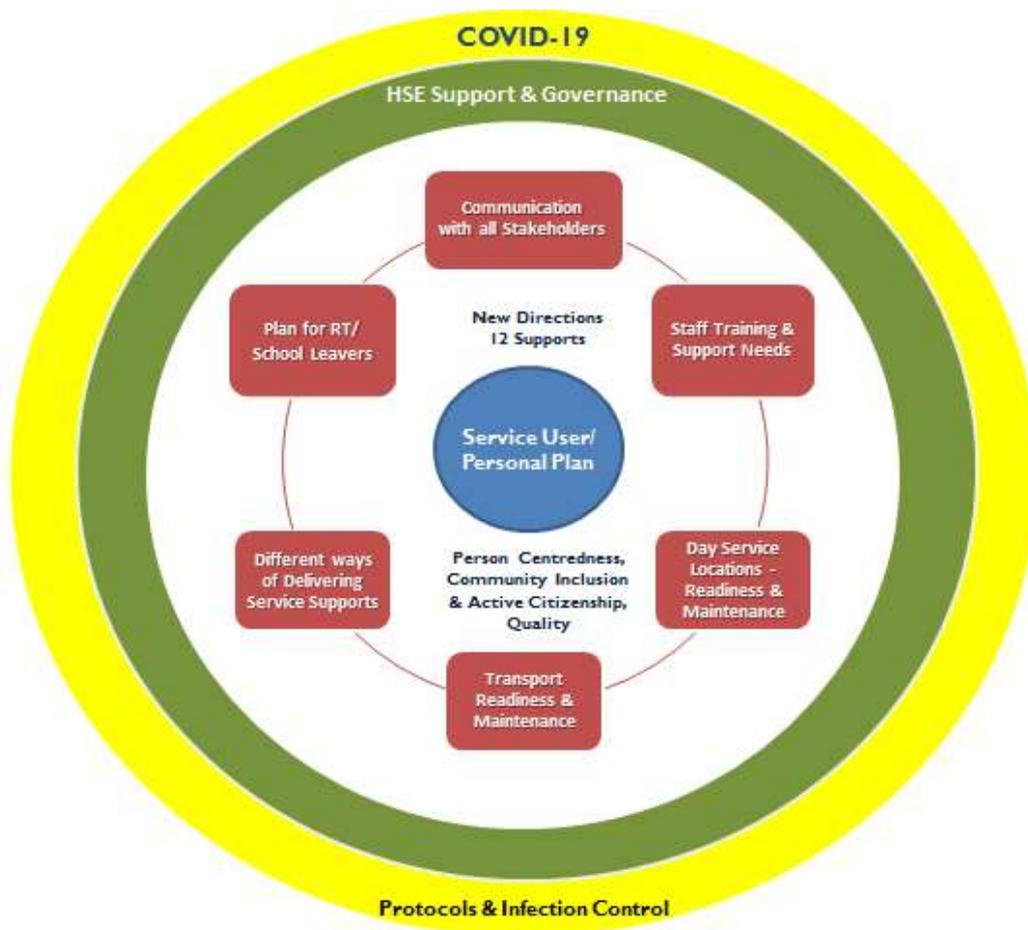




Guidance to Support the Framework for the Resumption of Adult Disability Day Services



New Directions Subgroup
July 2020

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Introduction

The Framework for the Resumption of Adult Disability Day Services which was completed at the end of May pointed to the requirement for all disability Day Service Providers to include key elements in their organisation's resumption planning.

The sector has engaged in resumption planning and many are well advanced with their plans but the framework also pointed to the need for guidance in regard to some key issues and this document is now setting out the guidance to support the delivery of the framework and each Service Provider's Day Service resumption plan.

This guidance will enable discussions to progress with the provider sector in regard to the timeframe to commence the reinstatement of adult disability day services.

The guidance is to enable safe and person centered disability day service supports to be provided in line with current public health advice and infection control guidance. It is not overly prescriptive in terms of detail as there is a wide diversity of disability in the 18,500 adults that received day service supports and the 1,000 plus day service locations vary enormously in size and capacity.

The key overarching elements of managing the risk of infection are

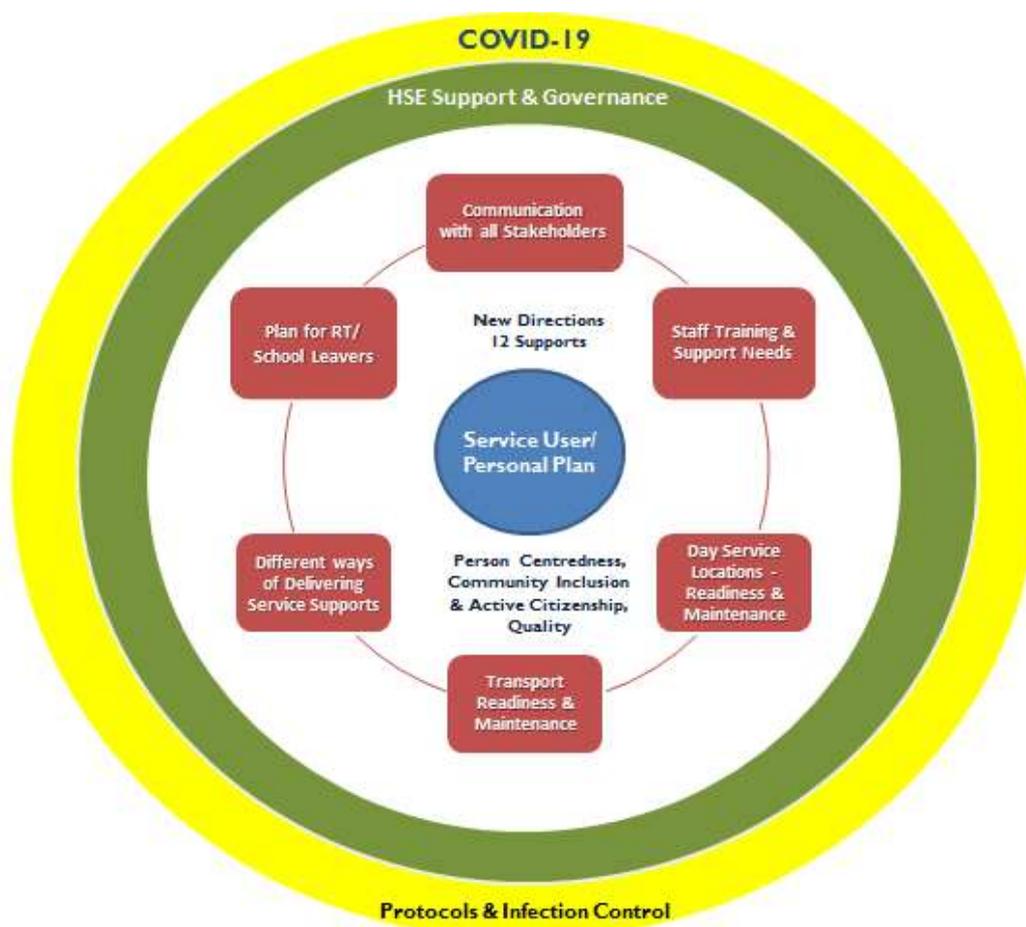
1. Processes to identify people (service users and staff) with communicable infection (including COVID-19) before they access services/attend work or as soon as possible after they access services/attend work
2. Processes to minimise the risk of spread of infection from people (service users and staff) who access services/attend for work with unrecognised infection (Standard Precautions)
3. Early detection of spread of infection in the service and immediate response to limit harm

For ease of use, the document maintains the structure of the 'Resumption Framework for Adult Disability Day Services' with the relevant guidance populated in the different sections of the framework.

This guidance will have to be revised as changes occur in the direction and guidance provided by Public Health.

Framework for Resumption of Day Services

The framework places the person at the centre and indicates the supports that are required to enable service users to return to day service provision with the lowest practical risk. The outer circle indicates that for the foreseeable future the services and supports provided within the disability day service sector will have to be provided within COVID-19 Public Health guidance.



It is important to emphasise that, although the COVID-19 pandemic represents a specific new risk, there have always been risks of infection associated with provision of health and social care services and that COVID-19 is just one of many infections (for example influenza or meningococcal meningitis) that can spread in this context. The only way to completely eliminate the risk of infection associated with provision of health and social care services is not to provide the service. However failure to provide services is associated with other risks to health and wellbeing for service users and is not an acceptable option. The challenge therefore is how to apply infection prevention control (IPC) practices to ensure that essential services are provided with the lowest practical level of risk of infection to service users and healthcare workers.

The challenges associated with this plan to reinstate provision of adult disability day services are acknowledged particularly considering the diverse range of abilities of the 18,500 adults that access these services.

Some people with disabilities are very susceptible to infection. Service Providers should know how to identify those at increased risk of infection and those at increased risk of developing severe disease if they acquire infection. IPC guidance must be applied with compassion and good sense balancing the needs and risks of the individual. The overall aim is to provide clean safe care.

I. Service User – Personal Plans – Guidance

Introduction

The 'Framework for the Resumption of Adult Disability Day Services' references the role of the Personal Plan as being central to supporting the resumption of services for each individual.

There are other key tools that are already in use in day services that will also play a key role in supporting the reintroduction of service users and there is also additional guidance set out in this section to support this work. In particular, the process of risk assessment and the management of risk will play a key role in supporting the sector to provide services and supports with the least practical risk.

The Framework referenced the reduced capacity that will exist to comply with Public Health guidance. Whilst it is expected to resume services to all day service recipients, the reduction in service capacity will mean that service users will not receive the same quantum of service as before COVID-19. To ensure that those people with significant needs receive the supports they require at this time a process of prioritisation should be undertaken to ensure that those service users most in need will receive supports in line with their identified needs at this time. While it is prudent to avoid unnecessary contact between services users and staff it is also important to stress that the risk associated with such contact can be managed and that fear of spread of infection should not prevent such contact when this is the most appropriate way to meet the needs of the service user.

