



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Reshaping Disability Services

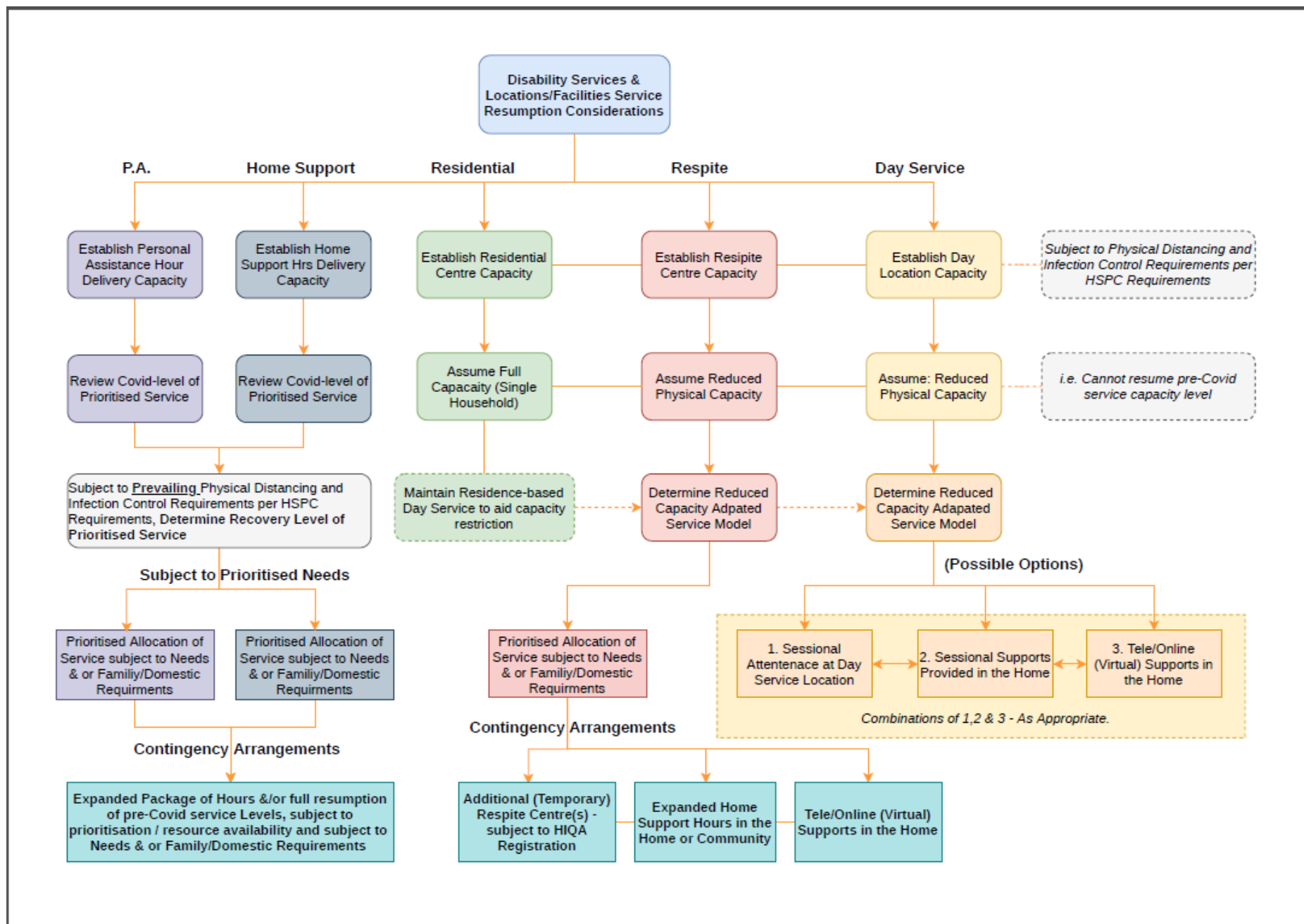
From 2020 and beyond

in line with COVID-19 restrictions

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Increase in Delivery of Disability Services



1.0 Introduction -

The presence and threat of Covid-19 in Ireland has resulted in significant challenges for service providers, families and most importantly, people with disabilities (referred to in this document as “individuals”). During these challenging times disability services (“services” refers to services and supports throughout the document) such as residential services, day services, home supports, Personal Assistant supports, respite services and children’s services were either suspended or delivered in alternative ways following Public Health guidance. The changes in service delivery have resulted in significant stressors being placed on families and individuals with disabilities across Ireland. In times of such uncertainty it was imperative that the vulnerable members of our community remained supported by our service providers, therefore, it was essential that a shift in focus occurred in terms of how services were delivered. One of the primary opportunities which has occurred a result of the presence of Covid-19 has been that the pandemic has acted as a catalyst to the development of alternative models of service delivery¹. It is from this position that the reshaping process of services occur and consideration is given to how services will now be best delivered, mindful of the assessed individualised needs and wishes of people with disabilities and in accordance with Government Public Health guidelines. During this planning phase, there is a need to engage with individuals and, as appropriate, with their families, in reshaping what people with disabilities choose that their day should look like in order to have a “meaningful life”.

