

NSAI

COVID-19 Workplace Protection and Improvement Guide



Rialtas na hÉireann
Government of Ireland



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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 during the COVID-19 pandemic. 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 mandatory Return to Work Safely Protocol for Employers and Workers which applies to all workplaces right across the economy. Specific sectors may need to introduce additional safeguards.

It is recommended to review The Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers should be reviewed at <https://dbe.gov.ie/en/Publications/Publication-files/Return-to-Work-Safely-Protocol.pdf> in advance of implementing the recommendations of this guide.

This guide incorporates current advice about measures to reduce the spread of COVID-19 in the community issued by the National Public Health Emergency Team (NPHET). As the advice issued by NPHET continues to evolve, this document and the measures employers and workers need to address may also change. Therefore, 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 an organisation'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 does not address every possible situation for all organisations and sizes.



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.

close 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.

recovery point objective (RPO)

point up to which information and data used by an activity is restored to enable the activity to operate upon resumption the time frame for resuming an activity.



response time objective (RTO)

time frame for resuming an activity.

restricted movement

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

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.

risk assessment

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

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.

working from home

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



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 for 14 days from symptom onset, the last five days of which should be fever free.



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

3.4 Strategy to minimise spread

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

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. determine the necessary COVID-19 competence and training of person(s) doing work under its control;
- b. ensure that the necessary person(s) receive appropriate COVID-19 training to implement the requirements of this document.
- 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 training 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 and handwashing).
- Use of Personal Protection Equipment (PPE) and medical equipment (e.g. thermometers, disposable gloves, masks, 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 3.6.1)
- 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.
- Travel Restrictions (see 4.3.3).
- Restricted movement Advice.
- Familiarising key staff with the COVID-19 plan (see 4.1).

Cross-training workers and establish covering arrangements to minimise disruptions.



3.4.2 Return to Work

Establish and issue a pre-return to work form for workers to complete at least 3 days in advance of the return to work. This form should seek confirmation that the worker, to the best of their knowledge, has no symptoms of COVID-19 and also confirm that the worker is not self-isolating or awaiting the results of a COVID-19 test.

Include the following questions on the form: If a worker answers Yes to any of them, they are strongly advised to follow the medical advice they receive or seek medical advice before returning to work:

- Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? Yes/No,
- Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? Yes/No,
- Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)? Yes/No,
- Have you been advised by a doctor to self-isolate at this time? Yes/No,
- Have you been advised by a doctor to cocoon at this time? Yes/No.

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

- the latest up to-date advice and guidance on public health
- 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
- 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.

Implement temperature testing in line with Public Health advice.

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

https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_checklists_and_posters/return_to_work_safely_templates_checklists_and_posters.html

3.4.2.1 Employee hygiene practices

Employee hygiene practices are important to prevent spread of COVID-19. Employers can put up appropriate signage on their premises and generally communicate the HSE recommendations to prevent infection spread. The HSE have created posters which employers can use which are available at: <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

3.4.2.2 Hand washing

Wash hands properly and regularly and especially:

- After coughing or sneezing and after toilet use;
- Before eating;
- If in contact with a sick person, especially those with respiratory symptoms.

It is important to follow good practices for hand washing which include using soap and water and washing for over 20 seconds – see HSE recommendations for hand washing:

<https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>.

Touching of the face should be avoided. Regular hand washing with soap and water is effective for the removal of COVID-19. Between washing use of alcohol-based hand sanitizers is recommended.



3.4.2.3 Mouth covering

Cover mouth when coughing and sneezing. Cover your nose and mouth with disposable tissues. If you don't have a tissue, cough or sneeze into your arm or sleeve (not hand), put used tissues into a sealed bin and then wash your hands.

3.4.2.4 Physical distancing

Introduction of physical distancing measures should be implemented across all business types. This can be achieved in a number of ways and include:

- Signage on public responsibility of personal sanitizing and physical distancing and encouragement;
- to wear appropriate face coverings in accordance with public health advice;
- keeping a distance of 2 metres (6.5 feet) between you and others;
- in settings where 2 metre worker separation cannot be ensured by organisational means, alternative protective measures should be put in place in the following order:
 - engineering controls: install physical barriers, such as clear plastic sneeze guards between workers; where this is not technically possible:
 - maintain at least a distance of 1 metre or as much distance as is reasonably practicable
 - minimise any direct worker contact and provide hand washing facilities close by such as hand sanitisers, wipes, etc. so that workers can perform hand hygiene as soon as the work is complete.
 - make face masks available to the worker in line with public health
- staff must adhere to physical distancing (see above) when dealing with customers
- avoiding making close contact with people (i.e. do not shake hands);
- setting up screens/barriers at checkouts/desks where possible;
- implementing a queue management system with correct distance markings;
- encouraging use of card payment methods;
- allocating times for collections/appointments/deliveries;
- restricting/staggering the use of canteen facilities;
- removing tables/chairs from the canteen and restricting the number of staff per table;
- reducing office density/support staff through working from home or split shift arrangements;
- the use of common routes, e.g. stairs, doors, elevators, must be adjusted to ensure that physical distancing can be maintained between workers;
- use of technology for video/virtual meetings;
- limiting the number of meetings including length and proximity of gatherings between employees/others;
- shift handover arrangements should be altered to ensure the appropriate routines are followed for social distancing (maintaining 2 metre distance).
- altering shift patterns to reduce worker numbers;
- Isolating individual buildings (e.g. no travel permitted between manufacturing and design buildings).