To support the provision of safe services and reduce the requirement for transport and the number of contacts between staff and service users in so far as is practical. It is recommended that service users who also avail of a residential service should have their day service supports provided in and from their home. This may result in the situation that one Service Provider is providing day service supports and another is providing the residential service.

Although there may well be agreed protocols between provider organisations in respect of the Person Centred Planning process, there is a need in the context of IPC including COVID-19 to have an understanding between providers organisations regarding the IPC requirements where two or more are involved in the provision of supports. In that regard a Memorandum of Understanding (MOU) was identified as being required to support the resumption of services.

There is other basic guidance required in regard to the reintroduction of service users to day service locations in the context of IPC safety precautions.

This section of the report focuses on the guidance in respect of the above issues:-

- Risk Assessment
- Prioritisation Criteria
- Memorandum of Understanding
- Service User Reintroduction Guidance
- Service User Training and Support needs.

1.1 Risk Assessment

As part of the review of each individual's personal plan, a risk assessment needs to be completed to establish the risks for each person, their fellow service users and staff.

In this instance risk assessment should focus on the risks presented by infection, including COVID-19 and any other risks that might have manifested in the intervening months since the onset of COVID-19 and the closure of day service locations. These risks must then be balanced with the wishes and quality of life benefits that each person gains from accessing Day Service Supports.

Evidence has shown the impact of social isolation on the health and wellbeing of persons. This includes mental health issues such as depression and anxiety as well as health issues that arise from not being able to mobilise as people would normally do when they are in the presence of others. These issues can manifest in behaviors of concern and other health related decline. Consultation with local Public Health teams and/or Infection Prevention and Control personnel will assist organisations in review of their risk assessments and risk mitigation actions.

Some questions that should be used as part of the risk assessment are:

- How easily can symptoms of infection be detected in the individual and to what extent can the individual support that process
- Can the individual be supported to maintain a physical distance from other service users to the greatest degree practical? (Risk mitigation actions – how can this person be supported to maintain a physical distance?)
- Can the individual be supported to perform hand hygiene as per the guidelines, and use good respiratory etiquette?
- Can the individual tolerate a face covering on themselves and others (staff, other service users)?

These assessments need to inform the way in which Day Service delivery is planned, e.g. staggered times, compatibility of individuals attending at one time, impact on staffing etc. As part of the required compliance with Health and Safety Legislation each service provider has risk assessment and risk management systems in place as well as appropriate staff training. The systems already in place in each organisation should suffice in the context of identifying and managing the risks involved. Appendix I sets out the HSE's Risk Assessment Tool which can be utilised to support this process.

1.2 Prioritisation Criteria

Heretofore the sector has been able to provide the quantum of service requested by the majority of the 18,500 adults that receive day service supports.

Since the onset of COVID-19 emergency, day service locations have been closed and supports have been provided in different ways to some service users. When day services resume and for the duration of the COVID-19 emergency, capacity in day service locations will be reduced and whilst the sector is committed to providing day service supports to all service users, there will be a requirement to prioritise the quantum of service that is required by those service users with the greatest need.

The following key principles are a given prior to embarking on prioritising the quantum and type of service that each day service recipient will receive as we plan to resume day service supports:-

- All staff employed to support the provision of day services that have been redeployed since the commencement of the COVID-19 emergency will be repatriated to day services.
- A review of the Personal Plan for each individual will be at the core of the prioritisation process.
- Equity of service is a key principle that service management should work to deliver notwithstanding the need to prioritise greatest need.
- Should service users / families decline to have any service supports at this time – the Service Provider should continue to engage with the individual and their family as the decision to discontinue supports may not be the wish of the service user.

Key Considerations for Prioritisation

Prioritisation is closely associated with having knowledge of each service user and their unique needs. The quantum of support agreed for each service user should acknowledge the complete package of supports being provided to each person. Some people may only be in receipt of a day service whilst others may also have some home support hours and some respite services. Some service users will have a residential service as well as a day service.

Where different provider organisations are providing different elements of supports, there will be a requirement for the Day Service Provider to liaise with Disability Service Management in each CHO to get clarity regarding the complete support package.

The prioritisation process to be implemented at this time is set out below. The prioritisation of supports to individuals is a live monitoring exercise revisited at least weekly or more frequently if issues present. Individuals can escalate from a Priority 4 to a Priority 1 very quickly and this in the main will relate to change in the circumstances and/or change in profile of the individual.

Prioritisation Criteria	
<p>Priority 1 (P1) Service users</p> <p>Red Risk on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P1 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Day Attendees ➤ Persons not receiving any or very limited ancillary/social care supports e.g. respite, home support/PA ➤ Persons with noted increase in Behaviours of concern. ➤ Persons who have a noted decline in presentation i.e. Mental Health, Physical Health etc due to absence of a regular Day Service. ➤ Safeguarding. ➤ Familial vulnerabilities/circumstances i.e. single parent, elderly parents, residing with persons who are immunocompromised, limited external supports, parents returning to work, families with two adult children/sibling with disabilities.
<p>Priority 2 (P2)</p> <p>Orange risk on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P2 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Persons receiving limited ancillary services/social care supports presenting with an emerging need that could escalate to P1 should Services not respond ➤ Persons are managing reasonably well at home and/or are lonely, seeking contact with peers.
<p>Priority 3 (P3)</p> <p>Orange/Green on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P3 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Persons are contented at home and the Services provide support to reassure & enable them to have a structured day. <p><i>In offering remote Services consider infrastructure, interest and capacity of individuals.</i></p>

<p>Priority 4 (P4)</p> <p>Orange/Green on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P4 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Persons may opt in or out of this offered support. Not anxious to avail of support during this COVID-19 pandemic. <p><i>In offering remote Services consider infrastructure, interest and capacity of individuals.</i></p>
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I.3 Memorandum of Understanding between Service Provider Organisations

The purpose of the **Memorandum of Understanding (MOU)** is to agree a process to ensure that the Service User’s Personal Plan is continued by both organisations and that this is achieved in line with IPC precautions. It outlines the communication pathways that will be in place to manage IPC between the organisations. IPC is vital to ensure the safety and welfare of everyone and especially people living in a residential house due to the significant risk of an outbreak.

The scope include residents who are for example, going to a day services location/s, residents going to a community location with staff from a day service, and day service staff going to a residential service to provide a day service. The objective of the MOU is to maintain the safety of service users and staff and continuation of the Service Users Personal Plan through effective practices, communication, and relationships.

Memorandum of Understanding

The Memorandum of Understanding (MOU) is an agreement between Org A (Residential Service Provider) and Org B (Day Service Provider) to set out a process for infection control to maintain safety to everyone in the provision of services to residents of Org A who attends a day service provided by Org B.

Purpose and Scope

The purpose of the agreement is to outline the communication pathways that will be in place to manage Infection Prevention and Control (IPC) requirements between the organisations. IPC is vital to ensure the safety and welfare of everyone and especially people living in a residential house due to the significant risk of an outbreak. The scope will include, for example, residents going to a day services location/s, residents going to a community location with staff from a day service, day service staff (who always provided a day service within the residential setting) going to a residential service to provide a day service.

Objective

Maintain the safety of everyone to the greatest degree practical through effective practices, communication, and relationships.

Responsibilities

Org A (Residential Service Provider) responsibilities under this MOU

- Have a named person/s who will be the contact person with Org B
- Apply public health and IPC guidance as appropriate to the needs of the service user.
- Phone or email Org B the day a resident is going to the day service that the person is symptom free (no symptoms of communicable infection including COVID-19) and has not been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19. Records of this communication should be maintained.
- Inform Org B of any concerns around IPC in the residence i.e. a resident has COVID-19 and is a close contact with the resident who attends the day service.
- Driver of transport to report any areas of concern around IPC.
- Communicate any goals a person is working on in their PCP for it to be continued in Org B during the time they are in the day service.
- All information received by Org B about a person's health or wellbeing is confidential and only to be shared with appropriate staff.
- Clear training and instructions to be given to staff from Org B when working in Org A on IPC.
- Consistent application of IPC practice by Org A and Org B so that the service user and family can see consistent practice
- Have adequate supplies of hand sanitiser at all entrances and exits.
- Provide appropriate support for good IPC practice including access to any PPE required to staff from Org B when they are working from the residence.

Org B Responsibilities under this MOU

- Have a name person/s who will be the contact person with Org A
- Phone or email Org A the day a resident has gone home from the day service that the person is symptom free (no symptoms of communicable infection including COVID-19) and has not been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19. Report any items of concern i.e. a person in the service did not follow COVID etiquette during the day but does not have symptoms. Records of this communication need to be maintained.
- Register of every attendee for contact tracing to be readily available.

- Apply public health and IPC guidance as appropriate to the needs of the service user to include:
 - Everyone is asked not to attend if they have a communicable infectious disease including any COVID-19 symptoms or has been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19.
 - Adequate supplies of hand sanitiser at all locations entrance and exits, in each room.
 - Adequate supply of tissues and waste bins for immediate disposal.
 - Adequate support for good IPC practice including access to appropriate PPE.
 - A cleaning regime in line with HSA guidelines following each group attending a location.
- All community locations to be risk assessed including application of public health and IPC guidelines.
- Communicate any goals a person is working on in their PCP in order for it to be continued in Org A when they return to their residence.
- All information received by Org B about a person's health or wellbeing is confidential and only to be shared with appropriate staff.

Terms

The terms of the MOU are for the duration of the COVID-19 Pandemic or when the terms have been changed or modified at which time a new MOU will be in place.

