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Introduction

This document is intended to consolidate practical guidance that is available at time of writing on how to manage business continuity of the retail sector when COVID-19 is active in the community. It addresses risks to both workers and the public. It draws from many already published documents which are acknowledged in section 8.

This guide will assist businesses to implement the “Transitional Protocol – Good Practice Guidance for Continuing to Prevent the Spread of Covid-19” for Employers and Workers which applies to all workplaces right across the economy. Specific sectors may need to introduce additional safeguards.

This Transitional Protocol is a revision of the Work Safely Protocol published in May 2020. The revised Protocol incorporates the current advice on the Public Health measures needed to reduce the spread of COVID-19 in the community and workplaces.

The Protocol is a general document applicable to all sectors. It sets out the minimum measures required in every place of work to prevent the spread of COVID-19 and the ongoing safe operation of those workplace.

It should be noted that the attached details are non-exhaustive and are also subject to change.



1. Scope

This document specifies requirements to implement, maintain and improve a retailer's ability to protect against, prepare for, respond to and recover from COVID-19 related disruptions when they arise.



This document covers identification and defence against COVID-19 by addressing:

- a) Business Continuity Risk identification and mitigation,
- b) Management of the risks,
- c) Site recovery.

This document focuses on retail related activities but does not address every possible situation for all retail organisations. It is recognised that resourcing constraints may impact on a retailer's ability to implement these guidelines in full.



2. Terms and definitions



contact tracing

process of identifying persons who may have come into contact with an infected person ("contacts") and the subsequent collection of further information about these contacts.

coronavirus

broader name for the family of diseases that includes COVID-19, and its entry has been revised to show that relationship. A new example has been added to the entry for novel ("new")

COVID-19

new name for a new disease, coined as an abbreviated form of coronavirus disease 2019

close contact

person-to-person contact or spray of droplets during coughing and sneezing

contact log

person-to-person contact log of all site attending employees which will assist in contact tracing as and when positive cases arise

index case

first documented case of an infectious disease or genetically transmitted condition or mutation in a population, region, or family

isolation

separation of infected individuals and healthy individuals

restricted movement

separating well persons, who have been exposed to the infection, from other well persons during the incubation period of an illness

working from home

situation in which an employee works mainly from home and communicates with the company by electronic means

**risk assessment**

overall process of risk identification, risk analysis, and risk evaluation

restricted movement and self-isolation

avoidance of contact with other individuals for a period of time during the outbreak of a contagious disease usually by remaining in one's home/room and limiting contact with family members

physical distancing (social distancing)

practice of implementing measures to maintain safe distances for preventing the spread of disease

treatment

medical treatment for COVID-19 symptoms and/or related complications



3. Defence – How to defend against the spread of COVID-19



3.1 Health advisories

Organisations should refer to the latest public health advisories issued by HSE, Gov.ie and other government agencies as the situation evolves. See section 8 for agency information.

3.2 Symptoms of COVID-19

It can take up to 14 days for symptoms of coronavirus (COVID-19) 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
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

3.3 Spread of COVID-19

Coronavirus (COVID-19) is spread in sneeze or cough droplets. You could get the virus if you:

- come into close contact with someone who has the virus and is coughing or sneezing
- touch surfaces that someone who has the virus has coughed or sneezed on and bring your unwashed hands to your face (eyes, nose or mouth)

Employees are advised to follow public health advice and guidance including ensuring good hygiene practices, such as frequent hand washing and respiratory etiquette, and physical distancing to protect themselves and their work colleagues against infection and should seek professional healthcare advice if unwell. Employees should avoid making contact with their face and in particular their eyes, nose and mouth. Where necessary, workers should wash their hands immediately before touching their face.

Employees who have symptoms of acute respiratory illness are recommended to stay home if they are well enough to do so or contact the health service or their GP if they are acutely unwell. They should not come to work and should self isolate as per current public health advice.



Common household disinfectants will kill the virus on surfaces. Clean the surface first and then use a disinfectant. Coronavirus can survive for:

- up to 72 hours on plastic and stainless steel
- less than 4 hours on copper
- less than 24 hours on cardboard

NOTE: Downloading and using the HSE COVID-19 tracker app is also an important measure that can be adopted. Employers should provide advice on the tracker and encourage workers to download. Workers should download as it can be used for contact tracing in and out of the workplace.

3.4 Strategy to minimise spread

This section deals with strategies for minimising the spread of COVID-19.

NOTE: As of 28th February, it is recommended that face coverings are used in crowded workplaces.

3.4.1 Competence and training requirements

The organisation should have a process for identifying and delivering the COVID-19 training requirements. The organisation should:

- a) ensure that the necessary person(s) receive appropriate COVID-19 training to implement the requirements of this document.
- b) determine the necessary COVID-19 competence and training of person(s) doing work under its control;
- c) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken;
- d) retain appropriate documented information as evidence of competence.

NOTE: Applicable actions can include, for example, the provision of training to, the mentoring of, or the reassignment of currently employed persons; or the hiring or contracting of competent persons.

The organisation should require contractors working on its behalf to demonstrate that person(s) doing work under its control have the requisite competence and training for COVID-19.

Provide information to employees on the following:

- Signs and symptoms of COVID-19. See section 3.2.
- How COVID-19 is spread. See section 3.3.
- Physical distancing in workplaces – see section 3.4.3.4
- Cleaning routines and hygiene controls (including respiratory hygiene, cough etiquette, handwashing
- Use of Personal Protection Equipment (PPE) and medical equipment (e.g. thermometers, disposable gloves, face coverings, and disinfectants) as relevant and in accordance with public health
- What to do if an employee or a member of the public becomes unwell and believe they have been exposed to COVID-19. See section 3.7
- When individuals in the workplace have had contact with a confirmed case of COVID-19.
- Cleaning offices and public spaces where there are suspected or confirmed cases of COVID-19.
- Rubbish disposal, including tissues.
- Restricted movement Advice.
- Familiarising key staff with the COVID-19 business continuity plan. (See section 4.1).
- Cross-training workers and establish covering arrangements to minimise disruptions.



