



Risk Assessment Prompt Sheet



Ref: PS:044:00

RE: Biological Agents COVID-19 Risk Assessment for Acute Hospital Settings

Issue date:

June 2022

Revised Date:

Version No:

Author(s):

National Health and Safety Function

**Note:
Legislation:**

Under Section 19 of the *Safety, Health and Welfare at Work Act, 2005* and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace.

In addition to this requirement, the [Biological Agents Regulations](#) require that the employer assesses any risk to the safety and health of employees resulting from any activity at that employer's place of work likely to involve a risk of exposure of any employee to a biological agent. It is the employer's duty to determine the nature, degree and duration of any employee's exposure to a biological agent and to lay down the measures to be taken to ensure the safety and health of such employees.

All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.

Scope:

Prevention of exposure to a biological agent is an underlying principle of the Regulations. To ensure this preventative principle is followed a documented biological agents risk assessment must be undertaken to determine if existing workplace controls are adequate.

The Biological Agents Risk Assessment form is available to download [here](#)

The following non-exhaustive list of prompts based on the [HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#) and [NCEC Draft Guidance on Infection Prevention and Control 2022 \(January 2022\)](#) has been developed to support managers in consultation with their employees to review and update their Biological Agents COVID-19 Risk Assessments.

Note 1: This prompt sheet **is not** a risk assessment form. The completed prompt sheet can be referenced and appended to the [Risk Assessment Form](#) to provide evidence of existing control measures in place.

Note 2: Additional guidance on the principles of standard precautions and transmission based precautions for specific care settings (i.e. Critical Care, Operating Theatres, Outpatients, Radiology, Dialysis, Maternity, Acute Mental Health Facilities, Care of the Deceased and Pharmacy) are detailed in [HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#)

| No. | | Yes | No | N/A | If yes, Document Evidence |
|--|---|-----|----|-----|---------------------------|
| Section 1- Triage, Early Recognition and Source Control | | | | | |
| To facilitate early identification of cases or suspected cases of COVID-19 the following measures are in place in all Acute Healthcare Settings: | | | | | |
| 1 | Healthcare Workers (HCWs) are aware of the early signs and symptoms of COVID- 19 in patients presenting and know who to alert if they have a concern | | | | |
| 2 | At entry to the hospital, patients presenting for assessment are assessed for evidence of COVID-19 or other communicable infectious disease (CID) using a checklist of key clinical features | | | | |
| 3 | Appropriate transmission-based precautions are applied to those identified as suspected or confirmed COVID-19 or other CID | | | | |
| 4 | Patients and persons accompanying them arriving at the hospital are offered surgical masks | | | | |
| 5 | Patients presenting with respiratory symptoms are requested to wear a respirator mask if tolerated pending clinical assessment | | | | |
| 6 | Testing of patients is carried out in line with the requirements set out in the HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting | | | | |
| 7 | There is a local system in place to ensure a positive test result is promptly recognised and communicated to staff and that transmission-based precautions are immediately implemented for any patient whose test result is reported as SARS-CoV-2 detected | | | | |
| 8 | A local surveillance system is implemented in each ward/clinical area, whereby early detection of an admitted patient with new symptoms which may be consistent with COVID-19 is part of the routine daily assessment and handovers | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|----------------------------|---|-----|----|-----|---------------------|
| 9 | There is a system in place to monitor the vaccination status of patients including booster vaccination | | | | |
| 10 | Practical protective measures are applied to patients who are not up to date with recommended vaccination e.g. provision of single room accommodation where practicable | | | | |
| 11 | Appropriate COVID - 19 signage is displayed in public areas and at the entrance to the designated COVID-19 ward/unit | | | | |
| 12 | There are adequate supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR), tissues, and hands free waste bins for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins | | | | |
| 13 | Patients with infectious COVID-19 are cared for by fully vaccinated staff and have had booster vaccination if at all possible | | | | |
| 14 | The wearing of masks by patients is in line with the requirements of HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting | | | | |
| 15 | Patients in scheduled care pathways are assessed for clinical features of COVID-19 or other communicable infectious disease (CID) at or as soon as possible after presentation | | | | |
| Outbreak Management | | | | | |
| 16 | There are contingency plans in place to manage an outbreak including communications required with patients, staff and the public | | | | |
| 17 | There is a process in place to record names, date and time of staff entering each ward to facilitate identification of potentially exposed people in the event of an outbreak | | | | |