Contact person/s

Signatories _____ **Date** _____

1.4 Service User Reintroduction Guidance

Before attending the Day Service, individuals (or their Carers/Families as appropriate) should complete the following:

- A self-declaration form that they do not have a temperature or other features of acute infection including COVID-19 such as cough, fever, shortness of breath, new loss of sense of taste or smell
- A self-declaration that they have not been identified as a Contact of a person with COVID-19 and have not been advised to self-isolate on the day (Appendix 2 – Return to Day Service Form).
- The individual's temperature should be taken prior to entrance to the Day Service Location (or transport vehicle if not transported by family). A fever is 38 degrees Celsius or above. A contactless thermometer is recommended and records of temperatures taken should be kept in line with GDPR. If the individual has a temperature the Family / Carer should be advised to contact the individual's GP to discuss their symptoms and take GP advice.
- If any individual begins to have symptoms of COVID-19 or develop a fever while they are in the Day Service, arrangements must be made immediately to accompany them to and care for them in an agreed safe space that is appropriate to their needs while managing the potential risk of infection to others. Contact should then be made with the Family / Carer to confirm arrangements for a GP referral to discuss symptoms. The GP advice should be followed.

Generally there is **no requirement that** an individual must self-isolate for 14 days prior to attending Day Services. It is not appropriate that service users who have no symptoms of COVID-19 should be tested for COVID-19 as a routine prior to returning to Day Services. However, there may be specific circumstances following from the completion of a risk assessment that may advise testing/tracing /isolation for an individual. Testing should be based on public health guidance or the assessment of their doctor.

1.5 Service User Training and Support Needs

There will be an ongoing requirement to provide a training programme to service users in IPC respiratory etiquette, social distancing, hand hygiene, desensitization for testing (for specific disability groups e.g. autism) or use of face coverings etc. The training programme must be available in accessible formats to all service users, relevant to their level of comprehension.

Staff to review all service users in terms of the support they will require and the best methods of communicating IPC guidelines to promote understanding and compliance. Staff modeling the appropriate IPC related behavior and etiquette will assist in supporting and reinforcing the learning from the training programme.

Every service user returning to services will be required to complete this training programme as part of their re-induction to services. Before service users can be supported to understand and put into practice measures necessary, it is essential that all staff are aware of their responsibility. There are a comprehensive range of guidance documents, videos and posters available on www.hpsc.ie, training modules on www.hseland.ie and COVID-19 information available on www2.hse.ie/conditions/coronavirus/symptoms.html with the need to check regularly for any updates.

The programme will explain the COVID-19 guidelines and the implementation of these guidelines. Training will be required in the following:

- What is COVID-19, what are its symptoms, how it can be spread and how a service user can protect themselves
- Hand Hygiene, wash hands, use of hand sanitiser, not wearing hand or wrist jewellery etc.
- Respiratory etiquette – coughing / sneezing
- Social distancing
- Daily Temperature checks
- Use of PPE (HPSC website). Only service users that are comfortable wearing cloth face coverings or masks and that can wear them appropriately will be asked to do so and this will only occur where social distancing of 2 metres cannot be maintained.

Recap on Key Considerations

- Information will need to be conveyed in a manner appropriate to each service user's level of understanding. Easy read documents are already available but each service provider will have to tailor the information in line with their knowledge of the needs and abilities of each individual.
- Repetition in terms of reinforcing all training elements will need to be a continual feature of service delivery.
- The potential emotional impact on service users as they return to services and their ability to participate and understand information should be considered when developing local training programmes.
- Requirements when attending locations will be new and different to what they had previously been familiar with. Staff will need to monitor for changes to behavior, anxiety/upset and respond in appropriate ways to reassure, encourage and introduce appropriate supports.

2. Staff Training and Support Needs

Introduction

The main document to support the safe return to work for all staff in disability day services is the '*Government's Return to Work Safely Protocol*'. The protocol is a general document and allows for different sectors to add specific measures that relate to the service being provided by a particular cohort. There are other documents produced by National HSE Health and Safety Function and Health and Safety Authority that also provide invaluable information regarding how to ensure that the work environment is safe for our staff to resume service provision.

In reviewing the various guidance documents available and focusing on the specific circumstances of disability day service locations and the nature of the service and supports being provided by staff to our very diverse service user cohort, the development of a Return to Work Checklist will act as an appropriate check for all Service Providers to ensure that all appropriate measures are taken to ensure a working environment that is as safe as is practically possible for staff.

Staff training in COVID-19 symptoms, risk and IPC is also a prerequisite for staff returning to work. A particular focus should be on the health and wellbeing of all staff as they return to work and adapt to new ways of working.

This section focuses on:-

- Return to Work Checklist
- Staff Return to Work Protocol
- Staff Training
- Staff Health and Wellbeing

2.1 Return to Work Checklist

The Appendix 3 – Return to Work checklist is developed to cover all aspects of the '*Government's Return to Works Safely Protocol*' together with elements that are specific to disability day services. The check list is developed with hyperlinks for easy access to related information that may be required as a useful reference for Service Providers.

Essentially this return to work checklist covers the following main areas:-

- ✓ Service user – Personal Plans
 - Service User Specific
- ✓ Staff Training and Support Needs
 - Pre-return to work steps
 - Risk Assessment / HR
 - Training
 - Remote working
 - Managing Mental Health and Wellbeing
- ✓ Day Service Readiness and Maintenance
 - Cleaning
 - Building Management Systems
 - Health & Safety
 - Physical Distancing
 - Emergency response
 - Managing Third Parties: Contractors, Visitors, Customers
 - PPE
- Transport Readiness and Maintenance

2.2 Staff Return to Work Protocol

Prior to returning to work from any leave, or redeployment, a Declaration Form (Appendix 4 – Return to Work Form) must be completed as per the Return to Work Safely Protocol published on the 08 May 2020. This form will seek confirmation that the employee, to the best of their knowledge, has no symptoms of COVID-19 and also confirms that the employee is not self-isolating or awaiting results of a COVID-19 test. This protocol will also apply to new staff recruited.

2.3 Staff Training

Every employee providing services should be provided with a re-induction by their manager regarding the new protocols adopted by the organisation to prevent the spread of infection including COVID-19.

This re-induction will include:

- Changes to site practices:
 - Health and Safety Protocols specific to the building
 - Enhanced IPC measures
- Social distancing requirements
- Working hours on/off-site
- Where and when breaks should be taken
- Reviewed risks and escalation process
- Contact Log usage
- Other: Specific to the service or site

Following re-induction any training requirements will be addressed and on-going management briefings should take place to reinforce the level of information required by staff.

Each organisation must provide up-to-date and reliable information to individuals, staff and other stakeholders.

- It is critical that all employees know the symptoms of COVID-19 and when to self-isolate.
- Staff must also understand the required response procedure to a suspected case arising during the course of work.

In the case of identification of a positive COVID-19 case, Public Health guidance will apply. HSELand has a number of eLearning Modules that address the main COVID symptoms, etiquette and infection control and these are set out below.

List of Training Programmes Developed by HSELandD relating to Covid-19

No.	Catalogue Title	Learning type	Delivered	Target Audience
1	Community Assessment Resource for COVID 19			
2	Hand Hygiene for HSE Clinical Staff	Programme	Online	HSE Non-Clinical Staff
3	Hand Hygiene for HSE Non-Clinical Staff	Programme	Online	HSE Non-Clinical Staff
4	New eLearning modules for staff using PPE concerning COVID-19	20/3/2020	Online	Nursing and clinical staff All staff member, including GPs, nursing and clinical staff in community services plus residential services, GP clinics and patients' homes who are required to use PPE.
5	COVID19 Assessment and recognition among people with intellectual disability module launched	1/5/2020		
6	Return to work safely Induction Webinar	24/06/2020		All staff
7	Breaking the Chain of Infection		online	The aim of the programme is to enable and empower Health Care Workers to reduce Healthcare Acquired Infections in their practice through the use of standard and transmission-based precautions. <i>National infection Prevention and Control Guidelines for Health Care Facilities in Ireland are currently in preparation, this e-learning module will be amended on their publication to reflect the recommendations contained within those guidelines</i>
8	Introduction to Infection Prevention and Control		Online	This programme is an introduction to Infection Prevention and control and details Standard Precautions and Transmission based precautions. "Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognised and unrecognised sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients" WHO 2007.

2.4 Staff Health and Wellbeing

As there will be many changes to staff work practices and how people interact with each other, all organisations need to be watchful for any challenges arising for staff as a result, for example, it may be more challenging for teams to work together if teammates are temporarily working different team patterns/locations. During this period, staff are encouraged to schedule social catch-ups and non-work related conversations (e.g. virtual coffees).

Each organisation should ensure that reasonable accommodation will be made to support staff with a certified underlying medical condition, in line with national guidance.

In the event that staff are experiencing issues such as anxiety within the workplace, a designated named line manager should be made available to the staff member to assist in the management of any concerns. The HSE is very cognisant of the impact of this crisis on everyone. For that reason, we would like that all staff avail of regular leave for their own health and wellbeing during and after this crisis. This will be of particular importance over the coming weeks and months. These actions may help staff navigate this difficult time and help reduce stress levels.

A range of supports and advice is also available from the Health and Safety Authority on work related stress at:

www.hsa.ie/eng/Topics/Workplace_Stress/

The Government's "*In This Together Campaign*" also provides information on minding one's mental health as well as tips on staying active and connected and may be useful for use by employers and workers:

www.gov.ie/en/campaigns/together/?referrer=/together/

3. Day Service Readiness and Maintenance

Introduction

There are in excess of 1,000 day service locations throughout the country ranging in size from small locations supporting 10 – 15 people to larger units that support 50 plus people. There is significant diversity of need provided for at these locations with some people using the location as a hub and receiving a lot of their supports in the community whilst others with more significant disabilities spend more of their service time in the location.

The model of service supports provided to adults with disabilities in day services follows the social care model. In the majority of instances service users are not ill and the focus of their Personal Plan is to support them to realise their life's dreams and wishes and to receive supports that will enable them to be an integral part of their communities and active citizens of the state.

Whilst it is important that day service locations are not deemed “medical” facilities it is equally important that all service locations are as safe as is practically possible and that the highest standards of cleanliness are adhered to in order to minimise the risk of spread of infection including spread of COVID-19.