Purpose & Scope of the Guidance:

- 1) This document outlines and provides guidance to the HSE Disability Services plans for the reshaping of service delivery following the recent disruption to services due to the current COVID-19 pandemic.
- 2) This guidance applies to all disability services, (except days services) both HSE provided and HSE funded. This documents the key safety principles and outlines the required safety measures from a macro viewpoint to prevent the spread of COVID-19 amongst our individuals, staff and families.
- 3) It is written with reference to the Department of the Taoiseach and Department of Health (Ireland) (2020a and 2020b) ‘Roadmap for Reopening Society and Business’ published on 01 May 2020 and the ‘Return to Work Safely Protocol’ published on the 08 May 2020.
- 4) This document should be read in conjunction with the *Framework for the Resumption of Adult Disability Day Services – supporting people with disabilities in the context of COVID-19: the next year.*

- 5) The guidance supports a gradual increase in service delivery as restrictions are eased, while protecting the health and safety of staff as they return to work (Ireland, 2020: 15). Additionally, the HSE (2020) have identified developed [Guidance for Disability Services](https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/)¹ which is available through the HSE website.

¹ <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

- 6) This position is subject to change pending formal guidance provided by the Government, Public Health and other statutory agencies.

2.0 Key Principles for the Reshaping of Disability Services for 2020 and beyond

When developing a road map to provide services for people with disabilities it is critical that the following core principles are included:

1. Person Centred: A person-centred approach ensures that each individual is directing, guiding and included in all decisions and actions in relation to him/herself. Key to this approach is supporting the individual to think about what is important to them and what is important for them at this time.

As with all decisions every adult is presumed to have the capacity to make decisions about their own care and support. Health and social care professionals have a responsibility to support an adult to participate in decisions relating to themselves by giving them information in a clear and easy-to-understand way, knowing what they value, their will and preferences and by making sure that they have suitable help and support. (HSE National Consent Policy 2016)

2. Safe –informed and guided by a Public Health assessment of risk
3. Rational - includes consideration of the social and economic benefits and impacts of any modifications of restrictions and their feasibility
4. Evidence-informed – uses all of the data and research available to us to guide thinking
5. Fair – Ethical and respects human dignity, autonomy and supports equality
6. Open and transparent – decisions are clear, well communicated and subject to the necessary checks and balances
7. Whole of Society - based on the concept of solidarity and supporting cohesion as we exit over time

(Government of Ireland, 2020, pg.2)

3.0 Critical Elements of a Road Map to provide Services

The Government of Ireland has again reiterated the importance of health and social support services, which is inclusive of Disability Services, and the need for the provision of these services and supports in maintaining the health, safety and well-being of our most vulnerable populations. The Government of Ireland (2020) has outlined that Health and Social support services will be increasing the delivery of non-Covid-19 support and services alongside Covid-19 support and services. This delivery of Covid-19 and non-Covid-19 support and services are important in order to maintain the health and wellbeing of all individuals whom avail of disability services. These services can be delivered simultaneously via:

- Implementing measures to ensure safe delivery of Covid-19 and non-Covid-19 support and services side by side;
- Continuing to deliver support and services in new ways (for example, through telephone, online, virtual clinics) and new models of support to meet demand and to alleviate concerns of patients, individuals and health support workers;
- The use of masks, personal protective equipment, testing and other measures that may emerge over time;
- Continuing to support the mental health and wellbeing initiatives directed to meeting the diverse mental health and resilience needs of the public during these times.

(Government of Ireland, 2020, pg.1)

Disability Services that are either provided or funded by the HSE should now plan the delivery, in new ways to all children and adults who previously availed of their services.

There is no question that the provision of services and supports, while COVID-19 is still present in the community, will require planning and contingencies; however, Government guidelines are of significant benefit and essential to Service Providers in this planning. When addressing the provision of services and supports within Disability Services it is imperative to address the following key areas of service delivery;

- Residential Services and Supports
- Day Services and Supports
- Respite services and supports
- Home support and Personal Assistant services

There are a number of elements within Government guidelines and restrictions that will prove challenging for service providers in their service planning; however, the inclusion of these elements is essential to maintaining the health and safety of individuals and staff (See **Appendix I**).

3.1 Governance

Strong governance is necessary to the provision of high quality and safe services as the threat of COVID-19 still exists within the country. As organisations begin a gradual phased approach to delivering services in this environment, leadership from the Service Provider Board Members (Trustees) right down to each frontline service is critical. Leadership must therefore focus on:

1. Identifying and risk assessing the challenges² 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
 - a. Develop organisation- specific COV-19 policies, procedures, protocols and guidelines (PPPGs) in line with Government Policy and the Health Protection Surveillance Unit (HPSC)
 - b. Oversee the implementation of organisation and HPSC PPPGs
 - c. Ensure that variances in compliance to organisation and HPSC PPPGs are managed and escalated appropriately.
 - d. Devise a communication plan for individuals, supports and families that outlines a clear plan and manages expectations.
 - e. Communicate on a regular basis with the HSE Disabilities at corporate and CHO level.
 - f. Ensure regular engagement with the Regulators including HIQA and the HSA.