| Section 2- Standard Precautions | | | | | |
|---|---|-----|----|-----|---------------------|
| Hand Hygiene - Note: Hand Hygiene and Respiratory Hygiene are essential Preventative Measures | | | | | |
| No. | | Yes | No | N/A | Documented Evidence |
| 18 | HCWs apply WHO My 5 Moments for Hand Hygiene before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings | | | | |
| 19 | Hand hygiene is also performed before putting on gloves and after the removal of gloves | | | | |
| 20 | Hand hygiene includes either cleaning hands with an alcohol based hand rub or with soap and water | | | | |
| 21 | Alcohol based hand rubs are preferred if hands are not visibly soiled/dirty | | | | |
| 22 | Washing hands with soap and water applies when hands are visibly soiled | | | | |
| 23 | ABHR contain at least 60% to 80% v/v ethanol or equivalent | | | | |
| 24 | HCWs receive hand hygiene training on induction and at least every two years | | | | |
| 25 | There are arrangements in place to ensure hand hygiene facilities and materials are regularly checked and well stocked e.g. soap dispensers, paper towels, touch free bins and hand sanitisers | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|---|---|-----|----|-----|---------------------|
| Respiratory Hygiene | | | | | |
| 26 | All patients are advised to cover their nose and mouth with a tissue or their bent elbow when coughing and sneezing | | | | |
| Personal Protective Equipment (PPE) – Also See Section 6 Q's 57-61 | | | | | |
| 27 | The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the context of COVID-19 | | | | |
| Section 3- Transmission Based Precautions | | | | | |
| Contact and Droplet Precautions | | | | | |
| 28 | Patients with suspected COVID-19 are not cohorted with those who are confirmed positive with COVID-19 | | | | |
| 29 | Patients with confirmed COVID-19 are cohorted together unless a patient has a known or suspected variant of concern and is subject of enhanced public health measures | | | | |
| 30 | Cohorting of suspected COVID-19 cases is avoided if at all possible. If this occurs the precautions as outlined in HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting are implemented | | | | |
| 31 | Signage is placed at the entrance to the designated COVID-19 ward/unit and at the entrance to the patient's isolation room or the designated cohort area, to restrict entry and indicate the level of transmission-based precautions required, namely contact and droplet precautions Doors remains closed | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|-----|--|-----|----|-----|---------------------|
| 32 | <p>Where practicable, patients are cared for in a single room with en-suite facilities.</p> <p>If there is no en-suite toilet:</p> <ul style="list-style-type: none"> • a dedicated commode is used, with arrangements in place for safe removal of a bedpan/urinal to an appropriate disposal point. • where this is not possible, safe access to a toilet close by, that is assigned for the use of that patient only has been identified • in a designated COVID-19 cohort area a toilet is allocated for the use of those patients only | | | | |
| 33 | All unnecessary equipment or supplies are stored outside the patient's room or cohort area | | | | |
| 34 | Ventilation requirements are in line with the HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting | | | | |
| 35 | All patients' beds are placed at least 1 metre apart regardless of whether they are suspected to have COVID-19. Additional space may be required in order to facilitate good manual handling practice | | | | |
| 36 | Where practical, for the duration of each shift, designated HCW(s) are assigned to care for patients with confirmed COVID-19 who may be accommodated in isolation room(s)/cohort bay(s)/areas of a ward | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|-----|---|-----|----|-----|---------------------|
| 37 | Equipment is either both single-use and disposable or patient dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). Where common use of equipment for multiple people is unavoidable, a risk assessment is performed and cleaning carried out according to the manufacturer's instructions between use for care of different people | | | | |
| 38 | Medical devices (instruments and equipment) for reuse are reprocessed before reuse i.e. cleaned, disinfected and/or sterilised | | | | |
| 39 | HCWs refrain from touching eyes, nose, or mouth with potentially contaminated gloved or bare hands | | | | |
| 40 | Patients are not moved/transported out of their room or designated cohort area unless medically necessary | | | | |
| 41 | Predetermined transport routes are identified and used to minimise exposure for staff, other patients and visitors | | | | |
| 42 | HCWs who are transporting patients perform hand hygiene and wear appropriate PPE as per HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the context of COVID-19 | | | | |
| 43 | Surfaces are routinely cleaned and disinfected in line with the requirements set out in Appendix 2 of the HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting | | | | |
| 44 | The number of HCWs, family members and visitors are restricted when patients are suspected/confirmed COVID - 19 in line with HPSC guidance | | | | |