The section sets out the guidance to be followed by Service Providers to ensure that locations are as safe as practical in relation to the management of risk and infection control for staff and service users. It includes:-

- Preparation of Day Service Locations
- Identification of Locations available
- Managing the risks of associated with infection including COVID-19
- Maintenance of Day Service Locations
- Infection Prevention and Control Practice (including appropriate use of PPE)
- Enhanced Environmental Hygiene
- Contact Tracing
- Contact Log

3.1 Preparation of Day Service Locations

Strong governance is necessary to the provision of high quality and safe services as the threat of infection is always present and at present there is a specific risk from COVID-19. As organisations begin a gradual phased approach to delivering services in this environment, leadership from the Service Provider Board Members (Trustees) through to each frontline service is critical.

Leadership must therefore focus on:

1. Identifying and risk assessing the challenges within the service (environment, transport etc.)
2. Ensuring an equitable and transparent process for prioritisation of services.
3. Putting structures in place at local, regional and national level to
 - Develop organisation-specific IPC policies, procedures, protocols and guidelines (PPPGs) in line with Government Policy and the Health Protection Surveillance Centre (HPSC).
 - Oversee the implementation of organisation and HPSC PPPGs
 - Ensure that variances in compliance with organisation and HPSC PPPGs are managed and escalated appropriately.
 - Devise a communication plan for individuals, supports and families that outlines a clear plan and manages expectations.
 - Communicate on a regular basis with the HSE Disabilities at corporate and CHO level.
 - Ensure regular engagement with the Regulators including HSA (and HIQA when supports are being delivered in a person's residential service that is regulated by HIQA).

3.2 Identification of Locations Available

Step 1: Initial Review of Existing Location(s):

- Identification of buildings available for provision of services
- When identified, the relevant manager is responsible for the completion of a comprehensive work place review of the physical building. This must be done in the context of the service to be provided.

Step 2: Creation of Comprehensive Risk Assessments

- Based on the findings in Step 1, specific Risk Assessments are required to ensure the locations can successfully implement the required:
 - Additional IPC requirements in accordance with the organisation's Infection Control Policy Procedure (including hand hygiene requirements).
 - Effective social distancing measures.
 - Communication, education, awareness and responsibility by all staff for compliance with infection control measures.

3.3 Managing the Risks Associated with Infection including COVID-19

Each organisation should have risk management policies and procedures in place and use the HSE's Integrated Risk Management policy (2017) where appropriate as a template to manage and communicate risk from an organisation-wide perspective (see Appendix I – HSE Risk Management Tool - Integrated Risk Management policy 2017) Staff should be trained in the use of their risk management process. It is about contributing to strategic decision-making in the achievement of an organisation's overall corporate objectives.

As with all risks considerations, the risks associated with infection including COVID-19 need to be viewed from a number of perspectives:

1. Anticipate the specific risks to individuals, support and assistance elements of service delivery, risks to staff and everyone's role in the overall governance of the service.
2. Be vigilant and alert to the risks and potential of harm resulting from infection including COVID-19 but also potential harm resulting from new models of support and service delivery.
3. Be prepared to respond to the threat of harm or actual harm to an individual, staff member, other person or the delivery of the service?
4. Learn from best practice, experience of other individuals using the service and staff members in dealing with risk? If an incident occurs can you learn from it and prevent it happening again or minimise the chances of it occurring again?

Not every risk requires being on a register. Likewise the use of the HSE's risk assessment tool and matrix or the organisation's own risk assessment system may not need to be used in a home setting where it may be unwieldy and inappropriate.

If an organisation identifies a risk and are confident that existing PPPGs and work practices are in place to manage the risk, then they do not require a formal management plan. These decisions should be discussed and agreed at local quality and safety committee meetings.

3.4 Maintenance of Day Service Locations

Policies, Procedure, Protocols and Guidelines (PPPGs)

Policy documents which support the organisation's safe practice should be developed or updated (for example):

1. Services Risk Management Policy & Procedure
2. Health and Safety Statement
3. Infection Prevention and Control (IPC) Policy including hand hygiene requirements

Each of the above should clearly outline in detail, the daily processes that need to be completed by staff. Adhering to the all instructions within each document will be of utmost necessity for successful and safe provision of services in addition to following national guidance.

Compliance with the above policies and application of all organisations' risk register protocols will maximise IPC throughout the organisation.

3.5 Enhanced Environmental Hygiene

Other controls to reduce potential exposure from contact transmission will be drawn from the following measures:

- Minimise clutter so that there are less surfaces vulnerable to contamination and less surfaces to clean for example by ensuring that items that are not in current use are moved to storage areas or disposed of if no longer required.
- To the greatest extent practical ensure that surfaces are easy to clean
- Enhanced cleaning regime with particular focus on high touch/high traffic areas. These must include canteen/break areas, workstations, locker rooms, etc. This includes more attention being given to consistent cleaning of high used areas e.g. work tops in canteen/break areas, door handles, toilets etc.
- Cleaning is generally performed with water and detergent. Disinfection is generally not appropriate unless there is a specific requirement (for example after cleanup of a spill of blood or body fluids). Detergent wipes may be considered as an alternative (e.g. wheelchair arms and bus door handles)
- Reduce high contact areas by leaving an agreed number of non-fire internal doorways open.
- Provide additional cleaning stations across each location where colleagues could source materials to conduct wipe downs of used door handles, individual work areas and/or shared work stations, etc.
- Ensure an adequate supply of cleaning materials and hand sanitising solution is available.
- Increase the number of hand sanitiser stations across the site using a risk based approach to safety.
- Appropriate signage to be used to support implementation of these measures.
- Appropriate cleaning of gyms, therapy rooms, therapy aids, day activity rooms, bathrooms and other shared spaces and items where individuals are seen in succession for hands-on therapies, close interactions and personal support needs.

3.6 Infection Prevention and Control Measures including appropriate use of PPE

- The foundation of Infection prevention and Control practice is Standard Precautions. Standard Precautions are a set of principles that apply to the delivery of care to all people in all settings although the application may vary depending on the context. Key elements of standard precautions include hand hygiene, respiratory etiquette and environmental cleaning and appropriate use of PPE when required for the task in hand. It is important that staff are aware that PPE is just one important element of managing the risk of infection but that use of PPE of itself is not sufficient to protect service users or staff.
- Personal protective (protection) equipment (PPE) is important to manage risk that remains when all other controls are in place. Examples of PPE use in healthcare include masks, gloves, eye protection (face shields and goggles) and aprons/gowns.
- For staff delivering front line services, a risk assessment of the activity/interaction will inform decisions as to what PPE is required. This should follow the most up to date advice (see HPSC website) at the time in line with Public Health guidance.
- Staff must be trained, in accordance with infection prevention and control guidance, regarding its function and in the limitation of each item of PPE.

Organisational assessment and planning for accessing PPE

The requirements for the type of PPE are related to the specific task performed and are the same, regardless of the setting. As part of their contingency planning for COVID-19, organisations should proactively conduct risk assessments with staff around assessment and planning for the amount of PPE it may need and ensure that there is a robust process for ordering, distribution, storing, and disposal including a process for accessing emergency supplies, if required.

Where possible maintain a distance of 2 metres, whether the person with a disability is:

- Not showing any signs of COVID-19
- Is symptomatic but not diagnosed
- A confirmed COVID-19 diagnosis

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-on-the-use-of-ppe-in-disability-services.pdf>

Personal protective equipment while important is the last line of defence

This guidance applies to all healthcare settings including primary, secondary, tertiary care and ambulance/transport service.

- The requirement for PPE is based on the tasks that a Carer is likely to perform
- On April 21 2020, the National Public Health Emergency Team (NPHET) made a decision to extend the use of surgical masks in healthcare settings to the following:
 - **Surgical masks** should be worn by healthcare workers when they are providing care to people and are within 2 metre 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 metre cannot be maintained
- Healthcare workers should don a mask if they anticipate being within 2 metres of one or more other healthcare workers for a continuous period of 15 minutes or longer. It is not intended that healthcare workers should attempt to estimate in the morning the total duration of a sequence of very brief encounters that may occur during the day.
- The management and staff of Day Service locations will have a very good understanding of infection prevention and control issues which can differ from location to location.
- All environmental and human factors should be considered when determining the requirement for the use of a face mask or other items of PPE. For example if accompanying a person on a walk outdoors when direct physical contact is not required there will generally be no requirement for either person to wear a cloth face covering or mask or any other item of PPE.
- In some settings where face protection is required but the use of a cloth face covering or mask is not appropriate, the use of a face visor may be a practical alternative when supporting people with disabilities.

Safe use of masks

Always change your mask:

- When you answer the telephone or take a drink/break
- When leaving an area
- If your mask is wet, dirty or damaged.
- When leaving a person's home.

Never fidget with your mask when it is on and never store your mask in your pocket.

Disposal

when a surgical mask is no longer required or if a fresh surgical mask is needed the surgical mask must be removed and disposed of safely.

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

Attendance Log

An attendance log of all people entering a location should be maintained with details of the time spent in the building. This information may be required to inform contact tracing (see Appendix 5 – Attendance Log).

Contact Tracing

When staff are advised by other staff members and/or family members of a positive COVID-19 testing, contact tracing will be implemented. Contact Tracing will be carried out by public health and the information provided by the day service location will support that process.

Contact Log

The prompt identification and isolation of potentially infectious individuals is a crucial step in protecting the employee involved, their colleagues, customers or others at the workplace. Organisations may also introduce the use of a Contact Log.

The contact log is a list of all colleagues/service users/visitors/suppliers with whom an employee comes in contact over the course of a shift who were unable to observe the 2 metre rule for longer than 15 minutes.

The contact log:

- is the responsibility of all staff to complete as instances occur.
- will be reviewed daily by the unit manager. Escalation is required where instances are recorded.
- will give rise to a list of tasks that are not consistent with maintaining social distancing and inform practices for other locations.

