, cough, shortness-of-breath or myalgia				
5	There is an adequate availability of supplies including tissues, alcohol based hand rub (ABHR), hand wipes, cleaning products (including disinfectants) and personal protective equipment				
6	Where there are difficulties in sourcing and obtaining supplies, there is an agreed process to liaise with local CHO management				
7	HCWs are aware of the early signs and symptoms of COVID-19 in residents presenting and know who to alert if they have a concern				
8	All HCWs have training in standard precautions, in particular hand hygiene, respiratory hygiene & cough etiquette and in transmission based precautions (Contact, Droplet & Airborne) including the appropriate use of PPE				
9	Residents are encouraged to maintain a distance of 1 to 2m from other residents and HCWs				

No.		Yes	No	N/A	Comment
10	Group activities that are necessary for residents' welfare are risk assessed for necessity and <ul style="list-style-type: none"> Only conducted with small groups of residents who consistently attend maintaining a physical distancing i.e. 2m as far as possible 				
11	HCWs adhere to physical distancing measures during break and meal times				
12	Arrangements are in place for HCWs involved in care of suspected or confirmed cases to have access to local occupational health support 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				
Note: Hand Hygiene and Respiratory Hygiene are essential Preventative Measures					
Section 2- Infection Prevention and Control Measures					
Hand Hygiene					
13	HCWs apply WHO My 5 Moments for Hand Hygiene before touching a resident, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a resident and after touching a residents' surroundings				
14	Hand hygiene is performed immediately before every episode of direct resident care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination, handling of waste and laundry Note: <ul style="list-style-type: none"> Hand hygiene includes either cleaning hands with an alcohol based hand rub or with soap and water Alcohol based hand rubs are preferred if hands are not visibly soiled / dirty Wash hands with soap and water when they are visibly soiled 				
15	Residents are encouraged to wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. Where the resident's cognitive state is impaired HCWs help with this activity				
Respiratory Hygiene					
16	All HCWs adhere to respiratory hygiene and cough etiquette				
17	All residents are advised to cover their nose and mouth with a tissue when coughing and sneezing				
18	Disposable single use tissues are used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose				
19	When a resident requires assistance with containment of respiratory secretions the HCW performs hand hygiene after contact with respiratory secretions				

No.		Yes	No	N/A	Comment
20	HCWs and residents are advised to keep hands away from their eyes, mouth and nose				
Personal Protective Equipment (PPE) – Also See Section 6 Qs 49-54					
21	<p>Every HCW undertakes a dynamic risk assessment* PRIOR to performing a clinical care task, to inform the level of IPC precautions needed, including the choice of appropriate PPE for those who need to be present.</p> <p>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> <p>*an informal on-the-spot undocumented risk assessment which is undertaken prior to undertaking any task.</p>				
Section 3- Transmission Based Precautions					
Cohorting (Physical Distancing Measures) for residents with possible or confirmed COVID-19					
22	<p>Residents with possible or confirmed COVID-19 are placed in a dedicated 'zone' with dedicated staff where possible (single rooms close together, or in multi occupancy areas within the building or section of a ward/unit)</p> <p>Note:</p> <p>1. Only Residents with a diagnosis of COVID-19 can be cohorted together</p> <p>2. Where possible the area should not be used as a thoroughfare by other residents, visitors or staff</p>				
23	Signage is displayed to reduce entry into the resident's room and the door remains closed				
24	Where practicable, residents 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 resident and cleaned after use				
25	Where residents are cohorted in multi-occupancy rooms every effort is made to minimise cross-transmission risk: by maintaining as much physical distance as possible between beds; and or reducing the number of residents/beds in the area to facilitate social distancing				
26	Privacy curtains are used where available between the beds to minimise opportunities for close contact				
27	Where possible, a team of HCWs is designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission				
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				

No.		Yes	No	N/A	Comment
Management of close contacts of a possible or confirmed case of COVID-19					
29	Residents who are contacts of a confirmed or possible case are accommodated in a single room with their own en-suite facilities. Where this is not possible, cohorting in small groups (2 to 4) with other contacts is facilitated				
Care of the dying and recently deceased					
30	Care of the dying and recently deceased is in line with the requirements of HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities				
Section 4 - Administrative Controls					
31	HCWs are provided with adequate training in standard precautions and transmission based precautions				
32	There are 'sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents and which reflect the size, layout and purpose of the service' and 'contingency plans are in place in the event of a shortfall in staffing levels or a change in the acuity of residents' Ref HIQA (2016) National Standards for Residential Care Settings for Older People in Ireland				
33	HCWs have access to Occupational Health support and are aware of Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health				
34	Group meetings and social interaction among HCWs are restricted and alternative methods of communication arranged (e.g. e-mail, teleconference, and video conference). Note: Where meetings are essential, select a meeting space that can facilitate the anticipated number of attendees, so that physical distancing can be observed				
35	There is a local visitor restriction policy in place in line with the requirements of HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities				
36	HCWs have been advised to launder their uniforms daily and separately from other household linen (in a load not more than half the machine capacity at the maximum temperature the fabric)				
37	HCWs have been advised not to bring personal items, including mobile phones into isolation or cohort areas				
38	There is a local IPC audit programme in place monitoring compliance with standard precautions				
39	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				

No.		Yes	No	N/A	Comment
40	<p>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)</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%933 faqs and advice for employers and employees/reporting of covid-19 cases.html</p>				
Equipment					
41	Where possible single-use equipment is used for each resident and disposed of as healthcare waste inside the room				
42	Where single use equipment is not possible, dedicated care equipment is used in the residents' room or cohort area and is not shared with other residents in non COVID-19 areas e.g. lifting devices, commodes, moving aides etc.				
43	Where it is not possible to dedicate pieces of equipment to the resident or cohort area, equipment is decontaminated immediately after use and before use on any resident following standard cleaning protocols				
Cleaning and decontamination					
44	Residents observation charts, medication prescription and administration records (drug kardex) and healthcare records are not taken into the residents room to limit the risk of contamination				
45	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 (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities				
46	Local cleaning and disinfection procedures are implemented, monitored and reviewed regularly in line with HPSC/HSE (2021) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities				
Healthcare Risk Waste					
47	All COVID-19 related waste is disposed of as healthcare risk waste				
48	There is a contract in place for the collection of healthcare risk waste from the facility				

No.		Yes	No	N/A	Comment
49	There is an adequate number of foot pedal operated healthcare risk waste bins provided				
<p>Section 6- PPE (General)</p> <p>Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19.</p> <p><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 training, appropriate hand hygiene and appropriate human behaviour.</i> The fundamental principle of the hierarchy of controls is that personal protective equipment (PPE) should only be used as a last resort after all other precautions have been implemented.</p>					
50	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				
51	There is access to adequate supplies of onsite PPE at the point of care				
52	HCWs wear surgical masks when providing care to residents and within 2m of a resident regardless of their COVID 19 status				
53	HCWs wear surgical masks for all encounters with other HCWs in the workplace where a distance of 2m cannot be maintained				
54	All HCWs have reviewed HSE video resources / completed the HSElanD Modules on donning and doffing PPE				
55	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.	

**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 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	

*Risk Assessor to be recorded for OSH risks only.

**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.