

	<h1 style="margin: 0;">Risk Assessment Prompt Sheet</h1>				
<b>Ref: PS:045:00 Re Biological Agents Risk Assessment for HSE Residential Care Facilities during COVID-19</b>					
<b>Issue date:</b>	August 2022	<b>Revised date:</b>		<b>Version No.</b>	
<b>Author(s):</b>	National Health & Safety Function (NHSF)				
<b>Note: Legislation:</b>	<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 <a href="#">Biological Agents Regulations</a> 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>				
<b>Scope :</b>	<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 <a href="#">here</a></p> <p>The following non-exhaustive list of prompts based on the <a href="#">Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities</a> has been developed to support managers in consultation with their employees to review and update their Biological Agents COVID-19 Risk Assessments.</p> <p><b>Note 1:</b> The prompt sheet <b>is not</b> a risk assessment form. The completed prompt sheet can be referenced and appended to the <a href="#">Risk Assessment Form</a> to provide evidence of existing control measures in place.</p>				

No.		Yes	No	N/A	Comments
<b>Section 1- General measures to prevent a COVID-19 outbreak during the pandemic</b>					
To facilitate early identification and planning for cases or suspected cases of COVID-19 the following measures are in place.					
1	A COVID-19 preparedness plan is in place to include: planning for cohorting of residents (COVID-19 separate from non-COVID-19), enhanced IPC, training for Healthcare Workers (HCWs), establishing surge capacity and promoting resident and family communication				
2	Each ward or floor operates where possible as a discrete unit or zone, i.e. HCWs and equipment are dedicated to a specific area and are not rotated from other areas (this includes night duty)				
3	Dedicated HCWs are assigned to work in the facility and do not move across settings				
4	The vaccination of staff against Covid-19, including booster vaccination should be encouraged				
5	External contractors should ensure that their staff who may enter clinical areas are vaccinated				
6	PCR testing is recommended for only symptomatic patients and staff				
7	There is an adequate availability of supplies including tissues, alcohol based hand rub (ABHR), hand wipes, cleaning products (including disinfectants) and personal protective equipment				
8	HCWs are aware of the early signs and symptoms of COVID- 19 in residents presenting and know who to alert if they have a concern				
9	All HCWs have training in standard precautions, in particular hand hygiene, respiratory hygiene & cough etiquette and in transmission based precautions (Contact, Droplet & Airborne) including the appropriate use of PPE				

No		Yes	No	N/A	Comments
10	Staff who are engaged in the practice of collecting viral swab samples for testing for SARS-CoV-2 have received the appropriate training				
11	Residents are aware to report any new symptoms of illness to staff members				
12	The wearing of masks by residents is in line with the <a href="#">Current recommendations for the use of Personal Protective (PPE) in the context of the COVID-19 pandemic</a>				
13	Residents with symptoms of COVID-19 are asked not to join in social activities until they are no longer infectious. This continues to apply to people who have been vaccinated including booster				
14	Residents engaged in social activity are encouraged to practice hand hygiene and cough etiquette				
15	Before any group activity, it is confirmed that participants have no symptoms that suggest COVID-19				
16	HCWs adhere to physical distancing measures during break and meal times				
<b>Note: Hand Hygiene and Respiratory Hygiene are essential Preventative Measures</b>					
<b>Section 2- Infection Prevention and Control Measures</b>					
<b>Hand Hygiene</b>					
17	HCWs apply <a href="#">WHO My 5 Moments for Hand Hygiene</a> before touching a resident, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a resident and after touching a residents' surroundings				

No.		Yes	No	N/A	Comments
18	<p>Hand hygiene is performed immediately before every episode of direct resident care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination, handling of waste and laundry.</p> <p>Note:</p> <ul style="list-style-type: none"> <li>• Hand hygiene includes either cleaning hands with an alcohol based hand rub or with soap and water</li> <li>• Alcohol based hand rubs are preferred if hands are not visibly soiled / dirty</li> <li>• Wash hands with soap and water when they are visibly soiled</li> </ul>				
19	Residents are encouraged to wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. Where the resident's cognitive state is impaired HCWs help with this activit				
<b>Respiratory Hygiene</b>					
20	All residents are advised to cover their nose and mouth with a tissue when coughing and sneezing				
21	All HCWs adhere to respiratory hygiene and cough etiquette				
22	Disposable single use tissues are used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose				
23	When a resident requires assistance with containment of respiratory secretions the HCW performs hand hygiene after contact with respiratory secretions				
24	HCWs and residents are advised to keep hands away from their eyes, mouth and nose				