4. Different ways of Delivering Service Supports

Introduction

Heretofore day service supports have been provided at a day service locations and in the wider community settings. Since the onset of COVID-19 some supports have been provided by day service staff remotely and limited supports have been provided from service user homes.

For the foreseeable future with the limited capacity at day service locations, remote supports and supports provided from service user homes will become a key feature of day service provision.

This section sets out:-

- Safe protocols for staff providing supports in people's homes.
- General measures to reduce risk of accidental introduction of infection including COVID-19 to a service user, their families and support workers.

4.1 Safe protocols for staff providing supports in people's homes

Since the onset of COVID-19 priority supports have been provided to some service users in their homes. Guidance to support this new way of working has already been developed and is available at the following link:

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

4.2 General Measures to reduce the risk of accidental introduction of COVID-19 to a service user/support worker

Current information suggests that COVID-19 can spread easily between people who have symptoms of infection. For this reason it is essential to for all care/support staff to call their managers before they go to work if they have a cough, temperature or shortness of breath, sudden loss of the sense of taste or smell or any other symptoms of acute virus infection.

The infection can also sometimes spread from an infected person before they develop any symptoms. Some people do not develop symptoms or may develop symptoms so mild that they do not feel ill and do not seem ill. For these reasons it is important to take basic precautions relating to all interpersonal interactions outside the home.

The following are some general recommendations to reduce the spread of infection:

- Informing all staff of the signs and symptoms of COVID-19 and advise them of actions to take if they or any close family members develop symptoms and to follow HSE guidance.
- Guidance should be in keeping with most current information from HSE and Health Protection & Surveillance Centre (HPSC).
- Careful attention to hand hygiene with provision of hand sanitiser.
- Coughing / Sneezing into tissue / elbow crook.
- Encourage clients/service users to cover their nose and mouth with a tissue if they cough or sneeze.
- Maintain a distance of 2 metres or more for clients/service users other than when performing a task that requires you to be close within 2 metres.
- Wearing a mask (or face visor if more appropriate) when providing personal care to a service user (where you must breach the 2 metre distance).
- Regular infection prevention and control training for staff with emphasis on Standard Precautions (including hand hygiene) and including the appropriate use of personal protective equipment (see more detail on this below).
- Minimise eating or drinking in the service users home.
- Service users and their families/friends who are receiving care/support in their home should be advised to let the service provider know as soon as possible if they have a new cough, temperature or shortness of breath they should be advised to contact their doctor right away to facilitate testing as appropriate.
- Support staff to contact the individual and/or family to complete safety checklist prior to arrival at Service users home.
- If a support worker arrives at a service users' home and finds that they have a new cough, temperature or shortness of breath, he/she should be advised to leave the room if possible or otherwise maintain a distance of 2 metre if possible and call the support worker's manager. If the service user is not distressed but is on their own call a family member or other contact person. If the support worker finds it necessary to remain with the person or to approach within 2 metres to attend to a person in distress, the risk can be reduced by applying the basic precautions outlined above.
- If neither the support worker nor the person who is receiving care and support have symptoms of a respiratory like illness, then standard infection prevention and control measures are appropriate. More information about general infection prevention and control can be found in the information for Home Helps/Home Support Workers and Personal Assistants which is available online www.hpsc.ie.

5. Plan for RT/School Leavers

Introduction

At this time we await confirmation from Department of Education and Skills that all of the young people leaving school in 2020 and referred for a HSE funded day service will actually be considered as having left the school system at this time.

Operating on the basis that these young people have in effect left school and will require a HSE funded service, their introduction to day services will be challenging whilst the sector is simultaneously trying to reinstate services to the existing 18,500 adults that have largely been without day service provision since mid March 2020.

In that regard this section provides:-

- general guidance for the introduction of 2020 RT/School Leavers.
- identification of support needs of 2020/2021 RT/School Leavers.

5.1 General Guidance for Introduction of 2020 RT/School Leavers

- There is essential information that each service provider will require regarding the needs and abilities of each person referred. Should more explicit details be required to comply with COVID-19 guidance than that already provided as a result of the profiling process and subsidiary reports, service providers will need to request this information from the service user and their family prior to having them attend at a day service location.
- It is recommended that 2020 RT/School Leavers entering a new service should receive their support at day service locations as many have not been introduced to service providers and their needs and abilities will only have been provided by a third party.
- The introduction of new referrals to any day service location should be approached with caution and it is recommended that small numbers of new referrals be accommodated at the service location at dedicated times with the focus initially on Induction and COVID training. As new referrals are introduced to their new service, there will be an increased opportunity to establish new ways of working as they will not be drawing comparisons to pre-COVID service delivery and will not have to make that adjustment. However, the transition from school to day services is a very significant transition for each young person and the 'welcoming' and 'inducting' of new referrals should be approached with great caution and deliberation.

5.2 Identification of Support needs of 2021 RT/School Leavers

The process of identifying the support needs of the approx 1,700 adults that are due to leave school or Rehabilitation Training Programmes in 2021 and may require a HSE funded day service would normally commence in September this year. The process of profiling as it has been traditionally developed involves a meeting with the service user, their family, school staff and any other people that are important to the individual. The meeting to complete the profiling usually lasts for approx. 1.5 – 2 hours but may require more time depending on each individual’s circumstances.

The HSE is currently revising the process of profiling of needs to include the “Attend Anywhere” online video conferencing tool that will enable a virtual meeting to be arranged where possible.

There will be a number of people referred whereby, for a variety of reasons, a face-to-face meeting may be more appropriate to their needs. Where a face-to-face meeting is more appropriate to the needs of the service user this can be arranged with very little risk provided relevant COVID-19 guidance in relation to the planning, location and conduct of the meeting is observed.

6. Transport Readiness and Maintenance

Introduction

The availability of safe transport is essential to the delivery of Day Services across the country. Service users must be facilitated to travel to the centres and need to be able to access other community facilities when they arrive.

As services resume it will be necessary to identify how transport can continue to be provided in as safe a manner as possible and strictly within social distancing and other COVID-19 precautions.

While family members are to be encouraged to transport the individual to Day Services, this will not always be possible depending on the family circumstances and in these cases, there will continue to be a reliance on bus transport.

Service users' will and preference should be considered to determine if a blended form of Day Services would meet their need and potentially reduce the requirement for transport provision. Residential Service users may wish to receive a greater amount of their Day Service supports in/from their home environment supported by day service staff. This may enable greater autonomy to service users in terms of having a meaningful day.

It is however likely that some service users will still require transport and this will have to be managed by the providers in line with the COVID-19 restrictions.

Transport provided to support a person's access to day services is unlike the public transport service as it is a controlled service that avoids queues and is confined to a specific group of people. There are orderly pick up and drop off points and the numbers can be controlled by extending the number of trips and therefore reducing the number of people on a vehicle.

This section covers:-

- Risk Assessment of Transport
- General Guidance on Buses - National Transport Authority
- Actions if suspected/confirmed COVID-19 on transport.

6.1 Risk Assessment of Transport

Transport providers will have to demonstrate that their transport services are safe and that all COVID-19 precautions have been established and observed. A risk assessment and action plan needs to be developed locally prior to providing transport on a bus (See Appendix 6 – Risk Assessment of Transport).

6.2 General Guidance on Transport

- Be mindful of social distancing of 2 metres in so far as practical while on transport
- Clean hands before entering the vehicle
- Do not touch your face.
- Where possible cloth face coverings or masks should be worn on transport where distance cannot be maintained. However, it is acknowledged that the wearing of cloth face coverings or masks may not be possible for all service users.
- Vehicles should be cleaned appropriately following each road trip.
- Carry a box of tissues and use tissues to catch coughs and sneezes. Dispose of used tissues in bin as soon as possible.
- Consider putting a see-through protective screen or barrier between the driver and passengers. Some drivers have already installed Perspex screens or strong clear plastic sheets. (Physical barriers, such as clear plastic sneeze guards could also be used). Consideration should be given to the safety of both driver and passengers and the placement of such screens in order to ensure that the effective operation of safety equipment such as side airbags is not hindered.
- Where used, dividing screens must remain clear and be free of scratches, clouding or stickers which would impede the visibility for the driver or passenger. The dividing screen must also be clear and free of any tint.
- Where used, dividing screens must be made from a shatterproof material so that in the event of any impact no danger would be presented to the driver or passengers. This would fall under general health and safety requirements in the workplace. Test certification to a known test standard must be sought to ensure that the material used has been proven to be shatterproof, and the supplier should have access to this information.
- Place the HSE COVID-19 information for your passengers in the rear of your vehicle so that it is clearly visible.
- Disinfection, after cleaning, may be required in the event of a spill of body fluid (for example if someone vomits) but disinfection is generally not appropriate.
- Have a kit available in the vehicle for dealing with spills of body fluid (including paper towels, gloves, plastic apron and a suitable cleaning agent/wipe and disinfectant agent/wipe)
- Use disposable cloths/wipes when required for cleaning.
- Be mindful of manufacturer's advice on cleaning and disinfecting but most manufacturers' recommend that surface areas be cleaned with soap and a damp cloth (ensure the cloth is not over wet to cause damage to car surfaces or electronics). Ensure all surfaces are dry before driving.

- When cleaning the vehicle be mindful of all surface areas that are touched when driving and clean all in sequence prioritising high touch areas e.g. Key, Door Handle, Door Pillar, Steering Wheel, Gear Stick, Indicators, Window Wipers, Front Dash Display and Controls, Sun Visor, Control Panel Side Door, and Seats.
- Pay close attention to all surfaces that are touched often by passengers.
- Dispose of cleaning equipment in the general waste.