3.2 Identification of Buildings Available

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

- Identification of buildings available for provision of services
- When identified, a comprehensive work place review (see **Appendix II**) of the physical building will be the responsibility of relevant manager. 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:
 - Strict and effective social distancing measures.
 - Additional infection, hygiene and cleaning controls to those previously used in accordance with the organisation's Infection Control Policy and Hand Hygiene Policy & Procedure.
 - Communication, education, awareness and responsibility by all staff for compliance with infection control measures.

² The challenges refer to the way in which services are now delivered through reshaping
HSE Disabilities

3.3 Risk Management

Each organisation should have risk management policies and procedures in place and use the HSE's Integrated Risk Management policy (2017) as a template to manage and communicate risk from an organisation-wide perspective. (See **Appendix III**) Staff should be trained on the use of this risk management tool. It is about contributing to strategic decision-making in the achievement of an organisation's overall corporate objectives.

Controlling exposures to occupational and environmental hazards is the fundamental method of protecting individuals, families and staff. Hazard in this instance is referring specifically to COVID-19. See **Appendix IV** for NIOSH (2020) Hierarchy of Controls. Given the current position with regard to COVID-19 the emphasis at this time is on "administrative controls".

Administrative controls include changes to the way people work. It is important to note that administrative controls do not remove hazards, but limit or prevent people's exposure to the hazards.

Implementing administrative controls is critical to ensuring the safety of individuals and staff. All staff should be provided with COVI-specific training in the areas of infection prevention and control, risk management, the correct use (including donning and doffing) of Personal Protective Equipment (PPE). This training should include the latest up to-date advice and guidance on Public Health: what an employee should do if they develop symptoms of COVID-19; details of how the workplace is organised to address the risk from COVID-19; an outline of the COVID-19 response plan; and any other site specific advice that is relevant.

Recognition of symptoms of COVID-19 is key to prevention and minimisation of transmission of this disease, see full details in **Appendix V**. One of the most effective control measures is to minimise contact in the workplace (physical distancing), together with what can be achieved by those authorised to work remotely. The Government has stated that social distancing measures have succeeded in reducing the transmission of COVID-19. Continuing to limit the number and duration of contacts is important in any measure reduction. The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact (Ireland, 2020: 7).

One of the most effective infection control measures available to the organisation right now is adjusting administrative controls through social distancing, as it reduces the probability of contracting the virus. For this reason, social distancing measures must be implemented at each location. The HSE Disability Service's focus is to effectively avoid, where possible, '**close contact**' (i.e. any individual who has had greater than 15 minutes face-to-face (<2 metres

distance*) contact with another person, in any setting (see **Appendix VI** for full definition of close contact)). It is recognised that this will not be possible in some of our services where interventions and personal support require contact.

In order to be compliant with the previous two recommendations, Disability Services and Supports will require cultural and behavioural changes to previous work practices that will involve the implementation of:

1. Strict and effective social distancing measures.
2. The use of PPE as required and where social distancing measures cannot be applied.
3. Additional hygiene and cleaning controls to those previously used in accordance with existing Infection Control and Hand Hygiene Policies.
4. Communication, education, awareness and responsibility by all staff for compliance with infection control measures

Implementation of these changes will vary for each location. The implementation of risk assessments and control measures will be the responsibility of each relevant manager. It should be monitored and managed locally through local Site Management Groups which would include a staff representative and Line Managers.

3.4 Prioritisation

The level at which each service type will be reshaped in terms of capacity and environment will have a direct impact on the ability and need to provide a proactive response across other service types.

For example, where capacity in day support services may be reduced this will impact on other service types such as Residential and Home Supports. Likewise, where Respite has reduced capacity this will also require proactive responses across Home Support.

In order to support people with disabilities and their families, clear transparent prioritisation criteria to determine the needs of individuals should identify the most appropriate model of support for the person. Meaningful conversations must happen with individuals to determine if there are aspects of their service that they like better now compared to before the COVID-19 restrictions and what can be learned from those conversations to reshape supports in the future.

This prioritisation criterion must take cognizance of:

- i. The individual's needs (social needs, behaviours, medical needs etc.)
- ii. The family situation (single parent, older parent supports, supports who must return to work etc.)
- iii. Capacity of the service locations
- iv. HIQA regulation
- v. Public Health guidelines...

See link for examples of disability services pathways.

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/disability-pathway-for-people-who-may-need-to-isolate.pdf>

3.5 Clear Communication

The organisation should consistently ensure that the models of support that are available in the context of COVID-19 which will be very different from pre-COVID-19 are clearly communicated to individuals and their families. This needs to be done in accessible formats. Any changes to models of support that are available, due to changes in Public Health advice or organisational issues (such as quarantine due to a staff member or individual becoming COVID-19 positive) must be communicated to individuals and families in a timely manner. Individuals and their families should be reassured that the supports they receive are safe and in line with the prevailing public health guidance on infection, prevention and control.

