
	<h1>Risk Assessment Prompt Sheet</h1>				
Ref: PS:043:00	Re Biological Agents Risk Assessment in HSE Community Hospitals and Post-acute Rehabilitation Facilities during COVID-19				
Issue date:	June 2022	Revised date:		Version No.	
Author(s):	National Health and Safety Function				
Note: Legislation:	<p>Under Section 19 of the <i>Safety, Health and Welfare at Work Act, 2005</i> and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace.</p> <p>In addition to this requirement, the Biological Agents Regulations require that the employer:</p> <p>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.</p> <p>All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.</p>				
Scope :	<p>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.</p> <p>The Biological Agents Risk Assessment form is available to download here</p> <p>The following non-exhaustive list of prompts addressing the specific challenges for Community Hospitals and Rehabilitation facilities has been developed to support managers in consultation with their employees to review and update their Biological Agents COVID-19 Risk Assessment. It is 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Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting and NCEC Draft Guidance on Infection Prevention and Control 2022 (January 2022)</p> <p>Note 1: The 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.</p>				



No.		Yes	No	N/A	If yes, Document Evidence
Section 1-Early Recognition and Source Control					
To facilitate early identification of cases or suspected cases of COVID-19 the following measures are in place in HSE Community Hospitals and Post – acute Rehabilitation Facilities:					
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	Where care is provided for both long term residents and short stay patients local systems are in place to define distinct wards and areas				
3	There is a system in place to assess and record the vaccination status of patients before admission or as soon as possible after admission				
4	There is a system in place to determine if the patient is a known COVID-19 contact or has clinical symptoms suggestive of COVID-19 prior to admission				
5	Where a patient is not fully vaccinated (including booster) prior to transfer from an acute hospital to rehabilitation setting , vaccination is offered to eligible patients as soon as possible after transfer				
6	Testing arrangements are in place 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				



No		Yes	No	N/A	Documented Evidence
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	Patients with infectious COVID-19 are cared for by fully vaccinated staff (including booster vaccination) if at all possible				
<p>Note: With the above controls (6-8) in place patients can be admitted to a multi-bed cohort area with other newly admitted patients if there is no available single rooms and provided there is no other requirement for transmission based precautions</p>					
9	<p>The cohort areas for admission includes as few beds as possible</p> <p>Note: Cohorting of patients may not be appropriate for mobile patients with behavioural challenges</p>				
10	Where practical, patients from the community who require testing and are awaiting results are accommodated in a single room or separate area until test results are available				
11	Plans are in place for the management of patients who develop COVID-19 symptoms				
12	Arrangements are in place to monitor patients for COVID-19 symptoms (twice daily)				
13	Where practical, patients who are not fully vaccinated remain in their cohort area and avoid contact with other patients in line with guidance issued from HPSC / HSE Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting				



No		Yes	No	N/A	Documented Evidence
14	Group therapy activities are arranged for members of the same cohort once they are asymptomatic				
15	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				
16	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				
17	Appropriate COVID -19 signage is displayed in public areas				
18	Where practical each cohort area has designated bathing and toilet facilities. Where not possible facilities are shared with the lowest possible number of other patients				
19	Patients are advised not to share personal items				
20	Patients who are fully vaccinated are not required to restrict their movements on re-admittance from a home visit /overnight stay				
Outbreak Management					
21	There are contingency plans in place to manage an outbreak including the communication required with patients, staff and the public				
22	There is a process in place to record names, date and time of staff entering each area 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
23	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				
24	Hand hygiene is also performed before putting on gloves and after the removal of gloves				
25	Hand hygiene includes either cleaning hands with an alcohol based hand rub or with soap and water				
26	Alcohol based hand rubs are preferred if hands are not visibly soiled/dirty				
27	Washing hands with soap and water applies when hands are visibly soiled				
28	ABHR contain at least 60% to 80% v/v ethanol or equivalent				
29	HCWs receive hand hygiene training on induction and at least every two years				
30	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					
31	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 Q,s 90-92					
32	The choice and selection of PPE is based on risk assessment and in line with the HPSC/HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the context of COVID-19				
Section 3-Transmission Based Precautions					
Contact and Droplet Precautions					
33	Patients with suspected COVID-19 are not cohorted with those who are confirmed positive with COVID-19				
34	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				
35	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				