The above guidance has been adapted from the National Transport Authority guidance but has been modified to reflect disability service transport for more information see

<https://www.nationaltransport.ie/>

7. Communication with all Stakeholders

By its nature, the COVID-19 pandemic and the need to respond to the changing prevalence of the disease in the country has been challenging regarding communication. The Government's plan for reopening the country initially set out phases which indicated a very gradual lessening of restrictions. This plan has been reviewed on two occasions and the gradual lessening of restrictions has been speeded up.

International evidence points to the potential for resurgence of the virus in countries that have reopened and at time of writing restrictions have had to be re-imposed in some countries.

The most important issue identified to date in relation to planning for service resumption is the need for clear communication with stakeholders but particularly with families and services users regarding when services may be resumed and what the future service will look like for their son/daughter/sibling.

The National Framework for the Resumption of Adult Disability Day Services includes a Communication Plan for all stakeholders and this plan will have to be constantly reviewed in the weeks and months ahead.

8. COVID-19 Protocols and Infection Control

Introduction

Since the onset of COVID-19 a wealth of support information has been produced to support the public at large and in particular providers of health care services to respond to the many challenges presented by the pandemic in order to contain the virus and prevent it spreading widely.

In regard to Disability services there is a significant repository of support materials available on the HSE website and all day service providers should become familiar with the guidance already developed that has a bearing on the provision of disability day services. This guidance includes many Easy Read documents that can be utilised to support interface with disability service users or act as a basis for developing communication that is service user friendly.

This section covers:-

- List of Guidance Documents developed by HSE Disability Services
- Other Useful Links and References.

8.1 List of Guidance Documents developed by HSE Disability Services

These guidance documents include the following topics and are all available on the HSE website

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

No.	Name of Document	Date of Issue	Target Audience
1	Contingency Plan for Home Support Managers and Health Care Support Assistants and Disability Managers/Personal Assistance during Mitigation Phase V2	22/04/2020	Home Support Managers Health Care Support Assistants Disability Managers Personal Assistants
2	Guidance for COVID-19 in Social Care Group Homes and Residential Services – Disabilities V4	21/04/2020	Healthcare Workers Managers In non-nurse led services
3	Guidance for COVID-19 in Nurse Led Residential Care Services for people with disabilities V14	21/04/2020	Healthcare Workers Managers In residential centres where service is nurse-led
4	Guidance for testing for COVID-19 in Disability Services VI	31/03/2020	Social Care Workers Nursing staff In residential services for people with disabilities
5	Guidance of COVID-19 testing in Disability Services <i>Easy Read Version VI</i>	31/03/2020	People with a disability Social Care Workers Nursing staff In residential services for people with disabilities
6	Guide for Supporting adults in a community residence/at home <i>Easy Read Version VI</i>	31/03/2020	Adults with a disability Carers Staff Families Who are supporting adults with disabilities
7	Guide for Supporting children in a community residence/ at home <i>Easy Read Version VI</i>	31/03/2020	Children with a disability Carers Staff Families Who are supporting children with disabilities

No.	Name of Document	Date of Issue	Target Audience
8	Streamlined hospital passport for people with disabilities who are admitted to hospital VI	31/03/2020	To be completed with people who have disabilities (with support where required) To be read by all Healthcare Workers caring for the person with a disability when they are in the hospital.
9	Guidance to support a person with additional needs who becomes distressed and angry when you try to engage with them. VI	31/03/2020	Staff or carers who do not normally work with people with disabilities, e.g. Hospital Staff
10	Support Coordination in a Pandemic – A practical checklist to avoid stressors for service users VI	31/03/2020	Carers Staff Families Who are supporting people with disabilities
11	Guidance for Alternative Models of Care	31/03/2020	CHOs Service Providers Who are supporting people with disabilities
12	Guidance on the use of Personal Protective Equipment (PPE) in Disability Services V2	27/04/2020	Healthcare Workers Managers In residential centres for people with disabilities
13	Coronavirus (Covid-19) Frequently Asked Questions for people with disabilities and family carers	23/04/2020	People with disabilities Families
14	Staff Guide for communicating with people with intellectual disability and with Autism (short version)	23/04/2020	Staff in test centres, community assessment hubs, hospitals
15	Staff Guide for communicating with people with intellectual disability and with Autism	23/04/2020	Staff in test centres, community assessment hubs, hospitals
16	Staff Guide on communicating with Deaf and Hard of Hearing people	23/04/2020	Staff in test centres, community assessment hubs, hospitals
17	Staff Guide on working with an ISL or English interpreter	23/04/2020	Staff in test centres, community assessment hubs, hospitals
18	COVID-19 Guide on how to stay connected using communication apps <i>Easy to Read Version</i>	23/04/2020	People with disabilities Families

No.	Name of Document	Date of Issue	Target Audience
19	Covid-19 Test Process explained for Deaf and Hard of Hearing people	23/04/2020	Deaf and Hard of Hearing people
20	A message from Cathal Morgan, Head of Disability Operations, HSE for people with disabilities and their families.	24/04/2020	People with disabilities and their families
21	Clinical Pathway – Clinical Consultation required – disability services	27/04/2020	Social Care Workers Nursing staff In non-nurse led residential services for people with disabilities
22	Clinical Guide for hospital clinicians when supporting a person with a disability	19/04/2020	Staff or carers who do not normally work with people with disabilities, i.e. Hospital Staff – doctors, nurses, allied health professionals
23	Pathway to HIQA Registration and model for developing an Enhanced Support Facility for people with disabilities during COVID-19	16/04/2020	Service Providers for people with disabilities
24	Webinar – Prevention and Preparedness in Disability Residential Facilities	27/04/2020	Carers Staff Who are supporting people with disabilities
25	Guidance on End of Life in social care-led disability centres during COVID-19	28/04/2020	Social Care Workers Nursing staff In non-nurse led residential services for people with disabilities
26	Appendices to accompany Guidance on End of Life in social care-led disability centres during COVID-19	28/04/2020	Social Care Workers Nursing staff In non-nurse led residential services for people with disabilities
27	Coronavirus (Covid-19) Frequently Asked Questions for people with disabilities and family carers <i>Easy Read version</i>	06/05/2020	People with disabilities, their families and carers
28	Q&A from Webinar held on April 27 2020	15/05/2020	Carers

No.	Name of Document	Date of Issue	Target Audience
			Staff Who are supporting people with disabilities
29	Communicating with families	15/05/2020	Carers Staff Who are supporting people with disabilities
30	Supporting people who are in isolation	15/05/2020	Carers Staff Who are supporting people with disabilities
30a	Activities to support people in isolation	15/05/2020	Carers Staff Who are supporting people with disabilities
30b	Risk Assessment tool for people in isolation	15/05/2020	Carers Staff Who are supporting people with disabilities
30c	Disability Services Pathway (for people who may need to leave their residence for isolation)	15/05/2020	Carers Staff Who are supporting people with disabilities
31	Approved Communication Supports for Deaf Patients in healthcare settings during Covid-19 – Information Card	20/05/2020	Deaf and Hard of Hearing people Staff
32	Framework for the Resumption of Adult Disability Day Services – supporting people with disabilities in the context of COVID-19 – the next year	29/05/2020	Adults with a disability Carers Staff and Management Families who are supporting adults with disabilities
33	Reshaping Disability Services from 2020 and beyond in line with COVID-19 restrictions (Respite, Home Supports, Residential and PA supports)	29/05/2020	Adults with a disability Carers Staff and Management Families who are supporting adults with disabilities

8.2 Other Useful Links and references

1. Social distancing in the workplace/home environment

- HSE poster on self-isolating at home <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>
- Protecting yourself and others <https://www2.hse.ie/conditions/coronavirus/protect-yourself-and-others.html>
- Health Safety Authority: Checklist 2 Control measures in work https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_checklists_and_posters/return_to_work_safely_templates_checklists_and_posters.html

2. PPE in the workplace/home environment

- Videos on how to put on PPE <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videoresources/>
- Posters on how to use PPE <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>
- HSA Checklist 2 control https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_checklists_and_posters/return_to_work_safely_templates_checklists_and_posters.html
- HSA Checklist 3 induction for workers https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA videos https://www.hsa.ie/eng/topics/covid-19/covid-19_videos/
- Dis QI PPE <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-on-the-use-of-ppe-in-disability-services.pdf>
- Gov.ie on face coverings <https://www.gov.ie/en/publication/aac74c-guidance-on-safe-use-of-face-coverings/>
- Training on hand hygiene, standard precautions, donning and doffing PPE, ID module www.hseland.ie

3. Resumption of activities in the workplace/home environment – need for temperature checks, face masks etc.

- HSE Returning to work <https://www2.hse.ie/conditions/coronavirus/returning-to-work-safely.html#before-return>
- Return to work protocol <https://dbei.gov.ie/en/Publications/Publication-files/Return-to-Work-Safely-Protocol.pdf>
- HSA Checklist 1 – Planning and preparing https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 2 https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 5 cleaning https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- NSAI workplace protection https://www.hsa.ie/eng/news_events_media/news/news_and_articles/nsai_-_covid-19_workplace_protection_and_improvement_guide.pdf
- Return to work checklist https://www.wheel.ie/sites/default/files/media/file-uploads/2020-05/COVID19%20Return%20to%20Work%20Checklist%20May%202020%20v1.0_0.pdf

4. Protocols in place for home support workers and PAs

- Practical support for Residential Older Person Services https://hse.drsteevenslibrary.ie/ld.php?content_id=32820950
- Contingency plan <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-contingency-plan-home-support-services-disabilities.pdf>
- HSE home supports for older persons, disability and palliative <https://www.lenus.ie/bitstream/handle/10147/627526/covid-19-plan-for-contingency-home-support-services-disabilities.pdf?sequence=4&isAllowed=y>

5. Transport – use of vehicles, infection control on vehicle, social distancing on vehicles etc.

- HSA Checklist 3 induction https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Worker checklist https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- National transport authority (Taxis) https://www.nationaltransport.ie/wp-content/uploads/2020/04/SPSV_Industry_Information_Note_Web_Version.pdf
- Dividing screens in taxis criteria <https://www.nationaltransport.ie/taxi-and-bus-licensing/advisory-guidelines-temporary-covid-19-dividing-screens/>