4.0 Reshaping models of support in residential/respite and home support and PA services

The following considers the impacts of reshaping services for residential, respite, and home support and PA services and identifies both potential changes which are required and the consequences of that change. The provision of home support and PA services is imperative in ensuring that people with disabilities are supported to live in their home, and in line with Public Health guidance. There will be a need to balance the health concerns of staff with the well-being of individuals which can be alleviated with the use of PPE (during transport, intimate care etc.). The wearing of PPE is challenging in some situations where it is having an impact on the relationships between staff and individuals but this must be balanced with the need to support individuals to lead a meaningful life.

4.1 Residential Care Facilities

Residential Care will continue as normal in so far as a person in receipt of the residential service will continue to be supported in the residential home, albeit adhering to the public health guidance. It is being recommended that where possible people in receipt of residential services and day services should receive their day service supports within their residence to try and curtail their number of contacts and to overcome the challenge of transport services and reduced numbers at day service locations.

Where residential services move to deliver day supports within the person's home this will have significant impact on the following;

- resource issues due to the need for increased residential staff to cover the unit on a 24/7 basis.
- capacity issues within the residential home in terms of space and environmental requirements.
- HIQA regulation

Further consideration for residential services will also need to be considered where unmet need arises in the delivery of emergency residential placements. Where capacity within a residential location is maximized due to public health requirements or there is a requirement for a new building, planning for this will require continuous engagement with the residents and their families, the staff, HSE CHO area, and HIQA to ensure that a safe service can be delivered.

4.2 Respite Services

The implementation of restrictions has led to the reduction and suspension of respite services for both children and adults across Disability Services resulting in significant stressors for individuals with disabilities and their families.

One of the primary reasons for the suspension of services in a number of areas was the reconfiguration of respite houses for the purposes of isolation units. As the threat of Covid-19 remains, it is important that service providers evaluate and risk assess the need for the maintenance of minimal isolation units while also reinstating respite service provision. An evidence based approach should be utilised in this evaluation to take into consideration the utilisation rates of each location in the past six week period.

The following guidelines should be considered by service providers in their provision of respite service provision within Disability Services:

1. Respite house locations should be evaluated retrospectively to ascertain the current need for isolation units;
2. Respite services should be reinstated with the caveat that in the event that a suspected/confirmed case presents that the location reverts to an isolation unit and alternative models of service delivery are offered to respite individuals;
3. Services must ensure that they are compliant with HIQA regulations and guidance on Governance and Service Management.
4. Social distancing guidelines should be implemented and a review of capacity per location should be ascertained. For example, a four bed respite house would now accommodate two to three individuals dependent upon the completion of an assessment of need;
5. Infection Prevention and Control guidelines must be implemented as per residential support facilities to include the use of masks by staff in the event that social distancing cannot be achieved; Temperature checks should be undertaken for service-users and staff.
6. Transport of individuals should be done in a co-ordinated manner which may include a rotation system in order to satisfy Public Health guidelines. Access to Personal Protective Equipment (PPE) will be essential to ensure safe transportation.

4.3 Home Support

Provision of Home Support services should be prioritised in order to maintain and support people to continue to live in their own homes and to provide support and help families and carers.

Considerations for reshaping Home Supports are as follows;

Where home support hours were reduced due to COVID-19 public health requirements, a rigorous assessment of need including a risk assessment of infection control issues, must occur to determine what reshaping of supports should be delivered.

- a. where a reassessment determines hours should be re-instated and can be delivered in accordance with public health guidance, this should occur
- b. where a reassessment determines hours are not to be reinstated for whatever reason, a meaningful conversation should be held with the individual and where appropriate with family, to identify what supports are most appropriate and what has been learned during the COVID-19 restrictions in terms of changing needs and wishes, resilience etc.

4.4 Personal Assistants

Personal Assistants enable people to live independently, access work and social events. It is critical that this model of support is in place to assist people with disabilities to continue to live independently.

Considerations for reshaping Personal Assistant Services are as follows;

Where Personal Assistance hours were reduced due to COVID-19 public health requirements a rigorous assessment of need must occur to determine what reshaping of supports should be delivered.

- a. where a reassessment determines hours should be re-instated and can be delivered in accordance with public health guidance this should occur
- b. where a reassessment determines hours are not to be reinstated for whatever reason

A meaningful conversation should be held with the individual and where appropriate with family, to identify what supports are most appropriate and what has been learned during the COVID-19 restrictions in terms of changing needs and wishes, resilience etc. (For example, an individual may not wish to use a PA to go outside, in the short term due the fear of COVID-19 in the community, but would need reassurance that this support would be re-instated as soon as the risk is mitigated).