3.4.2 Return to Work

Provide an induction training for all workers. This training should at a minimum include:

- the signs and symptoms of Covid-19;
- how Covid-19 spreads;
- the importance of not going to work if displaying signs or symptoms of Covid-19 or feeling unwell;
- what a worker 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;
- identification of points of contact from the employer and the workers;
- use of face coverings/masks, Personal Protection Equipment (PPE);
- any other sector specific advice that is relevant.

Arrange for the putting in place of the necessary controls identified in the risk assessment to prevent the spread of COVID-19 in the workplace.

To assist with the return to work, employers can find templates and checklists at:

https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_business_supports/business_supports/work_safely_templates_checklists_and_posters/

Visitors and customers should be advised to stay home if they are feeling symptomatic and follow HSE guidelines on self-isolation.

3.4.3 Hygiene and contact reduction

3.4.3.1 Employee hygiene practices

Employee hygiene practices are important to prevent the spread of COVID-19. Employers should erect appropriate signage on their premises and communicate the HSE recommendations to prevent the virus spreading. The HSE have created posters which employers can use and are available at:

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

3.4.3.2 Hand washing

Wash hands regularly with soap and water or with hand sanitiser (alcohol (minimum of 60%) and or non-alcohol based) for at least 20 seconds and in particular:

- after coughing and sneezing,
- before and after eating,
- before and after preparing food,
- before and after removing their face covering,
- if in contact with someone who is displaying any COVID-19 symptoms,
- before and after being on public transport,
- before and after being in a crowd,
- when arriving and leaving the workplace/other sites,
- when entering and exiting vehicles,
- before having a cigarette or vaping,
- when hands are dirty. If visibly dirty, wash hands with soap and water, and
- after toilet use

NOTE: See HSE recommendations for hand washing: <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>



3.4.3.3 Mouth covering

When coughing and sneezing, you should cover your mouth and nose with your bent elbow or tissue. Put used tissues into a closed bin and wash your hands.

3.4.3.4 Physical distancing

The requirements to maintain a 2-metre physical distance and to adopt pods of 6 for indoor events have been removed. However, public health advice for the individual and for sectors notes that adopting a physical distance continues to be good practice.

Employers may choose to maintain some of the practices or arrangements that were in place based on the Work Safely Protocol for the period of transition back to office working. In meetings, events or training, the continued focus on hand and respiratory etiquette and adequate ventilation are all measures that may continue.

The legal requirement to wear a face mask/covering remains in place only for specific regulated settings (e.g., healthcare, public transport).

Outside of the above regulated settings, it is still good practice to continue to use face masks/coverings particularly in crowded areas. Workers who use or share work vehicles may also consider using a face mask/covering. Individuals at high or very high risk should also follow public health advice in relation to mask wearing, including wearing a surgical or FFP2 mask when in crowded indoor settings. If face masks/coverings are worn, they should be clean and they should not be shared or handled by other colleagues. Employers should continue to support and facilitate the use of face masks by workers who may wish to continue to use them.

- The following protective measures may be put in place, for example:
 - Minimise any direct worker contact and provide hand washing facilities, and other hand hygiene aids, such as hand sanitisers, wipes etc. that are readily accessible so workers can perform hand hygiene as soon as the work task is complete.
 - Install physical barriers, such as clear plastic sneeze guards between workers.
 - Provide PPE as appropriate (see section below).
- avoid making close contact with people (i.e. do not shake hands);
- keep time spent in close proximity with others to a minimum;
- workplace signage. See <https://www.gov.ie/en/collection/02cd5c-covid-19-information-resources/#logo-guidelines>
- staggering times for collections/appointments/deliveries;
- reducing office density and/or split shift arrangements;
- Facilitate home working if possible.
- staggering the use of canteen facilities;
- use of technology for video/virtual meetings for office support staff;
- limiting the number of meetings including length and proximity of gatherings between employees/others.



3.4.4 Cleaning

- Cleaning of all general work areas and frequently touched objects and surfaces should be conducted at regular intervals using a detergent. Disinfectant is required in bathrooms/toilets and when a known suspected case of COVID-19 has been in an area. Standard household disinfectants are suitable. Further information on cleaning in non-healthcare settings is available from the ECDC at:

https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS-CoV-2-virus-Options-forcleaning2020-03-26_0.pdf

Examples of surface that require routine cleaning include:

- Trolleys
- Baskets
- Entrance door handles where doors are not automatic
- Self service scanner
- Card Reader Pin Pads
- Customer facing counter tops, i.e. butcher counter, deli, etc
- Handles on refrigeration units, i.e. ice cream freezer
- Weighing Scales
- Manual Handling Equipment, i.e. forklifts, pallet trucks, etc
- Communication equipment i.e. headsets, barcode readers, mobile scanners, printers
- Lifts/Escalators
- Staff and customer toilets.

A visible cleaning routine can instil staff and visitor confidence. For further cleaning information refer to Section 4.6.

3.5 Communications

3.5.1 Appoint a COVID-19 co-ordinator and a Lead Worker Representative

The COVID-19 co-ordinator is the lead person from the employer side who is responsible for the planning and co-ordinating of COVID-19 activities. The Lead Worker Representative is an employee whose role is to work with the employer to assist in the implementation of the measures identified in the Work Safely Protocol and Transition Protocol. The number of representatives appointed will ideally be proportionate to the number of workers. It is important that employers have a robust communication strategy in place to prevent rumour and misinformation and to:

- provide up-to-date reliable information to employees;
- provide up-to-date reliable information to suppliers and customers;
- clarify the company's procedures and policies;
- ensure central visibility regarding resourcing and operational needs;
- provide up-to-date signage in appropriate locations.

This can involve cross functional team comprising key areas of a business or be a single appointment depending on the complexity of the organisation.



3.5.2 Communicating with suppliers, customers and other stakeholders

- Identify essential suppliers and service providers and discuss continuity issues with them such as understanding their business continuity plans, see section 4.1.
- Identify essential customers and ensure that plans are in place to meet customer needs.
- Develop a plan on how and when to activate alternative suppliers and/or alternative delivery means to customers.
- Identify stakeholders in your local network and share best practice concerning defence against COVID-19.