Airborne Precautions for Aerosol Generated Procedures (AGPs)

Note: Some aerosol generating procedures may include : e.g. Front of neck airway procedures – Insertion of tracheostomy, cricothyroidotomy, tracheal intubation, tracheotomy, tracheal extubation, cardiopulmonary resuscitation (CPR), positive pressure ventilation with inadequate seal , manual ventilation and bronchoscopy (non-exhaustive list) Ref: [HPSC/HSE Use of PPE to support Infection Prevention and Control Practice when performing aerosol generating procedures on Confirmed or Clinically Suspected Cases of COVID-19](#)

| No. | | Yes | No | N/A | Documented Evidence |
|-----|---|-----|----|-----|---------------------|
| 45 | The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the context of COVID-19 | | | | |
| 46 | Where an AGP is necessary, where practicable, it is undertaken in a negative-pressure or neutral pressure room, using recommended airborne precautions | | | | |
| 47 | If a negative pressure room is not available, the AGP is undertaken using a process and environment that minimises the exposure risk for HCWs, ensuring that patients, visitors, and others in the healthcare setting are not exposed, for example, in a single room, with ventilation to the greatest degree practical and the door kept closed and away from other patients and staff | | | | |
| 48 | Essential fully vaccinated personnel only are present where an AGP associated with an increased risk of infection is being performed | | | | |
| 49 | All present wear appropriate PPE for the duration of the procedure and 20 minutes afterwards in rooms with mechanical ventilation and for up to one hour in a room with natural ventilation | | | | |
| 50 | The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the context of COVID-19 | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|--|---|-----|----|-----|---------------------|
| 51 | The area after an AEG is performed is cleaned in line with the requirements of the HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting | | | | |
| 52 | If a negative pressure room is not available, the AGP is undertaken using a process and environment that minimises the exposure risk for HCWs, ensuring that patients, visitors, and others in the healthcare setting are not exposed ,for example, in a single room, with ventilation to the greatest degree practical and the door kept closed and away from other patients and staff | | | | |
| Section 4 - Administrative Controls | | | | | |
| 53 | There is a defined process for assessment of all staff for symptoms before starting a shift | | | | |
| 54 | There is a process to remind staff that those with any symptoms of viral respiratory tract infection should leave work and not attend for work until 48 hours after acute symptoms have resolved (even if assessed as unlikely to have COVID-19). This continues to apply after completion of vaccination | | | | |
| 55 | Vaccination has been offered to all HCWs | | | | |
| 56 | There is continuing support offered for access to information and to vaccination to HCWs who have not yet been vaccinated | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|-----|---|-----|----|-----|---------------------|
| 57 | External contractors have been asked to confirm that they have a process in place to ensure that health and safety and infection, prevention and control requirements that apply to HSE staff are also applied to their staff | | | | |
| 58 | HCWs in the higher risk categories, including pregnant HCWs, are managed in accordance with the HSE Guidance on Fitness for Work of Healthcare Workers in the Higher Risk categories, including Pregnant Healthcare Workers | | | | |
| 59 | All HCWs have access to appropriate online induction and training in relation to Infection Prevention and Control Guidance (IPC) and local processes. (Note: ELearning programmes are available on HSElanD) | | | | |
| 60 | A system is in place to ensure the HCWs in the receiving departments are informed of the precautions required prior to the transfer of the patient (for example diagnostic departments, operating theatre) | | | | |
| 61 | Investigations are scheduled to ensure that patients are not waiting in communal areas | | | | |
| 62 | There is a process to ensure that healthcare workers with symptoms of viral respiratory tract infection have access to rapid assessment and testing as appropriate. This continues to apply after completion of vaccination | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|-----|--|-----|----|-----|---------------------|
| 63 | Interactions between staff in the healthcare setting comply with all relevant public health and IPC guidance | | | | |
| 64 | Where face to face meetings are required such meetings take place in a meeting space that facilitates the anticipated number of attendees, so that physical distancing and adequate ventilation can be observed | | | | |