In order to provide safe Home Support and Personal Assistance services, the following areas require consideration:

- **Social distancing-** if staff are unable to maintain the 2m social distancing guidelines, a mask should be worn by staff members as per the HSE guidelines;
- **Temperature checks** for both individuals and staff.
- **Transport-** consideration with respect to social distancing and Infection Prevention and Control guidelines should be given prior to re-instatement of services. Local protocols should be developed in order to ensure adequate sanitisation of transport. It is important to consider multi-use of transport and for provisions to be in situ prior to re-instatement of services. For examples, guidelines for more than one staff using a vehicle and guidelines for the use of a vehicle for multiple individuals (on a 1:1 basis).
- **Mobilisation of Teams-** in the planning of service delivery it would be important for senior managers to consider the mobilisation of teams as far as is practically possible. In the event of a suspected or confirmed Covid-19 case, this methodology will prove effective in the maintenance of staff teams to sustain a level of service provision. This would mean, where possible, rostering the same teams of staff. This may not be possible in situations where staff have built up relationships over years with individuals and those individuals would not want their staff changed.

5.0 Additional Ongoing Measures to be taken in line with COVID-19

Guidelines

5.1 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.

5.1.1 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 ((see an Example of a Contact Log **Appendix VI**).

The contact log is a list of all colleagues (individuals/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:

- This 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 cannot achieve social distancing and inform practices for other locations.

5.2 Infection Control Maximisation: Additional Hygiene and Cleaning Controls

5.2.1 Policies, Procedure, Protocols and Guidelines (PPPGs)

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

1. Services Division Risk Management Policy & Procedure
2. Health and Safety Statement
3. Infection Control Policy
4. Hand Hygiene Policy & Procedure

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 organisation's risk register protocols will maximise infection control throughout the organisation.

5.2.2 Enhanced Environmental Hygiene

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

- 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 etc.
- 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 reagents and hand sanitising solution are available
- Increase the number of hand sanitizer stations across the site
- Appropriate signage to be used to support implementation of these measures
- Appropriate decontamination 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.

5.2.3 PPE

Personal protective (protection) equipment (PPE) controls is another important form of protection. According to NIOSH (2020 cited in Gillen (2020)) hierarchy of controls (see **Appendix IV**), PPE is ranked the lowest for effectiveness. PPE is considered after all other controls are in place.

While correctly using PPE can help prevent some exposures, it should not take the place of other preventative measures as outlined above. Examples of PPE include gloves, goggles, respiratory protection.

The position regarding PPE equipment for staff not delivering frontline services is that, after all other possible measures have been tried and found to be ineffective in controlling risks to a reasonably practicable level, only then will PPE will be considered for use. 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 website⁴) at the time in line with Public Health guidance.

Staff must be trained, in accordance with public health guidance, regarding its function and in the limitation of each item of PPE.

5.2.4 Communication, Education, Awareness and Responsibility of Infection Control Measures

- 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 (see **Appendix V**) this information is also available on the HSE website.
- Staff must also understand the required response procedure to a suspected case arising during the course of work (see **Appendix VII**).
- In the case of identification of a positive COVID-19 case, Public Health guidance will apply.

5.2.5 Ongoing Training

Prior to returning to work from any leave, or new employees, a Declaration 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 not symptoms of COVID-19 and also confirms that the employee is not self-isolating or awaiting results of a COVID-19 test.

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 COVID-19.

This re-induction will include:

- Changes to site practices:
 - b. Health and Safety Protocols specific to the building
 - c. Enhanced infection control 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

Where possible, each organisation should adopt a national approach to signage and screenings requirements and its procurement should be implemented relevant to the different types of buildings and its usage.

6.0 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: https://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: <https://www.gov.ie/en/campaigns/together/?referrer=/together/>.

APPENDIX I:

Government guidelines on Social Distancing and Service Provider requirements

Social Distancing guidelines will have a significant impact on how services plan for the provision of services; therefore, the following elements require inclusion in service planning:

- Avoid Close Contact.
- Distance of 2 metres (6 feet) should be maintained from other people.
- Small groups should be kept to a minimum.

Therefore within our services we should try to ensure the following:

- The space should be large enough to ensure that anyone can remain ideally 2m from other clients.
- The facility should be free of any unnecessary objects.
- Alcohol hand rub should be provided at the entrance and exit and clients required to perform hand hygiene on entry and before exit.
- Toilet facilities must be cleaned at least twice a day and checked for cleanliness at least 4 times per day.
- All surfaces should be cleaned regularly to maintain hygiene in the premises.

APPENDIX II WORKPLACE REVIEW

Physical/Social Distancing Preparation				
Checklist	Yes	No	N/A	Action
1. Can capacity in the building be reduced? Consider all options.				
2. Have staff been advised of the requirement to move without delay through hallways and corridors of less than 2 meters wide?				
3. Are Workstations/Office spaces/ Desks/ clinical office/retail units/warehouse/pool areas compliant with the 2 metre distance?				
4. Are Physical Screens or Guarding required?				
5. Can workstations be redesigned or reconfigured?				
6. Are controls in place in the canteen/break area? E.g. supervision, staggering use, removing chairs, tables etc.				
7. When catering provided, can food options be pre-packed, menu options reduced?				
8. Are lifts being prioritised for usage for persons with reduced mobility only and encourage stair use, where possible?				
9. Are water dispensers controlled? Consider dispensing and no personal drinking containers to be used when contact required?				
10. Are controls in place to reduce capacity in meeting rooms? E.g. signs posting maximum capacity, remove chairs etc.				
11. Have access controls been considered for the Reception Area? e.g. To manage numbers, monitor entry etc.				
12. Can close contact with Reception staff be eliminated or reduced? E.g. screens, marked out waiting area.				
13. If cash is being handled, can it be replaced with electronic contactless payments?				
14. Is there appropriate HSE COVID-19 Social Distancing signage in place?				
15. For employees using public transport to get to work - are flexible and remote working arrangements being considered/offered?				