No.		Yes	No	N/A	Comments
<b>Personal Protective Equipment (PPE) – Also See Section 6 Qs 49-54</b>					
25	<p>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.</p> <p>The choice and selection of PPE is based on risk assessment and in line with the <a href="#">Current recommendations for the use of Personal Protective (PPE) in the context of the COVID-19 pandemic</a></p> <p><b>*an informal on-the-spot undocumented risk assessment which is undertaken prior to undertaking any task</b></p>				
<b>Section 3- Transmission Based Precautions</b>					
<b>Cohorting (Physical Distancing Measures) for residents with possible or confirmed COVID-19</b>					
26	<p>Residents with possible or confirmed COVID-19 are placed in a dedicated 'zone' with dedicated staff where possible (single rooms close together, or in multi occupancy areas within the building or section of a ward/unit).</p> <p><b>Note:</b></p> <p><b>1. Only Residents with a diagnosis of COVID-19 can be cohorted together</b></p> <p><b>2. Where possible the area should not be used as a thoroughfare by other residents, visitors or staff</b></p>				
27	Staff assigned to the care of a resident in these circumstances should be staff who have been vaccinated (including booster vaccination)				
28	Arrangements are in place to identify a new case of COVID-19 and control transmission, through active monitoring of residents and staff for new symptoms of infection				
29	Signage is displayed to reduce entry into the resident's room and the door remains closed				

No.		Yes	No	N/A	Comments
30	Where practicable, residents are cared for in a single room with en-suite facilities. If there is no en-suite toilet 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 resident and cleaned after use				
31	Where residents are cohorted in multi-occupancy rooms every effort is made to minimise cross-transmission risk: by maintaining as much physical distance as possible between beds; and or reducing the number of residents/beds in the area to facilitate distancing				
32	Privacy curtains are used where available between the beds to minimise opportunities for close contact				
33	Where possible, a team of HCWs is designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission				
34	The choice and selection of PPE is based on risk assessment and in line with the <a href="#">Current recommendations for the use of Personal Protective (PPE) in the context of the COVID-19 pandemic</a>				

No.		Yes	No	N/A	Comments
<b>Management of close contacts of a possible or confirmed case of COVID-19</b>					
35	Residents who are contacts of a confirmed or possible case are accommodated in a single room with their own en-suite facilities. Where this is not possible, cohorting in small groups (2 to 4) with other contacts is facilitated				
<b>Care of the dying and recently deceased</b>					
36	Care of the dying and recently deceased is in line with the requirements of <a href="#">Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities</a>				
<b>Section 4 - Administrative Controls</b>					
37	HCWs are provided with adequate training in standard precautions and transmission based precautions				
38	There are sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents and which reflect the size, layout and purpose of the service and contingency plans are in place in the event of a shortfall in staffing levels or a change in the acuity of residents' Ref <i>HIQA (2016) National Standards for Residential Care Settings for Older People in Ireland</i>				
39	There is a local visitor restriction policy in place in line with the requirements of <a href="#">Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities</a>				

No		Yes	No	N/A	Comments
40	HCWs have been advised to launder their uniforms separately from other household linen (in a load not more than half the machine capacity at the maximum temperature the fabric)				
41	HCWs have been advised not to bring personal items, including mobile phones into isolation or cohort areas				
42	There is a system in place for managing and reporting incidents of COVID-19 in line and the <a href="#">HSE Incident Management Framework</a>				
43	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) <a href="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">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</a>				
<b>Equipment</b>					
44	Where possible single-use equipment is used for each resident and disposed of as healthcare waste inside the room.				
45	Where single use equipment is not possible, dedicated care equipment is used in the residents' room or cohort area and is not shared with other residents in non COVID-19 areas e.g. lifting devices, commodes, moving aides etc.				

No.		Yes	No	N/A	Comments
46	Where it is not possible to dedicate pieces of equipment to the resident or cohort area, equipment is decontaminated immediately after use and before use on any resident following standard cleaning protocols				
<b>Cleaning and decontamination</b>					
47	Residents observation charts, medication prescription and administration records (drug kardex) and healthcare records are not taken into the residents room to limit the risk of contamination				
48	Local procedures are in place to manage laundry, catering, and decontamination of equipment during COVID-19 in line with the recommendation outlined in <a href="#">Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities</a>				
49	Local cleaning and disinfection procedures are implemented, monitored and reviewed regularly in line with <a href="#">Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities</a>				
<b>Healthcare Risk Waste</b>					
50	All COVID-19 related waste is disposed of as healthcare risk waste				
51	There is a contract in place for the collection of healthcare risk waste from the facility				

No.		Yes	No	N/A	Comments
52	There is an adequate number of foot pedal operated healthcare risk waste bins provided.				
<p><b>Section 6- PPE (General)</b></p> <p>Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19. <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.</i> 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.</p>					
53	The choice and selection of PPE is based on risk assessment and in line with the <a href="#">Current recommendations for the use of Personal Protective (PPE) in the context of the COVID-19 pandemic.</a>				
54	The wearing of masks by residents is in line with the <a href="#">Current recommendations for the use of Personal Protective (PPE) in the context of the COVID-19 pandemic.</a>				
55	There is access to adequate supplies of onsite PPE at the point of care.				
56	All HCWs have reviewed HSE video resources / completed the HSE LanD Modules on donning and doffing PPE.				
57	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.	