

		<h1>Guideline Document</h1>			
Ref: GD:017:01		Guidance on reviewing and updating Biological Agents Risk Assessments for Health and Social Care Services carrying out home visits during COVID- 19			
Issue date:	June 2020	Revised Date:	August 2021	Version No.	2
Authors(s):	National Health & Safety Function (NHSF)				
Consultation With:					
Responsibility for Implementation:	All HSE Health and Social Care Managers and community based employees whose work activities in service users' ¹ homes may involve the risk of exposure to COVID-19 during this pandemic phase.				
Note:	<p>This guidance has been developed to support Health and Social Care Managers when reviewing their Biological Agents Risk Assessment during the COVID -19 pandemic and is based on the HPSC/HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare.</p> <p>The guidance referenced in this document may be subject to change, hence, all managers and employees must check HSE.ie daily to keep informed of up to date information and advice.</p>				
Version	Date approved	Section amended			Author
2	August 2021	Reference to Safety, Health and Welfare at Work (Biological Agents) Regulations 2013, updated throughout the document to reflect the 2020 Regulations and COP			NHSF
2	August 2021	Manager Responsibilities Included bullet point “Ensure a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) is notified to the Health and Safety Authority”			NHSF
2	August 2021	CF:054:01 Biological Agents Risk Assessment for Health and Social Care Services during COVID- 19 Front Cover – inserted reference to legislation			NHSF
2	August 2021	CF:054:01 Biological Agents Risk Assessment for Health and Social Care Services during COVID- 19 New question 16 “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 f aqs and advice for employers and employees/reporting of covid-19 cases.html			NHSF

¹ The term “service user” used throughout this Guideline document includes patients and clients of the HSE

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1.0 Introduction:

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus responsible for the disease COVID-19 belongs to the Coronaviridae family. This family also includes severe acute respiratory syndrome-related coronavirus (SARS-virus) and Middle East respiratory syndrome coronavirus (MERSvirus). Both of these viruses are classified as risk group 3 biological agents under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020.

It is the policy of the HSE to reduce, as far as is reasonably practicable, the risks associated with exposure to biological agents (COVID-19) and acknowledges that some employees may be exposed through work activities to COVID-19 and are committed to eliminating or reducing the risk of exposure.

2.0 Purpose:

This guideline has been developed to support Health and Social Care Managers and community based employees who deliver healthcare in service users' homes in reviewing and updating their Biological Agents Risk Assessment during the COVID-19 pandemic.

3.0 Scope:

This guideline applies to all Health and Social Care Managers and community based employees who deliver healthcare in service users' homes and whose work activities may involve the risk of exposure to COVID-19 during this pandemic phase. The guidance is applicable to the following Community based Healthcare Workers (HCWs):

- Public Health Nurses
- Community Registered General Nurses
- Physiotherapists/Occupational Therapists/Speech and Language Therapists
- Homecare supports assistants
- Mental Health Workers
- Community Psychiatric Nurses
- Palliative Care Clinical Nurse Specialists

(Non –exhaustive)

4.0 Roles and Responsibilities:

The Safety, Health and Welfare (Biological Agents) Regulations 2013 and 2020, places specific duties on managers and employees and are detailed in the ***HSE Policy on the Management of Biological Agents in the Healthcare Setting*** and are not reproduced here. In summary responsibilities are as follows:

Manager Responsibilities:

- Ensure that all hazards and the risks associated with exposure to COVID-19 are identified and assessed, and appropriate measures are put in place to eliminate, control or minimise the risk
- Ensure the risk assessment is in a written format (Refer to Appendix I)
- Where the results of the risk assessment identifies a risk to safety, health or welfare of employees, ensure relevant health surveillance is made available
- Ensure that employees are provided with appropriate information, instruction, supervision and training
- Ensure the implementation of appropriate responses for possible emergencies e.g. Spill management, management of contaminated employees
- Ensure that incidents involving potential exposure to COVID-19 are reported and managed in accordance with [Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health](#) and the [HSE Incident Management Framework](#) and ensure that remedial measures identified through incident reviews are promptly implemented
- Ensure a confirmed case of COVID-19 or death of an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the coronavirus (SARS-CoV-2) is notified to the Health and Safety Authority