No		Yes	No	N/A	Documented Evidence
36	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				
37	Where practicable, patients are cared for in a single room with en-suite facilities. If there is no en-suite toilet: <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				
38	All unnecessary equipment or supplies are stored outside the patient's room or cohort area				
39	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				
40	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				

No		Yes	No	N/A	Documented Evidence
41	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				
42	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				
43	Medical devices (instruments and equipment) for reuse are reprocessed before reuse i.e. cleaned, disinfected and/or sterilised				
44	HCWs refrain from touching eyes, nose, or mouth with potentially contaminated gloved or bare hands				
45	Patients are not moved/transported out of their room or designated cohort area unless medically necessary				
46	Predetermined transport routes are identified and used to minimise exposure for staff, other patients and visitors				
47	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				
48	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				

No		Yes	No	N/A	Documented Evidence
<p>Airborne Precautions for Aerosol Generated Procedures (AGPs) <i>Note: Some aerosol generating procedures may include : e.g. Front of neck airway procedures – Insertion of tracheostomy, cricothyroidotomy, tracheal intubation, tracheotomy, tracheal extubation, cardiopulmonary resuscitation (CPR), positive pressure ventilation with inadequate seal , manual ventilation and bronchoscopy (non-exhaustive list) Ref: 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</i></p>					
49	The number of HCWs, family members and visitors are restricted when patients are suspected/confirmed COVID - 19 in line with HPSC guidance				
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				
51	Where an AGP is necessary, where practicable, it is undertaken in a negative-pressure or neutral pressure room, using recommended airborne precautions				
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				
53	Essential fully vaccinated personnel only are present where an AGP associated with an increased risk of infection is being performed				
54	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				

No		Yes	No	N/A	Documented Evidence
55	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				
56	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				
57	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					
58	There is a defined process for assessment of all staff for symptoms before starting a shift				
59	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				
60	Vaccination has been offered to all HCWs				
61	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
62	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				
63	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				
64	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)				
65	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)				
66	Investigations are scheduled to ensure that patients are not waiting in communal areas				
67	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				
68	Interactions between staff in the healthcare setting comply with all relevant public health and IPC guidance				
69	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				



No		Yes	No	N/A	Documented Evidence
70	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				
71	Dedicated staff changing areas are available with shower facilities				
72	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				
73	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				
74	Health care workers wear a clean uniform/scrub suit for each shift				
75	Uniforms are generally washed at 60°C				
76	Where the uniform/scrub suit has been obviously contaminated with blood or body substances healthcare laundry services arrange cleaning				
77	There is a documented policy on the collection, transportation and storage of linen				
78	There is a system in place for monitoring compliance with control measures to prevent or limit transmission of COVID-19				



No		Yes	No	N/A	Documented Evidence
79	There is a system in place for managing and reporting incidents of COVID-19 in line with the HSE Incident Management Framework				
80	There are arrangements in place for a Manager to notify the Health and Safety Authority when they become aware of a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) https://www.hsa.ie/eng/topics/covid-19 coronavirus information and resources/covid-19 guidance and advice/guidance and advice/covid 19 %E2%80%93 faq s and advice for employers and employees/reporting of covid-19 cases.html				
Section 5-Environmental and Engineering Controls					
81	The healthcare facility maintains a minimum separation distance of 1 metre between patients				
82	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				

No		Yes	No	N/A	Documented Evidence
83	<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>				
Cleaning and decontamination					
84	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				
85	Local procedures are in place to manage laundry, catering, and decontamination of equipment during COVID -19				
86	Local cleaning and disinfection procedures are implemented, monitored and reviewed regularly				
Healthcare Risk Waste					
87	All COVID-19 related waste is disposed of as healthcare risk waste				
88	Healthcare risk waste is disposed of and managed in accordance with HSE Waste Management Handbook				



No		Yes	No	N/A	Documented Evidence
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>					
89	There is access to adequate supplies of onsite PPE at the point of care				
90	All HCWs have reviewed HSE video resources / completed the HSELandD Modules on donning and doffing PPE				
91	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				