3.5.3 Communicating with employees

Identifying the communications co-ordinator to disseminate your communications plan in line with business needs and the business continuity plan. Employers should ensure all managers and staff are familiar with company policies and relevant legislation including:

- absence;
- sick leave;
- lay-off and short time;
- force majeure;
- Employment Equality Acts 1998 to 2015;
- Payment of Wages Act 1991;
- Organisation of Working Time Act 1997 (breaks, etc).

Managers must be prepared to deal with these issues as they arise, and employees need to be clear about what is required.

The appointment of a communications co-ordinator will centralise the information and manage the resulting impact. This ensures that the retailer is aware of absences across the business, other operational issues and any problems with suppliers or other related issues, in real time. This will facilitate making informed decisions on the allocation of resources.

The Department of Business, Enterprise and Innovation have created a Business Continuity Planning Checklist which can be found here:

<https://dbei.gov.ie/en/Publications/Business-Continuity-Planning-A-checklist-of-Preparatory-Actions-in-Responding-to-the-COVID-19-Outbreak.html>

3.6 Additional strategies to minimise spread

3.6.1 Strategy to minimise spread – Outside a retail premises

This can be achieved in a number of ways and include but is not limited to:

- Signage on public responsibility of personal sanitising
- The provision of hand sanitiser at entrance for customers with regular monitoring to ensure adequate amounts are available throughout the day;
- The provision of disinfectant at/outside entrance for cleaning trolleys/baskets before use and door handles on non-automatic doors.



3.6.2 Strategy to minimise spread – Inside a retail premises

Additional measures to minimise the spread of COVID-19 inside a retail premises can include:

- cover/bag food that cannot be washed, e.g. bread;
- setting up screens/barriers at checkouts/desks/food counters where possible;
- encouraging use of card payment methods including contactless payment;
- customers and visitors entering the retail building are recommended to wear face coverings with appropriate signage to communicate this to customers, in accordance with public health advice;
- In-store communications via video screens reminding shoppers to adhere to good hygiene practice
- staggering the times staff may use the canteen facilities;
- cleaning facilities should be provided in staff canteen along with regular waste disposal.

3.6.3 Strategy to minimise spread – Warehouse [Distribution Centres]

This section provides guidance, so all reasonable steps are taken to protect employees and ensure that warehouses remain open and functioning throughout the COVID-19 crisis.

3.6.3.1 Key points to minimise spread

- Restrict all visitors to distribution warehouses to 'business critical' only.
- Controlled access process for business-critical visitors incorporating:
- Adherence to sanitisation processes

Provision of sanitation kits to warehouse drivers to enable them to regularly clean their vehicles including forklifts – the kit will include gloves, wipes, sanitiser and instructions.

Where possible it is recommended to have one designated driver per vehicle

3.6.3.2 Vehicle cleaning

It is recommended to take the following steps after each delivery; this is a brief but comprehensive sanitisation completable in a few minutes. In order for this to be successful plan in advance and bring wipes and waste bags on each delivery.

Remove gloves after delivery, clean hands and put on clean gloves.

Focus on key contact points – steering wheel, hand brake, indicator/wiper stalks, gear shift, window controls, fuel cap, vehicle and communications radio controls, door handled including external.

Decontaminate any shared equipment e.g. pens, phones etc.

Use a separate wipe for each individual item, do not cross contaminate, change wipe sooner if visible soiling present. Double bag wipes in a waste bag, store in the vehicle until able to dispose of at next available location with suitable waste disposal facilities. See following picture that highlights internal surfaces that should be cleaned.



3.6.3.3 Entering a warehouse

At the entrances to the warehouse provide cleaning materials (i.e. hand sanitiser, wipes, etc) for Mechanical Handling Equipment and communication equipment, i.e. headsets, phones, etc, with an instruction for people to clean the equipment before and after use.

- Where possible to provide individual mobile instruments for each person e.g. scanner, headset etc
- Commonly used machines should be wiped cleaned after each use e.g. driver card download device (tacograph), clock in machines, door coded entry

Regular checks should be taken by the warehouse supervisor or COVID-19 team to ensure that critical actions are in place and being implemented consistently.

Ongoing communication through briefings and posters with consistent and simple messages on personal responsibility, this could be part of daily shift start up meetings.

3.6.3.4 Delivery by warehouse drivers to retail outlets

- Clean (wash and/or sanitise) hands before and after each delivery transaction
- Transport vehicles and containers must be kept clean and in good condition and be easy to clean and/or disinfect
- There should be staggered delivery times so that not all suppliers arrive at the same time
- Recommend that where possible the driver should stay in his cab until loading or unloading has taken place
- Driver should be familiar with the system to confirm delivery – taking name, scanning barcodes etc
- Use wipes to sanitise pens or mobile scanners after delivery
- Clean the vehicle by following instructions in section 3.6.3.2
- Driver should use gloves when refuelling



3.7 Response to suspected cases

3.7.1 Response Plan

Employers should remind employees of the need to report to managers immediately if any such symptoms develop during the shift.

There should be a defined response structure that identifies team(s) responsible for responding to a suspected case. At a minimum, a COVID-19 manager should be appointed.

When responding to a suspect case, there are number of actions that may need to be considered. These should be included in the response plan. The appointment of incident response personnel for stabilisation, continuity and recovery activities are recommended,

A designated isolation area should be predetermined as part of the response plan. The designated area and the route to the designated area should be easily accessible and as far as is reasonable and practicable should be accessible by people with disabilities. The designated area should have the ability to isolate the person behind a closed door and be suitable to facilitate the following:

- Ventilation, i.e. via a window
- Hygiene practice by providing:
 - tissues,
 - hand sanitiser, disinfectant
 - gloves, masks
 - waste bags

Where a closed door area is not possible, the employer must provide for an area away from other workers.