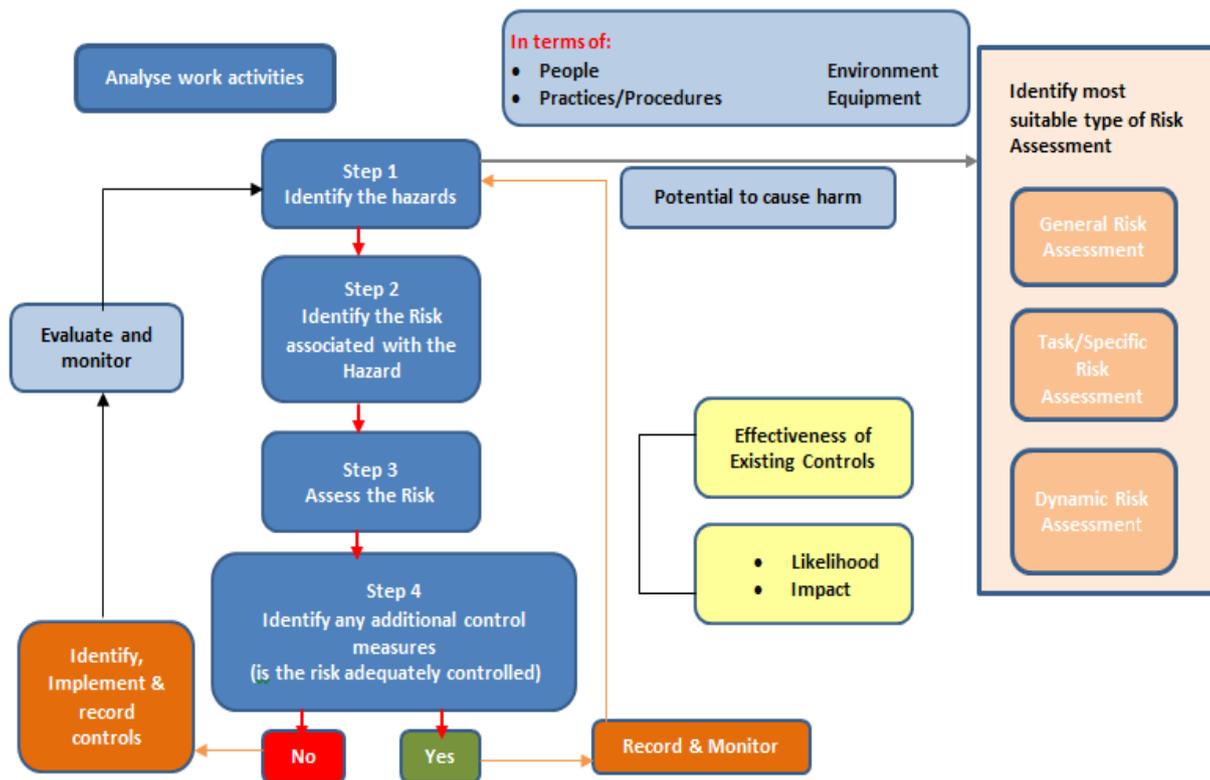
Employee Responsibilities:

- Adhere to local procedures and safe systems of work and any associated risk assessments and risk controls
- Work in a safe and responsible manner and take reasonable care of their own safety, health and welfare and that of others
- Co-operate with the regular review of risk assessments and control measures
- Not engage in improper conduct or behaviour or place anyone at risk
- Attend training as appropriate
- Use safety equipment or PPE provided, or other items provided for their safety, health and welfare at work
- Report to their Line Manager any defects in equipment or the place of work and any unsafe systems of work
- Report to their Line Manager any incident involving exposure or risk of exposure, to COVID-19

5.0 Risk Assessment

The risk assessment process is broken down into four steps as outlined in Figure 1

Figure 1



5.1 Steps in the Risk Assessment Process

The risk assessment process for a given task comprises of the following four steps:

Step 1 - Identify the Hazard – Document the activities where there is a potential exposure to COVID-19, and determine the nature, route, degree and duration of employee’s exposure. Examples of work activities may include: assistance with personal care, administration of medication, wound care management, rehabilitation (non –exhaustive).

Step 2- Identify the Risks associated with the hazard.

For the purpose of the assessment:

- Identify categories of employees who may be exposed
- Describe the risk associated with the hazard
- Consider whether existing control measures are adequate

The [HPSC/HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare](#) has been integrated into the risk assessment process to assist in identifying both the existing control measures in place (tick YES) and any additional controls required (tick NO).

Note: Control programmes must accord with the prevention and risk reduction measures contained in [Schedule 2, 3, 4 and 5 of the Safety, Health and Welfare at Work \(Biological Agents\) Regulations 2013 and 2020](#), and [schedule 2, containment level 3 of the Code of Practice for the Safety, Health and Welfare at Work \(Biological Agents\) Regulations 2020](#).