| 65 | Rooms used for staff breaks have been assessed for maximum occupancy bearing in mind requirements for physical distancing and consideration as to how ventilation can be improved. The maximum occupancy is displayed on the door, so that all are made aware of when that capacity is reached or exceeded | | | | |
| 66 | Dedicated staff changing areas are available with shower facilities | | | | |
| 67 | Every practical effort has been made to ensure that staff assigned to work on wards caring for infectious COVID-19 patients or where there is a COVID-19 outbreak for shift duration are not re-assigned to other areas | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|-----|---|-----|----|-----|---------------------|
| 68 | Visiting arrangements are in line with the requirements of HSE COVID-19 Guidance on Access to Acute Hospitals for Nominated Support Partners, Accompanying Persons, Visitors and External Service Providers | | | | |
| 69 | Health care workers wear a clean uniform/scrub suit for each shift | | | | |
| 70 | Uniforms are generally washed at 60°C | | | | |
| 71 | Where the uniform/scrub suit has been obviously contaminated with blood or body substances healthcare laundry services arrange cleaning | | | | |
| 72 | There is a documented policy on the collection, transportation and storage of linen | | | | |
| 73 | There is a system in place for monitoring compliance with control measures to prevent or limit transmission of COVID-19 | | | | |
| 74 | There is a system in place for managing and reporting incidents of COVID-19 in line with the HSE Incident Management Framework | | | | |
| 75 | There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) https://www.hsa.ie/eng/topics/covid-19 coronavirus information and resources/covid-19 guidance and advice/guidance and advice/covid 19 %E2%80%93faq s and advice for employers and employees/reporting of covid-19 cases.html | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|---|--|-----|----|-----|---------------------|
| Section 5 - Environmental and Engineering Controls | | | | | |
| 76 | The healthcare facility maintains a minimum separation distance of 1 metre between patients | | | | |
| 77 | Physical barriers (e.g. glass or plastic windows) are erected at reception areas, registration desks, pharmacy windows to limit close contact between staff and potentially infectious patients where close patient contact is not required | | | | |
| 78 | <p>Ventilation requirements (to include natural and mechanical systems) have been risk assessed to ensure an adequate supply of fresh air</p> <p>Contact Maintenance/ Estates as appropriate (Ref: HPSC Infection Control Guiding Principles for Buildings Acute Hospitals and Community Settings)</p> <p>Please refer to HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting for ventilation measures in specific care settings</p> | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|--|---|-----|----|-----|---------------------|
| Cleaning and decontamination | | | | | |
| 79 | The use of mobile healthcare equipment is restricted to essential functions, as far as possible to minimise the range of equipment taken into and later removed from rooms | | | | |
| 80 | Local procedures are in place to manage laundry, catering, and decontamination of equipment during COVID-19 | | | | |
| 81 | Local cleaning and disinfection procedures are implemented, monitored and reviewed regularly | | | | |
| Healthcare Risk Waste | | | | | |
| 82 | All COVID-19 related waste is disposed of as healthcare risk waste | | | | |
| 83 | Healthcare risk waste is disposed of and managed in accordance with HSE Waste Management Handbook | | | | |
| Section 6 - PPE (General) | | | | | |
| <i>Note: The rational, correct and consistent use of PPE can help reduce the spread of COVID-19. PPE effectiveness depends strongly on adequate and regular supplies, adequate staff training, appropriate hand hygiene and appropriate human behaviour.</i> | | | | | |
| 84 | There is access to adequate supplies of onsite PPE at the point of care | | | | |
| 85 | All HCWs have reviewed HSE video resources / completed the HSE LanD Modules on donning and doffing PPE | | | | |
| 86 | The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the context of COVID-19 | | | | |

| No. | | Yes | No | N/A | Documented Evidence |
|-----|---|-----|----|-----|---------------------|
| 87 | Where the use of a close fitting respirator (e.g. FFP2 and FFP3 respirators) is identified through the risk assessment process, fit testing of the HCW is carried out as far as is reasonable practicable | | | | |
| 88 | There is a buddy system in place for donning and doffing PPE to minimise the risk of accidental contamination | | | | |

| Use the columns below to document any local existing control measures not referenced above | |
|--|--|
| No. | |
| | |
| | |