3.7.2 Response Actions

If someone becomes unwell with COVID-19 symptoms (see HSE guidance for symptoms) they should be accompanied to a designated isolation area via the isolation route, keeping a safe distance from the symptomatic person and also making sure that others maintain a safe distance from the symptomatic person at all times. The unwell individual should be provided with a face mask, if available, to be worn if in a room with other people or while exiting the premises.

An initial assessment should be made on whether the unwell individual can immediately be directed to go home, call their doctor and continue self-isolation at home.

Where that is not possible, the unwell individual should remain in the isolation area and call their doctor, outlining their current symptoms. They should avoid touching people, surfaces and objects. Advice should be given to the unwell individual 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.

The incident response personnel should notify the retail management and arrange transport home or hospital for medical assessment. Public transport of any kind should not be used.

The retail management should carry out an assessment of the incident, which will form part of determining follow-up actions and recovery. Advice on the management of staff and workplace will be based on this assessment.

Immediate action following a suspected case should include closure of the isolation area until appropriately cleaned. See section 4.6.



3.7.3 Contact with confirmed cases

If a confirmed case is identified in your workplace, follow the latest public health advice.

Personnel who have been in close contact with a confirmed case include:

- any individual who has had greater than 15 minutes face-to-face (<2 meters distance) contact with a confirmed case, accumulative in 1 day, in any setting,
- for those contacts who have shared a space with a confirmed case for >2 hours, a risk assessment will be undertaken by Public Health 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.

Personnel who have been in casual contact with a confirmed case includes:

- any individual who has shared a closed space with a confirmed case for less than two hours.

Any individual who has shared a closed space with a confirmed case for longer than two hours, but following risk assessment, does not meet the definition of a close contact.

3.8 Personal protective equipment (PPE)

Details on the correct use of suitable PPE for the management of suspected or confirmed Covid-19 can be found on the Health Protection Surveillance Centre (HPSC) website at:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

Employees should be informed on the appropriate use of PPE, including appropriate removal of disposable gloves. Employees should be reminded not to touch their faces when wearing gloves.

Gloves are generally not required for infection prevention and control purposes outside the healthcare setting. If gloves are used, they must not be considered a substitute for hand hygiene and hands must be cleaned whenever gloves are removed.

3.9 First Aid

In the event that first aid is required in the workplace it may not be possible to maintain a distance of 2 metres. Workers with a specific role in acting as first responders should be provided with updated training on infection prevention and control principles including performance of hand hygiene and appropriate use of PPE when delivering first aid.

See the following guidance for CPR in a COVID-19 situation:

<https://www.hse.ie/eng/services/news/media/pressrel/covid-19-hse-advice-on-performing-cpr-cardiopulmonary-resuscitation-cpr-in-the-community.html>

3.10 Heating, Ventilation Air Conditioning (HVAC)

Ventilation refers to the movement of outdoor air into a building, and the circulation of that air within the building or room while removing stale air to improve the air quality. This can be achieved through natural means (e.g., opening a window) or by mechanical means e.g. HVAC systems. While ventilation reduces the amount of virus in the air and the aerosol risk, it will have minimal impact on droplet transmission where people are within 2 metres of each other, or contact transmission (touching surfaces), which is why it is not a standalone measure and continued adherence to other Public Health advice is absolutely essential.

Determining ventilation of enclosed workplace settings should be considered as part of the workplace risk assessment. The priority for the risk assessment is to identify areas of the workplace that are usually occupied and are poorly ventilated. These are also the areas that should be prioritised for improvement to reduce the risk of aerosol transmission of the virus. A poorly ventilated area may include:



- Areas where people work and where there is no mechanical ventilation or natural ventilation such as open windows, doors or vents etc.
- Areas that use mechanical ventilation if the system recirculates air and has no outdoor air supply in place.
- Areas that are stuffy or smell bad.

There are various recommendations made for what the appropriate air changes per hour (ACH) could be for different indoor settings. However, the overall objective should be to increase the ventilation in the workspace wherever possible thereby improving the existing ventilation without impacting on the workers'/occupants' comfort.

Details on ventilation, including how to assess ventilation in the workplace, are available from www.hsa.ie

3.11 Antigen Diagnostic Tests (ADTs) and Rapid Antigen Diagnostic Tests (RADTs)

- 3.12 Rapid Antigen Diagnostic tests (RADTs) are currently being used by public health to identify cases of COVID-19 in particular age groups. However, their more widespread use in the workplace remains a voluntary option which employers, in consultation with workers and their representatives, may wish to adopt. Even if RADTs are deployed in a workplace setting, general public health advice regarding hand washing, wearing masks/coverings, respiratory etiquette, and ventilation, all still need to be adhered to in full. In addition, the use of RADTs does not preclude the strict requirement that all those who are symptomatic should self-isolate and not attend the workplace. The employer may get advice on establishing a programme of testing from their occupational health or medical service. If a workplace adopts a RAD testing system, employers must maintain personal information collected in line with GDPR requirements. Vaccination**

Public health advice still emphasises that vaccination against COVID-19 remains a key element to not only protect the individual from serious illness but also in protecting the wider community too. Employers and workers should keep up to date with information on the national strategy regarding vaccination against COVID-19 (<https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/>).



Defence – CHECKLIST

Awareness and information

Keep up to date with Public health advisory notices

Comply with any public health guidelines and orders

Appropriate signage

Provide necessary training

Minimise spread

Hand washing – adequate supply of soap and disposable towels for staff and customers

Hand sanitisers available at suitable locations e.g. entrances/exits & customer contact areas

Implement cleaning program

Working from home where possible

Use of appropriate PPE as necessary

Records – employee attendance records for contact tracing

Communications

Keep all employees informed of changes to practices

Appoint a COVID co-ordinator and a Lead Worker Representative

Provide regular updates on changes to practices, policies and procedures

Keep up to date on issues/resources required for continued operation

Employees available and suitable for continued work

Regular Contact with those in self-isolation

Regular contact with remote workers

What to do when a suspect case occurs?