Infection Control Programme

Checklist	Yes	No	N/A	Action
1. Has the Annual Infection Control Audit (see Appendix 4 Infection Control Policy) been completed?				
2. a) Are the Weekly Environment Cleanliness Audits scheduled (see Appendix 3 Infection Control Policy)? b) Has the adequacy of weekly audits being considered?				
3. Are specific infection control procedures for pools devised and being followed?				
4. Have transport services been reviewed to ensure maximisation of infection control and social distancing on transport?				
5. Are all staff up-to-date with Hand Hygiene Training and Assessments in accordance with Enable Ireland's Hand Hygiene Policy & Procedure)?				
6. Is the bi-annual Hand Hygiene Audit up-to-date?				
7. Are existing cleaning arrangements fit for purpose?				
8. Have contact points been identified for more frequent cleaning? (e.g. Door handles, surfaces, toilet areas)				
9. Are cleaning materials appropriate for use? Are new materials added to the chemical list?				
10. Are Hand Sanitizers provided at appropriate locations? Are touch less options available?				
11. Is there a clean desk policy in place, and implemented?				

12.Are local desk and IT equipment cleaning materials available? (e.g. phones, keyboard, desk)				
13.Have cleaners been re-inducted and/or re-trained?				
14.Is appropriate PPE available to cleaners?				
15.Is there adequate supervision of cleaning arrangements?				
16.Is there appropriate HSE COVID-19 signage in place?				
17.Should soft furnishings in common areas be removed, or reupholstered in a waterproof, wipeable, or antibacterial material? (e.g. cushions)				
18.Should other items at contact points be removed? (e.g. ornaments)				
19.Can touchless technology be introduced at contact points such as entry points?				
20.Are there clear processes for management of shared toilet use (e.g. access to and use of wipes for individual cleaning prior to use, correct process for disposal of same)				

Building Site and Pool Management System

Checklist	Yes	No	N/A	Action
1. Is the Maintenance Schedule for Buildings and Pools up-to- date and any associated risks identified?				
2. Are pools operating to current recommendations/best practice for disinfection and pool testing requirements? (see reference HSE Health Protection Surveillance Centre 2020b)				

<p>3. Have specific risk assessments for the following pool hazards been reviewed in accordance with return to workplace COVID-19 requirements:</p> <ul style="list-style-type: none"> a. Physical hazards b. Task and activity hazards c. People hazards (pool users, parents and siblings etc.) 				
<p>4. Have the current daily, weekly, monthly, bi-monthly, quarterly and 6-monthly checks and cleaning for pools been reviewed to ensure adequate in response to COVID- 19?</p>				
<p>5. Are the required water checks taking place for the pool:</p> <ul style="list-style-type: none"> a. Chlorine b. PH c. Alkalinity d. Calcium Hardness 				
<p>6. Are emergency action plans in place for the pool for:</p> <ul style="list-style-type: none"> a. Overcrowding 				
<ul style="list-style-type: none"> b. Lack of Water Clarity c. Emission of Toxic Gas d. Contact with Chemicals e. Procedures for Management of Bodily Fluids Excrement in Pool (e.g. Blood, Vomit and Faeces) f. Contamination Factors g. Infection and Illness h. Manual Dosing of Pool 				
<p>7. Is information regarding COVID-19 included on relevant communications for pool services being sent to individuals?</p>				
<p>8. Are Safety Systems tested and in operational order? (e.g. fire alarm systems)</p>				
<p>9. Have HVAC systems been inspected? Filters changed? Are upgrades required?</p>				

10.Are water systems flushed and sterilised?				
11.Has a control measure been put in place to mitigate the occurrence of Legionnaires' disease before the reopening of a building?				
12.Can additional bicycle storage facilities be provided?				
13.Can additional car parking be offered?				

HIQA REGULATIONS

Checklist	Yes	No	N/A	Action
1. Is the self-assessment process for services regulated by HIQA and overseen by the Registered Provider Representative been completed?				

Individual Specific

Checklist	Yes	No	N/A	Action
1. Will there be individuals accessing the building?				
2. Will there be any high risk face to face activity taking place with individuals, is there a mechanism for conducting risk assessments to manage this?				
3. Is there specific guidance/information available for individuals in relation to coming on site?				
4. Are there implications for transport and has a guidance been developed for same?				