6. Environmental cleaning of buildings

- HSA Checklist 1 – Planning and preparing https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 2 https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 5 cleaning https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- European guidance on disinfection of environments https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS_CoV_2-virus-Options-for-cleaning2020-03-26_0.pdf

7. Staff Health and Wellbeing

- Managing stress and mental health at work during COVID https://www.hsa.ie/eng/topics/covid-19/covid-19_advice_for_employers_and_employees/

9 Appendices

Appendix I HSE Risk Assessment Tool HSE Integrated Risk Management Policy, 2017

1. IMPACT TABLE	Negligible	Minor	Moderate	Major	Extreme
Harm to a Person	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Impaired psychosocial functioning greater than 3 days less than one month	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of individuals or member of the public Permanent psychosocial functioning incapacity.
Individual Experience	Reduced quality of individual experience related to inadequate provision of information	Unsatisfactory individual experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory individual experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory individual experience related to poor treatment resulting in long term effects	Totally unsatisfactory individual outcome resulting in long term effects, or extremely poor experience of support provision
Compliance (Statutory, Clinical, Professional & Management)	Minor non-compliance with internal PPPG's. Small number of minor issues requiring improvement	Single failure to meet internal PPPG's. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal PPPG's. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Support Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives / Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of individual support or the ability to continue to provide service.	Short term disruption to service with minor impact on individual support.	Some disruption in service with unacceptable impact on individual support. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of individual support or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect

Adverse Publicity / Reputation	Rumours, no media coverage. No public concerns voiced.	Local media coverage – short term. Some public concern.	Local media – adverse publicity.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity.	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers.
	Little effect on staff morale. No review/investigation necessary.	Minor effect on staff morale / public attitudes. Internal review necessary.	Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions.	Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
	Comprehensive review/investigation necessary.				
Financial	0.33% of budget deficit	0.33 – 0.5% of budget deficit	0.5 – 1.0% budget deficit	1.0 – 2.0% of budget deficit	> 2.0% of budget deficit
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

2. LIKELIHOOD SCORING

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

3. RISK MATRIX

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Risk Assessment

Reference Number:

Region:

Occupational Risk Assessment:		Designated Centre/House/Location:			Person in Charge:				
Clinical Risk Assessment:		Assessment Date/Time:			Review Date:				
Risk Assessment Carried Out By: <i>(List all involved)</i>		Primary Person Completing Form.							
		Person 3.			Person 4.				
Risk Assessment Scope: What is the task or activity being performed?									
Hazards What are the potential causes of harm?	Who is At Risk? Who might be harmed by the hazard? How many persons at risk? Duration of Exposure?	What is The Risk? How could harm be caused by the hazard? What type of harm could result from the hazard?	Risk Control Measures What protective and preventive measures are already in place to control the associated risks?	Risk Rating likelihood v			Additional Control Measures Are any further protective and preventative measures required to control the associated risks?	Action By	Target Completion Date
				L	x	I	= Risk		

Low: 1 - 5, Medium: 6 - 12, High: 15 - 25

Appendix 2 - Return to Day Service Form

Your name	
Your service	



Have you had a fever or sore throat or a runny nose or loss of taste or smell or been short of breath or felt like flu in the last 14 days?

Yes

No

Tick yes or no.



Have you been told you have Covid-19 in the last 14 days?

Yes

No

Tick yes or no.



Have you been told you were in contact with someone who has Covid-19 and told to stay home?

Yes

No

Tick yes or no.



Have you been told to stay at home because of your health at this time?

Yes

No

Tick yes or no.

Signed	
Print name	
Date	

Appendix 3 - Return to Work Checklist

Service user – Personal Plans

Service User Specific

Ref	Checklist	Yes	No	N/A	Action
1	Will there be any high risk face to face activity taking place with service users, is there a mechanism for conducting risk assessments to manage this?				
2	Is there specific guidance/information available for service users in relation to coming on site? If not? there needs to be some communication to service users and families re coming on site for drop offs, meetings , attendance at services				
3	Are there implications for transport and has a guidance been developed for same?				
4	Is there a need to review maximum numbers of service users who can access service at any given time?				
5	Does this take account of individual risk assessments and plan for specific needs particularly where there are issues with capacity and ability to comply with social distancing?				
6	Is there a plan for appointment schedules and is there a need for a central coordination point for appointments?				
7	Are other alternative service delivery options considered? E.g. alternate days, part time morning or afternoons				

8	Are there adequate protocols in place to support new ways of working?				
9	Is there a consultation process in place with Adult Day service users, supported by family and advocates where appropriate to agree new individual plans and schedules?				
10	Is there relevant training and accessible information available for service users				
11	Have personal plans of each service user been reviewed to address their priority needs during the year ahead. Ensure that the revised plan captures any needs identified since COVID commencement and also new approaches to meeting needs using remote supports and the use of technology.				
12	Where day services and residential services are provided by different service providers is there a MOU to address infection control to maintain safety of all.				

Staff Training and Support Needs

Pre-return to work steps

Ref	Checklist	Yes	No	N/A	Action
1	Is there a COVID-19 illness policy in place? (This may form part of the COVID-19 Response Plan)				
2	Is the Return to Work form in place? (See Appendix 4)				
3	Who is responsible for managing (issuing, reviewing, archiving) the form?				
4	Do all employees know what the notification process is and the consequences if they do not follow the policy notification procedures?				
5	Does the absence/sick leave policy/procedure need to be reviewed?				
6	Is the responsibility for tracking absence assigned?				
7	Is the responsibility for approving return to work assigned?				
8	Is the responsibility for conducting contact logging assigned?				
9	Are employees aware of the purpose of the contact log?				
10	Is the responsibility for liaising with the HSE assigned?				
11	Is the responsibility for dissemination of HSE COVID-19 info assigned?				
12	Are employees aware of their responsibilities with regard to self- isolation?				

Ref	Checklist	Yes	No	N/A	Action
13	Is there a contract in place with an Occupational Health Service or general medical provider?				

Risk Assessment / HR

Ref	Checklist	Yes	No	N/A	Action
1	Have Risk Assessments been created and updated in response to hazards associated with COVID-19? HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?				
2	Do risk assessments address sensitive risk groups and vulnerable staff to include young workers, older workers, pregnant workers, workers with an underlying condition? Workers with a disability e.g. visual/hearing impairment, learning disability <u>category</u> . https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html				
3	Have individual risk assessments & medical assessments been conducted for employees in a <u>higher risk category /group</u>				
4	Have relevant business (HR/OHS/GDPR) policies such as absence, sick leave etc been reviewed and updated to reflect COVID-19 requirements?				

Training

Ref	Checklist	Yes	No	N/A	Action
1	Has a reinduction/induction training been created?				
2	Who is responsible for delivering this training?				
3	Are employees aware of their responsibilities in attending training?				
3 4	Are existing training delivery systems (including online systems) fit for purpose?				
5	Is existing training content fit for purpose?				
6	<p>Are there arrangements in place to keep staff appraised of COVID-19 related information to include (non exhaustive)</p> <ul style="list-style-type: none"> • the symptoms • how each individual can protect themselves • what to do if a staff member becomes symptomatic at work • any current restrictions in place (e.g. travel for work etc.) • the rationale behind social distancing • good hygiene measures to include hand hygiene, cough etiquette and cleaning? <p>https://www.hseland.ie/dash/InterestedIn/Covid19</p>				

Remote working

Ref	Checklist	Yes	No	N/A	Action
1	Are managers and staff aware of the GD:011:00 HSE Guideline Document COVID-19 Home Working?				
2	Is there a Remote Work Policy in place?				
3	Has the Insurance Company been notified of remote work arrangements?				
4	Have medically vulnerable employees been prioritised for remote working?				
5	Have individual Risk/Ergonomic Assessments been conducted?				
6	Has training been provided?				
7	Has appropriate IT and other equipment been provided?				
8	If ergonomic concerns are identified- does the employee know who to report them to?				
9	Are communication channels between employer and employees defined?				
10	Are working time controls in place?				
11	Are GDPR controls in place?				

Managing Mental Health and Wellbeing

Ref	Checklist	Yes	No	N/A	Action
1	Are there supports in place for employees who are experiencing existing or new Mental Health issues such as anxiety?				
2	Have the employees been informed/reminded of these supports?				
3	Do existing procedures need to be reviewed and updated?				
4	Is there an Employee Assistance Programme (EAP) in place?				
5	Have the supports already available from the HSA been considered? Workplace Stress and WorkPositive .				

Day Service Readiness and Maintenance

Cleaning

Ref	Checklist	Yes	No	N/A	Action
1	Have cleaning arrangements been reviewed and documented in line with Public Health Guidance? (European centre for Disease Prevention (March 2020) Disinfection of environments in healthcare and non healthcare settings potentially contaminated with SARS-CoV-2)				
2	Are existing cleaning arrangements fit for purpose?				
3	Have high contact points been identified for more frequent cleaning?				
4	Are cleaning materials appropriate for use? Are new materials added to the chemical list?				
5	Are Hand Sanitisers provided at appropriate locations?				
6	Is there a clean desk policy in place? If not- this must be considered.				
7	Are local desk and IT equipment cleaning materials available? (e.g. phones, keyboard, desk)				
8	Have all staff / cleaners been re-inducted and/or re-trained as appropriate?				
9	Has appropriate PPE been provided to cleaners?				

Ref	Checklist	Yes	No	N/A	Action
10	Is there adequate supervision of cleaning arrangements?				
11	Are cleaning specifications in place to for the facilities being used?				
12	Are staff designated with cleaning roles adequately trained to undertake cleaning and disinfecting appropriately?				
13	Is there appropriate HSE Covid-19 signage in place?				
14	Should soft furnishings in common areas be removed? (e.g. cushions)				
15	Are adequate bins and wipes provided for office staff to clean desks and dispose of rubbish / tissues?				
16	Should other items at contact points be removed? (e.g. ornaments)				
17	Can touchless technology be introduced at contact points such as entry points?				
18	Where visitor facing roles - does the cleaning protocol reflect the visible cleaning of contact points?				