Appoint dedicated resource to manage prevention measures e.g. COVID 19 Manager

Setup a designated isolation area for suspected cases



Defence – CHECKLIST

Segregate suspected cases from others – separate area where possible, advised on steps to minimise contamination e.g. minimise surface contact, disposal of tissues etc

Segregation of disposable tissues/towels used by suspected case

Follow advice regarding self-isolation and other prevention measures e.g. sending to hospital/home

Cleaning of area where suspected case operated and isolation area

Assessment of incident and follow-up actions necessary

Provide information to HSE on request

Use of Personal Protective Equipment

Supply suitable PPE as necessary

Cleaning staff to be provided with disposable gloves and gowns

Change PPE regularly to reduce risk of exposure to COVID 19

All PPE should be carefully removed and disposed of to minimise risk of contamination

Breaches in PPE equipment to be reported



4. Exposure – Management and reduction of detected on-site cases

This section covers the steps to be taken by a retailer where a suspected or confirmed case is identified. See section 6 for further details on the availability of funding for consultants to assist companies with their planning.



4.1 Planning

Where a retailer already has a business continuity planning process, consider addressing COVID-19 within that process.

Where a business continuity planning process is not in place, organisation should plan and implement a COVID-19 business continuity plan to minimise disruption to operations and ensure that business remains viable during the virus outbreak.

Organisations should use the national resources, posters and guidance that are available and updated on a regular basis to reflect the rapidly emerging situation.

The COVID-19 plan and procedures should:

- a) be specific regarding the immediate steps that are to be taken during a disruption;
- b) be flexible to respond to the changing internal and external conditions of a disruption;
- c) focus on the impact of incidents that potentially lead to disruption;
- d) be effective in minimising the impact through the implementation of appropriate solutions;
- e) assign roles and responsibilities for tasks within them.

For guidance on planning preparations, see Exposure checklist at the end of section 4.

4.2 Setting up teams

The organisation shall implement and maintain a structure, identifying one or more teams responsible for responding to disruptions.

The roles and responsibilities of each team and the relationships between the teams shall be clearly stated.



Collectively, the teams should be competent to:

- a) assess the nature and extent of a disruption and its potential impact;
- b) assess the impact against pre-defined thresholds that justify initiation of a formal response;
- c) activate an appropriate business continuity response;
- d) plan actions that need to be undertaken;
- e) establish priorities;
- f) monitor the effects of the disruption and the organisation's response;
- g) activate the business continuity solutions;
- h) with relevant interested parties, authorities and the media.

For each team there shall be:

- 1) identified personnel and their alternates with the necessary responsibility, authority and competence to perform their designated role;
- 2) documented procedures to guide their actions including those for the activation, operation, coordination and communication of the response.

4.3 Business Impact Analysis and risk assessment

4.3.1 Considerations for the Business Continuity Plan

Business Impact analysis and risk assessment is a key element in any business continuity plan, as well as in the management of COVID-19.

- a. Business analysis enables the retail store to assess the impact one or more COVID-19 cases would have on the supply of its products and services. This enables the retailer to prioritise the resumption of activities. See DBEI Business Continuity Planning for more details:
<https://dbei.gov.ie/en/Publications/Business-Continuity-Planning-A-checklist-of-Preparatory-Actions-in-Responding-to-the-COVID-19-Outbreak.html>
- b. A risk assessment enables the retailer to assess the risks of prioritised activities being disrupted so that it can take appropriate action to address these risks.

Understanding the risks of disruption to these prioritised activities enables the retailer to manage them.

The outcome of business impact analysis and risk assessment enables the organisation to determine appropriate parameters for its business continuity strategies and solutions.

It is for the retailer's top management to determine the thresholds of impact that are unacceptable to the store, warehouse employees and public, i.e. number of confirmed cases as a proportion of the total number of employees and how it will impact the business continuity of the retailer.

Ongoing government advice and directives should be closely monitored, which will ultimately have an impact on the retailer's continuity plan. In the event of one or more cases, HSE advice should also be taken when deciding what actions should be taken. See Annex A for more general information on risk assessments.

4.3.2 Risk assessment in the event of one or more cases

An after-action review (AAR) of the response to a confirmed case should be carried out with the aim to improve preparedness, response and recovery capacities and capabilities through a continuous quality improvement cycle, in order to lessen the impact of future incidents.

The HSE have developed a guidance document on after-action review, which can be applied in the review of a response of a confirmed case. See section 8 for useful links to AAR.



The conclusions and output from the incident review should feed into the retailer's decision-making process relating to the recovery of the business following one or more confirmed cases, see section 5.

To aid this decision making, a threshold of the number of confirmed cases in the workplace, along with proportionate action to be taken, e.g. segregation of workers/zones, alternative site and ultimately closure of the business, should be established as part of the Business Continuity/COVID-19 Plan.

4.3.3 Human resource management

The following actions should be taken:

- a) Appoint a crisis management co-ordinator to ensure that employees are familiar with the COVID-19 requirements and comply with them during this period. A deputy may also be appointed.
- b) Develop a plan for the continuity of leadership in the event of absence of key decision makers and executives.
- c) Consider flexible work arrangements for employees, including working from home. Review employee management policies such as absenteeism, sick leave, overseas travel, workplace closure and recall of non-critical employees and their families from affected countries.
- d) Develop a risk assessment document for each employee to complete. Obtain a health and travel declaration from employees.
- e) Defer all non-essential travel. Management should identify what is essential travel.
 - Employers should routinely check the HSE website for the latest updates on the coronavirus situation so that an informed decision can be made on whether to proceed with business travel plans.
 - If business travel is unavoidable and alternative options such as teleconferencing and video-conferencing are not possible, employers should arrange for their employees to consult a doctor for travel health advice prior to travel.
 - For employees whose work is performed in affected countries or regions, employers should ensure that employees are adequately protected or monitored in accordance with HSE guidelines.
 - Requirement to report any foreign travel either on authorised leave or on personal time off to managers prior to returning to work
- f) Employees presenting symptoms of COVID-19 shall follow current public health advice
- g) All suspected and confirmed cases must be treated confidentially and sensitively.
- h) During self-isolation, consider flexible work arrangements, such as working from home.
- i) Where flexible working arrangements are not possible, employers should refer employees to the government support agencies. See section 8 for more details.
- j) Exercise readiness to implement public health response measures, e.g. contact tracing and physical distancing, as advised by the HSE and HSA. Particular consideration should be given to customer facing staff, including duration of contact during customer transactions and appropriate mitigation measures.
- k) Review health insurance policies for workers

4.3.4 Awareness

The organisation should ensure that all persons working under its control (e.g. staff, contractors, suppliers) are aware of the COVID-19 plan.