Step 3 - Assess (i.e. Rate) the risks (Refer to HSE Risk Assessment Tool)

<https://www.hse.ie/eng/about/qavd/riskmanagement/risk-assessment-tool.pdf>

Step 4 - Identify any additional control measures (if any) required (i.e. evaluate and treat the risks).

Where additional control measures are identified these should be documented on the Biological Agents Risk Assessment Form, assigned an 'action owner' and 'due date' for completion. (See Appendix 1 Biological Agents Risk Assessments for Health and Social Care Services during COVID-19).

6.0 Supporting Information

- HSE (2020) Policy on the Management of Biological Agents in the Healthcare Sector
- Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013 and 2020
- Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2020
- CF:004:02 Guidance on Completion of Biological Agents Risk Assessment form

For further health and safety advice or support during the COVID-19 pandemic, please contact the HSE Health and Safety Helpdesk by visiting <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/health-and-safety-helpdesk.html> or alternatively phone 1850 420 420.

7.0 References

HPSC/HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare

HPSC/HSE Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health

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

HSE (2019) Guidelines for the Preparation for Transport of Patient Specimens and other Biological Materials

HSE (2020) Incident Management Framework

Appendix 1

 <h2 style="margin: 0;">Health & Safety Risk Assessment Form</h2> 			
Ref: CF:054:01		Re: Biological Agents Risk Assessment for Health and Social Care Services during COVID- 19	
Issue date:	June 2020	Revised date:	August 2021
		Version No:	2
Author(s):	National Health & Safety Function		
Legislation:	Under Section 19 of the <i>Safety, Health and Welfare at Work Act, 2005</i> and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.		
Note:	<p>The HPSC/HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare has been integrated into the risk assessment process to assist in identifying both the existing control measures in place (tick YES) and any additional controls required (tick NO).</p> <p>Where additional control measures are identified these should be documented on the Biological Agents Risk Assessment Form, assigned an 'action owner' and 'due date' for completion.</p>		
Biological Agents Risk Assessment for Health and Social Care Services during COVID- 19			
Division:		Source of Risk:	
HG/CHO/NAS/ Function:		Primary Impact Category:	
Hospital Site/Service:		Risk Type:	
Dept/Service Site:		Name of Risk Owner:	
Date of Assessment:		Signature of Risk Owner:	
Unique ID No:		Risk Co-Ordinator:	
		*Risk Assessor(s):	
Amendments to the Risk Assessment			
Version	Date Approved	Section Amended	Author
2	August 2021	CF:054:01 Biological Agents Risk Assessment for Health and Social Care Services during COVID- 19 Front Cover – inserted reference to legislation	NHSF
2	August 2021	CF:054:01 Biological Agents Risk Assessment for Health and Social Care Services during COVID- 19 New question 16 “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)	NHSF

	https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_guidance_and_advice/guidance_and_advice/covid_19_%E2%80%93_faqs_and_advice_for_employers_and_employees/reporting_of_covid-19_cases.html	
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No.		Yes	No	N/A	Comment
Section 1- General Measures for planning for delivery of healthcare/personal care in the home					
1	All Healthcare Workers (HCWs) have received Standard Precautions training to include: hand hygiene, respiratory hygiene and cough etiquette and training in transmission based precautions (Contact, Droplet & Airborne) including the appropriate use of Personal Protective Equipment (PPE)				
2	HCWs are aware of the signs and symptoms of COVID-19 and know to stay at home, self-isolate, contact their Line Manager and the local Occupational Health Department by telephone if they are displaying symptoms				
3	HCWs are aware who to contact if they are concerned about a service users' condition				
4	There is adequate availability of supplies including tissues, alcohol based hand rub (ABHR), hand wipes, cleaning products (including disinfectants and wipes) and personal protective equipment (PPE)				
5	Where there are difficulties in sourcing and obtaining supplies, there is an agreed process to liaise with local CHO management				
6	All HCWs have reviewed HSE video resources / completed the HSElanD Modules on donning and doffing PPE				
7	In so far as possible the number of different HCWs caring for each service user is minimised and the number of different service users cared for by each HCW is also minimised				
8	There is a system in place to check in with service users in advance of a visit to confirm household members do not have symptoms of COVID-19 or awaiting testing				
9	The service is notified as soon as possible if the service user has a new cough, temperature or shortness of breath, is awaiting testing. Upon notification the service user is advised to contact their doctor right away				
10	Sufficient time is allocated to adhere to any necessary Infection Prevention and Control (IPC) precautions, in particular to adhere to hand hygiene and safe donning, doffing and disposal of any personal protective equipment (PPE) required during the visit				