5. Is there a need to review maximum numbers of individuals who can access service at any given time				
6. 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?				
7. Is there a plan for appointment schedules and is there a need for a central coordination point for appointments?				
8. Are other alternative service delivery options considered?				
9. Are there adequate protocols in place to support new ways of working?				
10. Is there a consultation process in place with Adult Day individuals, supported by family and advocates where appropriate to agree new individual plans and schedules?				
(This should reflect a mixture of centre based/community and virtual services as required)				

Managing Third Parties: Contractors, Visitors, Customers

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.				
2. Have actions been considered when contract or contingency staff become unwell/symptomatic/identified as a close contact?				
3. Have third party notices been considered? e.g. to cover visitors, delivery management, couriers, mail providers, customers etc.				
4. Are suitable Hand Washing facilities and/or sanitizers available?				

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 isolated?				
6. Are training certifications still valid for Emergency Response Team members?				

COVID-19 Case Management

Checklist	Yes	No	N/A	Action
1. Is there a COVID-19 protocol in place for COVID related illness?				
2. Do all employees know what the policy/notification process is and the consequences if they do not follow the policy notification procedures?				
3. Does the absence policy/procedure need to be reviewed?				
4. Is the responsibility for tracking absence (sick leave and authorised leave) assigned?				
5. Is the responsibility for approving return to work assigned?				
6. Is the responsibility for conducting contact logging assigned?				

7. Is the responsibility for liaising with the HSE assigned?				
8. Is there a contract in place with an Occupational Health Service?				
9. Are staff aware of their role in ensuring the Health and Safety of the workplace and the consequences for breaches in this?				

Managing Staff Health and Wellbeing				
Checklist	Yes	No	N/A	Action
1. Are there supports in place for employees who are experiencing existing or new issues such as anxiety?				
2. Have the employees been informed/reminded of the supports?				
3. Do existing procedures need to be reviewed and updated?				
4. Is the Enable Ireland Employee Assistance Programme (EAP) adequate for identified needs?				

Training				
Checklist	Yes	No	N/A	Action
1. Has training been organised for new workplace adjustment?				
2. Are existing training delivery systems (including online systems) fit for purpose?				

(Template reference: Gillen (2020))

Appendix III

Managing the Risks Associated with Covid-19

As with all risks you must consider the risks associated with Covid-19 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 Covid-19 but also harm resulting from new models of support and service delivery.
3. How will you respond to the threat of harm or actual harm to an individual, staff member, other person or the delivery of the service?
4. Can you 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 minimize 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 may not need to be used in a home setting where it may be unwieldy and inappropriate.

The tool is there to assist staff who wish to identify the level of risk following an assessment. It should be used based on data (if available) and preferably by staff who have been trained in risk management and understand how the table, likelihood scoring and matrix work and are applied to a particular setting.

If you have identified 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

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. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. 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	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. 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.
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:

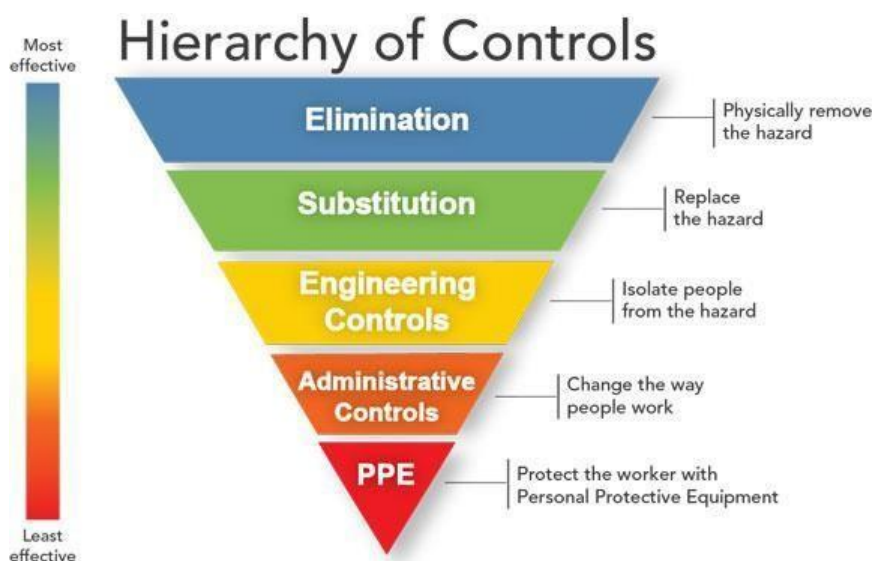
Occupational Risk Assessment:		Designated Centre/House/Location:			Person in Charge:				
Clinical Risk Assessment:		Assessment Date/Time:			Review Date:				
Risk Assessment Carried Out By: <i>(List all involved)</i>		Primary Person Completing Form.							
		Person 3.			Person 4.				
Risk Assessment Scope: 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 x			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 IV

Hierarchy of controls

Traditionally, a hierarchy of controls has been used as a means of determining how to implement feasible and effective control solutions. One representation of this hierarchy is as follows (NIOSH, 2020 cited in Gillen (2020)):



The idea behind this hierarchy is that the control methods at the top of the graphic are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems. Controlling exposures to hazards is fundamental to protecting our stakeholders through the organisations work place return during the current pandemic and its aftermath.