Persons doing work under the organisation's control shall be aware of:

- a) their contribution to the effectiveness of the COVID-19 plan;
- b) the implications of not conforming with the COVID-19 plan and requirements;
- c) their own role and responsibilities before, during and after disruptions.

4.4 Attendance and absence management

It is important to review, communicate and formally implement the absence and sick leave policies in place in the retailer. In advance of any potential increase in absence, it is essential that all employees are fully familiar with policy requirements, particularly around what constitutes acceptable reasons for absence, the notification and certification requirements and the social welfare procedures.

It is important that employers follow through with their policies and are consistent. The first absence in an unusual situation such as the potential exposure to COVID-19, may initially be dealt with on an ad hoc basis which may set an undesirable or unsustainable precedent should absence levels suddenly escalate.

Employers need to consider the effect that significant employee absences would have on their workplace. Various types of absence need to be considered as it is possible that:

- a) several employees may contract a virus;
- b) employees may have family members who require care;
- c) there may be a fear factor, where employees consider absenting themselves for fear of contracting a virus.

Check on employees' health by phone or email during their absence from work.

If an employee is absent due to a fear of contracting the virus an employer must consider the risks and consider whether the employee is a vulnerable employee. Where there is no increased risk for the employee, the employer can request them to attend work. An employee who continues to be absent from work in these circumstances may be subject to disciplinary action for unauthorised absence, in line with the retailer's policy.

At some point, based on public health advice, certain aspects of company policy and procedure may require adjustment in accordance with the situation as it evolves. Therefore, it is important to keep the policy under review and to communicate clearly any changes.

4.5 Performance monitoring

The organisation should use performance indicators to review and evaluate the performance and effectiveness of the COVID-19 measures and their outcomes in order to identify successes and areas requiring correction or improvement. The data obtained can be used to identify patterns and to enable the organisation to obtain information regarding the performance to the COVID-19 requirements.

Procedures for monitoring, measuring, analysing and evaluating the performance and the effectiveness of COVID-19 requirements should include:

- a) determining the methods for monitoring, measurement analysis and evaluation, including:
 - 1) specifying what is to be monitored and measured;
 - 2) identifying how, when and by whom the monitoring and measuring should be performed;
 - 3) setting performance metrics, including qualitative and quantitative measurements that are appropriate to the organisation and ensure valid results;
 - 4) recording data and results to facilitate subsequent corrective action analysis;
- f) monitoring the extent to which the organisation's COVID-19 requirements and objectives are met;
- g) measuring compliance with applicable Government and HSE COVID-19 requirements;



- h) monitoring nonconformity and other evidence of deficient COVID-19 performance.
- i) recording and monitoring training received, including;
- j) evaluation of training received against defined training needs and requirements;
 - the improvement of the development programme as needed.
 - Internal audit at planned intervals to assess the performance of the COVID-19 arrangements.

4.6 Cleaning

4.6.1 General

General tips for cleaning/disinfecting rooms that persons with suspected or confirmed COVID-19 were isolated in.

- Keep the door to the room closed for at least one hour before cleaning. Do not use the room until the room has been thoroughly cleaned and disinfected and all surfaces are dry.
- The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available).
- Open the window while you are cleaning.
- Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed or combined with Chlorine based product such as sodium hypochlorite (often referred to as household bleach). Chlorine based products are available in different formats including wipes.
- If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at <https://www.hpsc.ie/az/lifestages/schoolhealth/>
- Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.
- Place all waste that has been in contact with the person, including used tissues, and masks if used, in a plastic rubbish bag and tie when full. Remove your apron and gloves and discard into the waste bag and clean your hands. Place the plastic bag into a second bin bag and tie it, then clean your hands.
- Store the bag in a safe place until the result of the test is available. If the person tests negative, place the waste in the normal domestic waste bin. In the event the person tests positive, Public Health will advise what to do next.
- Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.
- There is no need to clean carpets (if present) unless there has been a spillage.

4.6.2 Cleaning of communal areas

If the person spent time in a communal area or they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible, pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, kettles, toilet handles, etc. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.



Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No additional disinfection beyond routine cleaning is recommended at this time.

4.6.3 Cleaning of contaminated area

For further detail on environment cleaning following a confirmed COVID-19 case within the workplace see [Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2.](#)

4.6.4 Waste disposal

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a normal waste bag. Tie the bag securely when it is three quarters full and place in a second refuse bag and tie securely. Note the date and time on the bag with a permanent marker when the waste is placed in the bag. The waste bag should be kept for 72 hours, then thrown into the normal waste.



Exposure – CHECKLIST

The development or revision of a business continuity plan to consider COVID-19

The establishment of a response team to deal with the disruption to business due to COVID-19

Perform a business impact analysis and risk assessment

Ensure HR management has adequate tools and guidance in place. Items under HR management which need consideration include:

Competence and training requirements

Open door policy ensuring employees report any issues

Attendance and absence management

Development of a robust communications plan. Consider the following as part of that plan:

Appointing a COVID-19 co-ordinator and Lead Worker Representative;

Communicating with suppliers and customers; and

Communicating with employees.

Introduce appropriate cleaning measures/practices. Items/areas to be considered include:

Surfaces;

Linens, clothing and laundry items;

Cleaning of a contaminated area; and,

Waste disposal.