No.		Yes	No	N/A	Comment
11	HCWs have received instruction on how to deal with the situation if they arrive at a service users' home and find that the service users' condition has deteriorated or other symptoms that suggest COVID-19				
12	HCWs have been advised how to safely launder uniforms at home. Note: Key Principles <ul style="list-style-type: none"> • A ten-minute wash at 60°C is sufficient to remove most micro-organisms • Using detergents mean that many organisms can be removed from fabrics at lower temperatures however, it is recommended that clothes are washed at the hottest temperature suitable for the fabric • Uniforms should be laundered separately from other household linen in a load not more than half the machine capacity at the maximum temperature the fabric can tolerate. 				
13	Local procedures are in place to manage service users' laundry, cooking utensils, and decontamination of equipment during COVID -19 in line with the recommendation outlined in HPSC/HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare				
14	Arrangements are in place for HCWs involved in care of suspected or confirmed cases to have access to a local occupational health team and emergency contact details for out of hours advice in the event they develop symptoms or they have a breach in PPE in line with HPSC/HSE Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health				
15	There is a system in place for managing and reporting incidents of COVID-19 in line with HPSC/HSE Interim Guidance for Coronavirus - Healthcare Worker Management by Occupational Health and the HSE Incident Management Framework				
16	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				

No.		Yes	No	N/A	Comment
Section 2 Visiting a service users' home where there is no suspect/confirmed cases of COVID-19					
17	On arrival, HCWs confirm that no member of the household has symptoms of COVID-19				
18	HCWs are advised to perform hand hygiene prior to and after a visit to service users' home and have access to an adequate supply of ABHR				
19	Every HCW undertakes a dynamic risk assessment* PRIOR to performing a clinical care task, to inform the level of IPC precautions needed, including the choice of appropriate PPE for those who need to be present. *an informal on-the-spot undocumented risk assessment which is undertaken prior to undertaking any task				
20	HCWs don PPE as per the HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19 <i>Note: Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the Service User</i>				
21	HCWs are advised to implement and adhere to physical distancing requirements with other household members				
22	HCWs limit the number of items including personal items brought into each service users' home				
23	Where it is necessary to bring personal items HCWs minimise contact with the service user and avoid using mobile phones during the visit				
24	If a service user or a member of the household has symptoms that suggest COVID-19, HCWs are advised to leave the room if possible. If this is not possible HCWs are advised to maintain a distance of at least 1 to 2m (3 to 6 feet), notify their Line Manager and if the person is on their own notify a family member or contact person				
25	On entering the service users' home HCWs avoid unnecessary direct touching gestures including handshaking				
26	HCWs do not eat or drink in the service users' home				
27	HCWs implement social distancing requirements when it is practicable to do so				
28	When social distancing is not practicable, standard precautions are implemented for all service users and transmission based precautions implemented as appropriate				

No.		Yes	No	N/A	Comment
Implementing Standard Precautions					
1. Hand Hygiene					
29	HCWs apply WHO My 5 Moments for Hand Hygiene as follows: <ul style="list-style-type: none"> • Before and after use of gloves, equipment decontamination and after handling of waste and laundry • Before a clean/aseptic procedure such as assisting a service user to brush their teeth, and before preparing/ handling food or assistance with feeding or taking oral medicines • After contact with body fluids such as bathing a service user who is incontinent, handling soiled personal clothing and bed linen and clearing up spills of urine, faeces, vomit and handling waste • After touching the service user, such as after any personal care activities including washing and dressing or assisting with mobility • Immediately after removing gloves • After leaving the home when care delivery is finished 				
2. Respiratory Hygiene					
30	All HCWs adhere to respiratory hygiene and cough etiquette				
31	All service users are advised to cover their nose and mouth with a tissue when coughing and sneezing				
32	Disposable single use tissues are used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose				
33	HCWs and service users are advised to keep hands away from their eyes, mouth and nose				
On completion of the visit to the service users' home					
34	HCWs perform hand hygiene after leaving the service users' home				
Section 3 - Additional Measures when performing a planned home visit to a service user with suspect or confirmed COVID-19 - Care in the home of service users with COVID-19 is only likely to be practical and safe if the person requires minimal assistance from a visiting HCW					
Visiting the service users' home					
35	HCWs establish the nature of the service users current condition				
36	HCWs establish if there is a house porch, hallway or corridor near the entrance and request that a small table or chair be placed there to allow the HCW don PPE and perform hand hygiene measures before engaging with the service user				
37	HCWs telephone the service user to request that the entrance door be left ajar or that the key is the lock to allow the HCW to enter without engaging with people who live in the residence				