Building Management Systems

Ref	Checklist	Yes	No	N/A	Action
1	Is the Planned Preventative Maintenance (PPM) Schedule up to date?				
2	Are Life Safety Systems tested and in operational order? (e.g. fire alarm systems)				
3	Have Heating Ventilation Air Conditioning (HVAC) systems been inspected? Filters changed? Are upgrades required- refer to CIBSE				
4	Are water systems flushed and sterilised?				
5	Can additional bicycle storage facilities be provided?				
6	Can additional car parking be offered?				

Health & Safety

Ref	Checklist	Yes	No	N/A	Action
1	Is there a Competent Person appointed to manage Health and Safety? Ref: Section.18 SHWW Act, 2005				
2	Are there arrangements in place for Safety Consultation and Safety Representatives? or equivalent such as Safety Committee. Ref: Section 25 & 26 of SHWW Act, 2005				
3	Is there a Business COVID-19 Response Plan in place? Framework for the Resumption of Adult Disability Day Services				
4	Is there an up to date Safety Statement in place reflecting the changes made by COVID-19?				
5	Are there contact details and processes available for staff to access local IPC or Public Health Support?				

Physical Distancing

Ref	Checklist	Yes	No	N/A	Action
1	Can capacity in the building be reduced / increased? consider all options - <i>Remote working / supports is the preferred control where possible aligned to New Directions core values?</i>				
2	Are all work areas including stations/Office spaces/Desks compliant with the 2 metres distance?				
3	Have staff been advised of the requirement to move without delay through corridors of less than 2 metres wide?				
4	Are Physical Screens or Guarding required?				
5	Can work areas be redesigned or Reconfigured to support safe distancing?				
6	Are controls in place in the canteen/local areas e.g. supervision, staggering use, extend times, removing chairs/tables, queue systems etc				
7	Can payment systems in canteens or food and drink dispensers receive contactless payments?				
8	Can employees be organised into teams who consistently work and take breaks together?				
9	When catering is provided, can food options be pre-packed, menu options reduced?				
10	Are lifts being controlled? Encourage stair use where appropriate? Are they being prioritised for usage for persons with reduced mobility?				

Ref	Checklist	Yes	No	N/A	Action
11	Are water dispensers controlled to include frequent and adequate cleaning measures? (Consider dispensing, no personal drinking containers to be used when contact required).				
12	Are controls in place to reduce capacity in meeting rooms? e.g. signs posting maximum capacity, remove chairs etc. Can the meeting be held virtually?				
13	Have access controls been considered for the Reception Area? e.g. To manage numbers, monitor entry etc				
14	Can close contact with reception staff be eliminated or reduced? e.g. screens, marked out waiting area.				
15	Is there appropriate HSE Covid-19 Social Distancing signage in place? https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/				
16	For employees using public transport- are flexible working times being Considered / offered?				
17	Access into and leaving the building: Can distancing be implemented for both staff, service users (as appropriate) and visitors arriving at similar/same times? Is parking accessible for mobility impaired people.				

Ref	Checklist	Yes	No	N/A	Action
18	Are self-declaration forms held in line with GDPR requirements?				
19	Are control measures applied in locker room/showers/other welfare facilities?				
20	Is a no handshaking policy implemented where it is possible?				
21	Has interaction between employees and visitors been eliminated or significantly reduced?				
22	Have physical barriers been erected where possible and practical?				
23	Is there appropriate advice/signage in place throughout the premises? - Is Easy to read signage in place?				

Emergency response

	Checklist	Yes	No	N/A	Action
1	Fire Procedures- are changes required to reflect new staff numbers, new layout etc?				
2	Occupational First Aid: Are changes required to ensure adequate coverage?				
3	Are First Aiders aware/briefed on new COVID-19 requirements?				
4	Is PPE available to First Aiders? Note: PHECC protocol .				
5	Can employees who become symptomatic in work be designated a separate room if unable to leave the facility immediately space?				
6	Is there a protocol in place describing the steps to be taken before returning to the workplace? (See Appendix 4)				
7	Are training certifications still valid for Emergency Response Team members?				

Managing Third Parties: Contractors, Visitors, Customers

Ref	Checklist	Yes	No	N/A	Action
1	Is the Contractor Management procedure fit for purpose? e.g. consider how contractors will adhere to new site/building requirements. Infection Prevention & Control Guidelines for maintenance staff & contractors providing services in HSE Health & Social Care Facilities including clinical settings during COVID - 19 Pandemic VI 2/6/2020				
2	Is there a system for recording visits to the site? (See Appendix 5 – Attendance Log)				
3	Have actions been considered when contract or contingency staff become unwell / symptomatic / identified as a close contact?				
4	Have third party notices been considered? e.g. to cover visitors, delivery management, couriers, mail providers, customers etc				
5	Are suitable Hand Washing facilities and/or sanitisers available?				

PPE

Ref	Checklist	Yes	No	N/A	Action
1	Have Risk Assessments been conducted for all tasks that may require PPE? HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?				
2	Has the HPSC guidance been consulted in relation to use of PPE? HSE and HPSC website				
3	Has the suitable PPE been sourced and provided?				
4	Has the PPE inventory/register been updated to reflect COVID-19 requirements?				
5	Have employees been trained on proper use, cleaning, storage and disposal of PPE?				
6	Are PPE inspection arrangements in place?				
7	Are disposal arrangements reflected in the Waste Management procedure?				

Transport Readiness and Maintenance

Ref	Checklist	Yes	No	N/A	Action
1	Has the Transport Risk Assessment been completed – see Appendix 6.				
2	Do staff conduct travel for work in line with HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?				
3	Has the Travel Policy been updated to reflect COVID-19 travel restrictions?				
4	Have the employees been notified of these changes?				
5	Has the Driver Safety Policy been updated to reflect COVID-19?				
6	Have car sharing practices been updated to reflect the risk?				
7	Have hand sanitisers and cleaning equipment been provided?				
8	Are suitable remote meeting systems in place to avoid travel readily available to all employees?				
9	Have those who share a company car been confined to the same group of people or can it be eliminated to one employee per company vehicle?				

Appendix 4 – Return to Work Form

Return to Work Form to be completed **3 days in advance** of the return to work.

Employee Name: _____

Location: _____

	Yes	No
1. Do you have symptoms of cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2. Have you been diagnosed with COVID-19 infection in the last 14 days?		
3. Have you been told you are a Contact of COVID-19 and should self-isolate?		
4. Have you been advised by a doctor to cocoon at this time?		

Signature: _____

Line Manager Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

This form has been adapted from the Health and Safety Authority -
https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_checklists_and_posters/

Appendix 5 – Attendance Log

Attendance Log

Please Sign In Below

Date	Name	Visit For?	Time In	Time Out	Signature

Appendix 6 – Risk Assessment of Transport

		YES	NO	ACTION
1	Will the driver be keeping a private and confidential passenger manifest for use if contact tracing subsequently becomes necessary and will all passengers (&/or family member) be made aware that such a list is being kept and the purpose for which the data will be used if required?			
2	Will information cards indicating good hand hygiene, respiratory etiquette and other applicable precautions be displayed within vehicles?			
3	<p>Will cleaning products and tissues be available within the vehicle to clean the surfaces which are most frequently contacted at the start and end of the journey? e.g.</p> <ul style="list-style-type: none"> • external door handle, • key(s)/fob(s) , • steering wheel, • dashboard (including driver switches), • inside door buttons/latches (to include window switches/ latches), seat belt and buckles, • indicator, • light switch, • gear stick, • hand brake, • fuel filler cap and release button • touchscreens/ buttons (including radio and ventilation controls) • mobile phone and handset, • internal mirror, • handrails, 			

	<ul style="list-style-type: none"> • chairs and arm rests, • controls for lift etc. <p>- The type of cleaning method chosen must take into consideration the type of surface being cleaned. (Note: Disinfectant should not be used unless there is a specific requirement - for example a spill of body fluids)</p>			
5	Is the date, time and cleaning regime of the vehicle recorded?			
6	Is waste kept in a suitable lidded receptacle and removed from vehicle at the end of each journey?			
Use of Private Transport				
		YES	NO	ACTION
1	Are staff aware that car-pooling is not advised?			
2	Are staff aware of the need to travel separately?			
3	<p>Are staff advised to keep detergent impregnated wipes/ cleaning products and tissues available within the vehicle to clean the surfaces which are most frequently contacted at the start and end of your journey? e.g.</p> <ul style="list-style-type: none"> • external door handle, • key(s)/fob(s), • steering wheel, • dashboard (including driver switches), • inside door buttons/latches (to include window switches/ latches), • indicator, • light switch • mobile phone and handset, • internal mirror, 			

	<ul style="list-style-type: none">• seat belt buckles,• gear stick,• hand brake,• fuel filler cap and release button• touchscreens/ buttons (including radio and ventilation controls) <p>- The type of cleaning method chosen must take into consideration the type of surface being cleaned.</p>			
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10 Acknowledgements

There were a number of Service Provider Organisations and HSE Community Healthcare Organisations who supported the National Group for the Resumption of Adult Disability Day Services with the development of this guidance. We would like to thank them for sharing work that they had developed which informed this document.

We also wish to acknowledge the wealth of information produced by the Health and Safety Authority, Health Protection Surveillance Centre, National Institute for Occupational Safety and Health, National Public Health Emergency Team and other relevant Government Departments and Agencies. Special thanks to Prof. Martin Cormican, HSE Clinical Lead and Mary McKenna, Infection Prevention and Control Nursing Lead from HSE Antimicrobial Resistance and Infection Control (AMRIC) Team who supported the development and agreed the final version of this guidance.