Develop performance indicators and evaluate the effectiveness of all COVID-19 measures implemented



5. Recovery – Recovery of processes and business functions after detection



5.1 General

The purpose of recovery is to re-establish business activities to support normal working following a disruption. Actions should be considered to recover a facility in the event of a COVID-19 related incident where either the retailer or the HSE directed temporary closure. The retailer should have documented procedures to restore and return business operations from the temporary measures adopted during a Covid-19 related incident. These should address relevant audit and corporate governance requirements.

Returning a premise back to operation can be achieved by:

- cleaning all surfaces that the infected person has come into contact with including;
- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones, counters, workstations, mechanical handling equipment;

NOTE: For guidance on cleaning before recovering operations see HSE Health Surveillance Protection Center [COVID-19 Cleaning Guidance](#).

- migrating operations from temporary locations back to the restored primary business location;
- continuing to defend against the spread of Covid-19 in accordance with Clause 3 (Defence).

How best to return to business as usual will depend on the severity of the Covid-19 outbreak and estimates of how long it could take to establish the necessary facilities.

The documented procedures should provide for a detailed assessment of the situation and its impact, the determination of tasks and steps for recovery. A checklist for facility and operations recovery can be found at the end of this section.

The retailers documented procedures for recovery should include provision for the resumption of all activities and not just those identified as prioritised activities. The recovery process also recognises that activities with a lower priority be resumed at some point in time and should have resources allocated.

5.1.1 Risk assessment

Where a retailer has closed due to a COVID-19, the employer is required to review and update their occupational health and safety risk assessments and safety statement in order to take account of any work changes which may arise following implementation of control measures to control infection spread.

NOTE: See Annex A for more general information on risk assessment.



5.2 Awareness

The organisation should ensure that all persons working under its control (e.g. staff, contractors, suppliers) are aware of the retailer's business recovery policy and business recovery objectives.

The retailer should ensure that all persons under its control understand their role with regard to recovery.

5.2.1 Analysis of business impact

An analysis of business impact enables the retailer to set priorities for resuming activities that have been disrupted. A retailer should identify and classify as "prioritised" any activities where failure to resume them quickly could result in an adverse impact. Activities other than those needing to be recovered quickly can be prioritised. For example, an activity that cannot be resumed for six months but could take a minimum of eight months to resume should be prioritised.

The analysis enables the organisation to identify the resources that could be required for recovery.

5.3 Selection of recovery strategies and solutions

Business continuity solutions for resuming or recovering a prioritised activity can be expensive. Where the organisation estimates this to be the case, it may select alternative solutions that are acceptable to meet its business recovery objectives or, treat affected products and services as exclusions from the scope of their business recovery objective. All decisions should be guided by the latest public health advice and the Transitional Protocol – Good Practice Guidance for Continuing to Prevent the Spread of Covid-19.

5.3.1 Resource requirements

The organisation should determine the resource requirements to implement selected solutions.

5.3.2 Safety & welfare during recovery

Special attention should be paid to any groups with physical and learning disabilities or other specific needs (e.g. pregnancy, temporary disability due to injury). Planning in advance to meet these requirements can reduce risk and reassure those affected. The long-term impacts of incidents should not be underestimated. The organisation should develop appropriate solutions, including consideration of relevant social and cultural issues, to promote employee safety and wellbeing throughout the duration of the recovery of operations.

5.3.3 Documenting recovery of activities

Retailers should document all decisions taken to recover an activity. The retailer should regularly review the latest updates on COVID-19 from the HSE, HSA, and Gov.ie. At the time a decision is taken to recover an activity, the retailer should note the date of the latest update on COVID-19 from the Department of Health.



Recovery – CHECKLIST

- restore potentially contaminated facilities;
- secure emergency procurement and funding;
- make claims against existing insurance policies;
- obtain additional people to support the recovery effort;
- select options for restoring and returning to business as usual;
- communicate with relevant interested parties at appropriate frequencies;
- normalise operations at the restored facilities;
- conduct a post-recovery review;
- conduct due diligence on audit and corporate governance requirements.



6. Training and Consultancy Support



Local Enterprise Offices provide a range of supports to business impacted by Covid-19. For more details, please visit: <https://www.localenterprise.ie/Response>



7. Advice to Employers and Employees



The National Standards Authority of Ireland (NSAI) are providing advice to employers and employees through the COVID-19 Business Support Unit at Covid-19-Support@nsai.ie or 01 8073800 (Monday to Friday, 09.00 to 17.00).



8. Useful links



NSAI COVID-19 Workplace Protection and Improvement Guide	https://www.nsaie.ie/covid-19/
NSAI Guidance on Manufacturing and Importing PPE and Medical Devices	https://www.nsaie.ie/covid-19/
Transitional Protocol: Good Practice Guidance for Continuing to Prevent the Spread of COVID-19	https://www.gov.ie/en/publication/63ba6-transitional-protocol-good-practice-guidance-for-continuing-to-prevent-the-spread-of-covid-19/
Health Service Executive	www.hse.ie
Health & Safety Authority	www.hsa.ie
IDA Ireland	www.idaireland.com
Enterprise Ireland	www.enterprise-ireland.com
COVID-19 Information & Guidance	http://gov.ie/covid19
Gove.ie – Latest Information	https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/
COVID-19 Artwork	https://www.gov.ie/en/collection/02cd5c-covid-19-information-resources/
Face Covering Information	https://www.gov.ie/en/publication/aac74c-guidance-on-safe-use-of-face-coverings/
Incident Management – Introducing after action review AAR	https://www.hse.ie/eng/about/qavd/incident-management/introducing-after-action-review-aar-within-services%202019.docx



Health Protection Surveillance Centre	www.hpsc.ie
European Centre for Disease Prevention and Control	www.ecdc.europa.eu
Best practice recommendations for conducting after-action reviews to enhance public health preparedness	https://www.ecdc.europa.eu/sites/portal/files/documents/public-health-preparedness-best-practice-recommendations.pdf
Safe use of personal protective equipment in the treatment of infectious diseases of high consequence	https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/safe-use-of-ppe.pdf
Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2	https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf
National Disability Authority – Access Handbook Template	http://nda.ie/nda-files/Access-Handbook-Template1.pdf
Food Safety Authority of Ireland FAQ's	https://www.fsai.ie/faq/coronavirus.html
DBEI COVID-19 Business Supports	https://dbei.gov.ie/en/Publications/Supports-for-businesses-COVID-19.html
Guide on Business Continuity Planning for 2019 novel coronavirus	www.enterprisesg.gov.sg/2019-ncov
EU Digital COVID Certificate, Department of Health; Department of the Taoiseach.	https://www.gov.ie/en/publication/3a698-eu-digital-covid-certificate/
COVID-19: Guidance for Food Service Businesses	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/employersemployeesguidance/HPSC%20COVID-19%20guidance%20-%20food.pdf



Annex A: Risk Assessment

What is a risk assessment?