No.		Yes	No	N/A	Comment
38	HCWs request that all other household members remain in a separate room throughout the duration of the visit				
39	HCWs request that all animals are contained throughout the duration of the visit				
40	HCWs have access to black waste bags, plastic bag, ABHR, disinfection wipes as appropriate				
41	HCWs performs hand hygiene, dons PPE appropriate to the task and explains to the service user the limit on contact				
On completion of the visit to the service users' home					
42	HCWs remove PPE in accordance with the correct sequence as per the HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19 and HSE PPE donning and doffing video resources				
43	HCWs removes gloves and performs hand hygiene with ABHR				
44	HCWs removes apron or gown and disposes in a domestic waste bag				
45	HCWs removes mask and discards into the waste bag				
Section 4 - Additional measures when completing National New Born Screening in a service users' home where household members have suspected or confirmed COVID-19 Infection					
Visiting the service users' home					
46	<ul style="list-style-type: none"> PHN limits contact to the parent/guardian who is asymptomatic or with the mildest symptoms where possible PHN establishes if there is a room directly off the entrance hall and arranges to meet the parent/guardian with the infant there PHN completes as much of newborn bloodspot screening sample (NBBSS) card as possible prior to arriving at the house and mark the card as biohazard PHN requests that the parent/guardian has their own pen to sign the consent form 				
Entering the service users' home					
47	<ul style="list-style-type: none"> PHN requests the parent / guardian of the infant to wear a face mask PHN opens PPE and places the plastic sheet on a table top or chair in the entrance area to provide a clean work area PHN leaves the drying box and sharps container for the specimen open on the clean work area provided by the sheet PHN dons PPE as per the HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19 and enters the room where the parent and infant are waiting 				

No.		Yes	No	N/A	Comment
On completion of the visit to the service users' home					
48	PHN: <ul style="list-style-type: none"> continues wearing the PPE and returns to the clean workspace carrying the sample in gloved hand Inserts the card into the drying box, being careful not to touch the outside of the box Removes gloves and performs hand hygiene with ABHR Removes PPE and disposes in the household waste bag Performs hand hygiene with ABHR Puts on a fresh pair of gloves Closes the drying box Removes gloves and discard into the waste bag Performs hand hygiene with ABHR Safely disposes of the lancet in a sharps bin Asks parent to perform hand hygiene before signing consent form Takes the drying box from the clean work area as you leave the residence 				
After leaving the service users' home					
49	PHN packages and labels any specimens in accordance with the HSE (2019) Guidelines for the Preparation for Transport of Patient Specimens and other Biological Materials and CUH (2018) A Practical Guide to Newborn Bloodspot Screening in Ireland, 7th Edition				
Section 5 - Healthcare Risk Waste					
50	HCWs discard all used PPE and other health risk waste items into household waste bag, this bag is tied and placed in a black bin bag (double bagged) for disposal in household domestic waste stream after 72 hours				
51	HCWs engage the temporary closure on sharps bins when not in use, and fill in accordance with manufacturers fill line				
52	Sharps bins are wiped down with disinfection wipes prior to removal from service users' residence				
Section 6- PPE (General)					
<p>Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to service users of healthcare associated COVID-19.</p> <p><i>Note: The rational, correct and consistent use of PPE can help reduce the spread of COVID-19. PPE effectiveness depends strongly on adequate and regular supplies, adequate training, appropriate hand hygiene and appropriate human behaviour. The fundamental principle of the hierarchy of controls is that personal protective equipment (PPE) should only be used as a last resort after all other precautions have been implemented.</i></p>					

No.		Yes	No	N/A	Comment
53	The choice and selection of PPE is based on risk assessment and in line with the HPSC / HSE Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19				
54	There is access to adequate supplies of onsite PPE at the point of care				
55	HCWs wear surgical masks when providing care to service users and within 2m of a resident regardless of their COVID-19 status				
56	HCWs wear surgical masks for all encounters with other HCWs in the workplace where a distance of 2m cannot be maintained				

Use the columns below to document any local existing control measures not referenced above

No.	

**HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
<ul style="list-style-type: none"> Describe the activity being undertaken during the home visit e.g. assistance with personal care Identify number & category of employees who might be affected. Describe the associated risk 			Attach checklist - Where the checklist answers yield a 'yes' these are the control measures in place	Where the checklist answers yield a 'No' consider and document additional control measures required.	Mary Bloggs (Line Manager)	30.08.21
INITIAL RISK			Risk Status			
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed	

*Risk Assessor to be recorded for OSH risks only.

**Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.