Elimination (and substitution which is not totally relevant at this stage of the crisis though it will be when a vaccine is developed), is the most effective control at reducing exposure to hazards.

Substitution will be applicable when a vaccine is developed.

Engineering controls are designed to minimise exposure to the hazard at the source, before it comes in contact with the worker.

Administrative controls are changes to the way people work. It is important to note that administrative controls do not remove hazards, but limit or prevent people's exposure to the hazards. This is key to Enable Ireland.

Personal protective protection (PPE) controls is another form of protection which is ranked least effective on this hierarchy of controls.

APPENDIX V

Symptoms of COVID-19 (Ireland, 2020b: 3 & 4)

Symptoms of COVID-19

Infection with the virus that causes COVID-19 can cause illness, ranging from mild to severe, and, in some cases, can be fatal. It can take anything from 2 days up to 14 days for symptoms of coronavirus to appear. They can be similar to the symptoms of cold and flu.

Common symptoms of coronavirus include:

- A fever (high temperature - 38 degrees Celsius or above).
- A cough - this can be any kind of cough, not just dry.
- Shortness of breath or breathing difficulties.

For the complete list of symptoms, please refer to the HSE Website^{5,3}

Some people infected with the virus, so called asymptomatic cases, have experienced no symptoms at all.

How COVID-19 Spreads

The virus that causes COVID-19 disease is spread from people in fluid and in droplets scattered from the nose or mouth of an infected person when the person with COVID-19 coughs, sneezes or speaks. The fluid or droplets land on objects and surfaces around the infected person. Other people contaminate their hands by touching these objects or surfaces and then bring the virus into contact with their eyes, nose or mouth by touching them with their contaminated hands. COVID-19 can also spread if droplets from an infected person land directly on the mucous membranes of the eye, nose or mouth of a person standing close to them.

It is still not known how long the virus survives on surfaces in different conditions. The period of survival may vary under different conditions (e.g. type of surface, temperature or humidity of the environment). Studies indicate that it can persist on surfaces for hours and up to several days in the absence of effective cleaning. Thorough and regular cleaning of frequently touched surfaces is essential. If disinfection is required it must be performed in addition to cleaning, never as a substitute for cleaning.

While people are most likely to pass on the infection when they have symptoms, current information suggests that some infected people spread the virus to others prior to developing or displaying symptoms themselves.

Note:

COVID-19 is reportable under the Infectious Diseases (Amendment) Regulations 2020 by a medical practitioner who becomes aware of or suspects an instance of such disease. Such a report should be sent to the Health Protection Surveillance Centre (HPSC) in the HSE:<https://www.hpsc.ie/notifiablediseases/>.

³ <https://www2.hse.ie/conditions/coronavirus/symptoms.html>
HSE Disabilities

APPENDIX VI

Example of a Contacts Log

Close Contact Definition

Any individual who has had greater than 15 minutes face-to-face (<2 meters distance*) contact with another individual, in any setting. Household contacts defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners.

- For those contacts who have shared a closed space with a case for longer than two hours, a risk assessment should be undertaken taking into consideration the size of the room, ventilation and the distance from the case. This may include office and school settings and any sort of large conveyance.
Reference: HSE Health Protection Surveillance Centre (2020a: 4)
- It is the responsibility of all staff to record all instances as they occur via a shared file on Office 365
- The file will be reviewed daily by the unit manager. Escalation is required where instances are recorded
- (*Template reference: Gillen (2020)*)

Location: _____ Date: _____ Line Manager: _____					
Employee Name:	Department:	Date & time of Close Contact:	Specific Site Location:	Description of Unavoidable Instant of Close Contact:	Who was the contact with? <i>SU/Staff: use initials</i> <i>Vendors/Contractors title company</i>

APPENDIX VII

Managing a Suspected Case of COVID-19 in the Workplace

While an employee should not attend work if displaying any symptoms of COVID-19, the following steps outline how organisations may respond to a suspected case that may arise during the course of work.

If an employee displays symptoms of COVID-19 during work, the manager and the response team must:

- isolate the employee accompany the individual to the designated isolation area via the isolation route, keeping at least 2 metres away from the symptomatic person and also making sure that others maintain a distance of at least 2 metres from the symptomatic person at all times.
- Provide a mask for the person presenting with symptoms if one is available. The worker should wear the mask if in a common area with other people or while exiting the premises.
- Assess whether the employee can immediately be directed to go home and call their doctor and continue self-isolation at home.
- Facilitate the person presenting with symptoms remaining in isolation if they cannot immediately go home and facilitate them calling their doctor. The employee should avoid touching people, surfaces and objects. Advice should be given to the person presenting with symptoms to cover their mouth and nose with the disposable tissue provided when they cough or sneeze and put the tissue in the waste bag provided.
- Arrange transport home or to hospital for medical assessment. Public transport of any kind should not be used.
- Carry out an assessment of the incident which will form part of determining follow- up actions and recovery.
- Arrange for appropriate cleaning of the isolation area and work areas involved.

Provide advice and assistance if contacted by the HSE.

APPENDIX VIII

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HSE Integrated Risk Management policy (2017)

APPENDIX IX

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