Risk assessment is the process of identifying and assessing the risks to your business and prioritising your resources to reduce or eliminate the most significant risks.

How to complete a COVID-19 business continuity risk assessment?

To complete a business continuity risk assessment, we need to establish the key characteristics of the business and consider how COVID-19 impacts upon these. This can be achieved via a series of considerations and questions including:

Staff resources: Are staff required to be on-site and have direct face-to-face interaction with each other, customers, suppliers, hauliers etc.? What am I doing to protect them? Do staff need to handle cash/documentation from customers? Do I have back up staff?

Availability: Who are my key staff? Do they all work together simultaneously? Do they all need to be on-site? Could I stagger shifts? Can they work off-site?

Inputs: Is my supply chain secure? How much raw material/stock do I have? Are my routes to market secure? Have my customers' needs and expectations changed? Is our product format still acceptable?

Recovery: What do I need to do in the event of someone on site identifying as sick? Do I have contact details of all staff/contacts? Can I close parts of my business and allow others to still function?

When considering such questions, we need to establish what the priorities are to maintain our business. This can be achieved via risk assessment.

Risk assessment models

There are many models for risk assessment. The model below considers the Likelihood/Relevance and the Severity of the impact of the issue on the business. Those issues with the highest score are the most significant risks and justify the most significant attention.

			Likelihood				
			Very Unlikely	Unlikely	Possible	Likely	Very Likely
			1	2	3	4	5
Negligible	1		1	2	3	4	5
Minor	2		2	4	6	8	10
Moderate	3		3	6	9	12	15
Major	4		4	8	12	16	20
Severity	Extreme	5	5	10	15	20	25



Controls – Risk Mitigation

Controls should be implemented for the issues with the highest score (risk) and we should revisit the risk assessment to ascertain if the risk has been reduced, i.e. a reduction in the number (risk) associated with the specific issue. Controls could take the form of provision of sanitiser and PPE; Social distancing; Electronic shift handovers; Installation of barriers at interfaces; Implementation of different shift patterns; Staff working different shift patterns

Documentation – Risk Register

Risk assessment can be documented in many different formats. The table below illustrates an example of one such format.

Risk	L	S	Score	Control	L	S	Score	Responsibility	Monitoring
Closure due to outbreak amongst staff	5	5	25	Communicate risks to all staff; Advise staff of need to stay at home if showing symptoms or in contact with those with symptoms; Social distancing encouraged; Sanitiser and PPE (gloves/masks/safety glasses) provided; Staggered Canteen breaks; Segregation of shifts by 15 mins; Sanitisation of shared equipment/ areas.	3	5	15	All Staff; Facilities	General Manager; Shift Supervisors
L = Likelihood S = Severity									



Annex B: Tracked Changes

Revision 18 – 23rd October 2020

- Removed references to face shields/visors
- Added information to section 3.7 in relation to click/call and collect
- Added Annex C, Tracked Changes

Revision 19 – 16th December 2020

- Updated introduction to reference new Work Safely Protocol
- 3.3 added reference to Covid-19 Tracker App
- 3.4 added note in relation to face coverings in public
- 3.4.2 updated topics to be covered during an induction
- 3.4.3.2 updated section
- 3.4.3.4 updated advice on where a 2-meter separation cannot be ensured
- 3.4.3.4 updated guidance on working from home
- 3.5.1 updated section
- 3.14 updated section
- 4.3.3 added note in relation to travel
- 4.6.4 updated advice on bagging waste
- 4.7 added section
- 8.0 updated links

Revision 20 – 8th January 2021

- 3.7.2 added reference to the temporary suspension of click/call and collect services for non-essential retail

Revision 21 – 10th May 2021

- 3.7.2 removed reference to the temporary suspension of click/call and collect services for non-essential retail

Revision 22 – 28th May 2021

- 3.14 updated section
- 3.15 added section
- 3.16 added new section
- 4.3.3 updated note in relation to travel

Revision 23 – 19th July 2021

- 4.3.3 removed reference to non-essential travel from the “Note” at the end of the section.

Revision 24 – 23rd July 2021

- 3.14 updated section
- 4.8 added new section in relation to Indoor Hospitality
- Section 8 updated section

**Revision 25 – 3rd August 2021**

- 4.8.4 updated section
- 4.8.4 updated section
- 4.8.8 updated section
- Section 8 updated section

Revision 26 – 10th August 2021

- 4.8.6 updated section

Revision 27 – 27th August 2021

- 3.6.2 updated section
- 3.17 added section
- 4.7 deleted section

Revision 28 – 22nd October 2021

- 3.6.2 removed reference to retail fitting room closure and 72 hour quarantine

Revision 29 – 2nd February 2022

- 3.3, 3.4.2, 3.4.3.4, 3.5.1, 3.6.1, 3.6.2, 3.6.3.1, 3.6.3.4, 3.7.1, 3.7.2, 3.7.3, 3.10, 3.11, 3.12, 4.3.3, 4.4, 6.0 8.0 & all Checklists – updated section
- 3.4.3.5, 3.4.4, 3.4.5, 3.6.1.1, 3.7.1, 3.7.2, 3.9, 3.11, 3.13, 3.17, 4.7, Annex A – deleted section

Revision 30 – 28th February 2022

- 3.4, 3.4.3.4, 3.6.2, 4.3.3 - updated section



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