3.4.2.5 Restriction of visitors

A restriction on visitors to the site should be put in place. However, where business critical visitors are required to attend the site, a controlled access process should be in place including adherence to sanitisation processes and full personal contact details (e.g. telephone number, last place visited should be collected to assist with contact tracing). See template below.



Visitor/Contractor Covid-19 Questionnaire	
Name:	
Company:	
Mobile No.:	
Visiting:	
Date:	

To ensure the Safety & Health of all people interacting with (insert company name), visitors and contractors must complete this declaration form prior to entering our sites. If you indicate to us you have symptoms of COVID-19 OR you have travelled to a non green list country in the last 14 days with exception to Northern Ireland you should not be at work. Where this is the case, you are prohibited from entering the site and advised to seek professional medical help/assistance.

1.	Have you visited a non green list country excluding Northern Ireland? (See above)	Yes / No
2.	Are you suffering any flu like symptoms/symptoms of coronavirus covid-19?	Yes / No
3.	Are you experiencing any difficulty in breathing, shortness of breath?	Yes / No
4.	Are you experiencing any fever like/Temperature symptoms?	Yes / No
5.	Did you consult a Doctor or other medical practitioner?	Yes / No
6.	How are you feeling Healthwise?	Well / Unwell
7.	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	Yes / No
NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette?		
Signature Visitor:		Date:
(Please circle your answers above)		

3.4.3 Working from Home

A working from home policy and provision of ICT infrastructure/facilities to support working from home should be put in place where practicable. Where possible, non-operational staff should be encouraged to work remotely. See the Health & Safety Authority website for more information in relation to working from home:

https://www.hsa.ie/eng/topics/covid-19/covid-19_faqs_for_employers_and_employees_in_relation_to_home-working_on_a_temporary_basis/



3.4.4 Restructuring and splitting teams/shifts

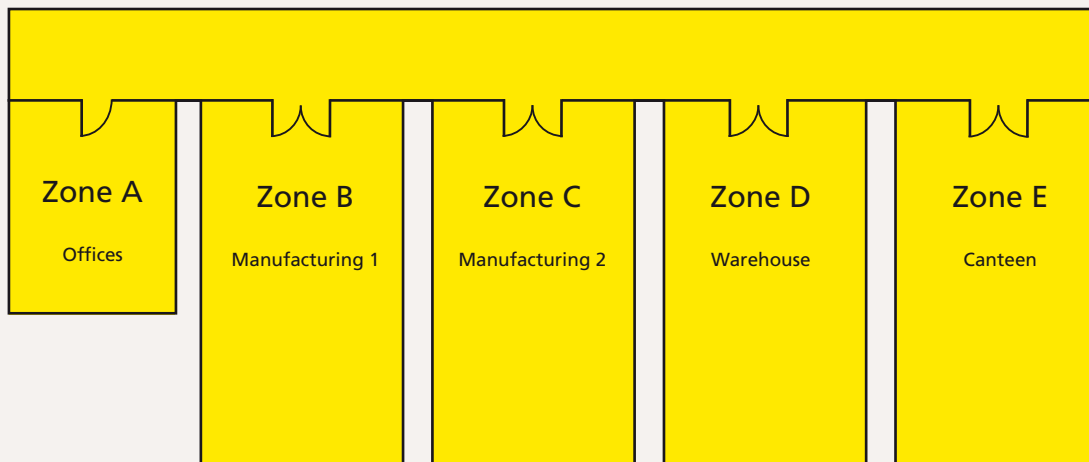
The following should be implemented where it is practicable to do so:

- revision of staffing rosters and splitting of teams to ensure separation of critical personnel in order to limit joint exposure and protecting the business function;
- cross-train, and identify alternative sources of labour to facilitate a full complement of the required skills needed on each team/shift;
- Avoid switching of employees from one shift to another;
- implement an 'air gap' or delayed shift changeover to accommodate a full cleaning/disinfection of all shared equipment, and reduce unnecessary interactions between different shift personnel;
- minimise the sharing of equipment and/or tools; and
- identify and suspend all non-essential operations which do not directly impact business functionality.

3.4.5 Zoning

Work areas can be divided into zones with personnel allocated to work within each zone. Zones could be identified by colour, number, section, etc. Movement between zones should be minimised and controlled at all times. The following zoning template could be used.

Shift No.		Date:	
Staff Member Name	Allocated Zone	Zones Visited	Time of Visit





3.4.6 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-for-cleaning2020-03-26_0.pdf

For further information refer to Section 4.6.

3.5 Communications

3.5.1 Appoint a 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 Return to Work Safely Protocol. 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;
- 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 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.

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 business is aware of absences across the organisation, 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://dbe.gov.ie/en/Publications/Business-Continuity-Planning-A-checklist-of-Preparatory-Actions-in-Responding-to-the-COVID-19-Outbreak.html>

3.6 Response to suspected cases

3.6.1 Response

Employers should put in place a process to identify workers with symptoms of COVID-19 before the start of each shift and 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:

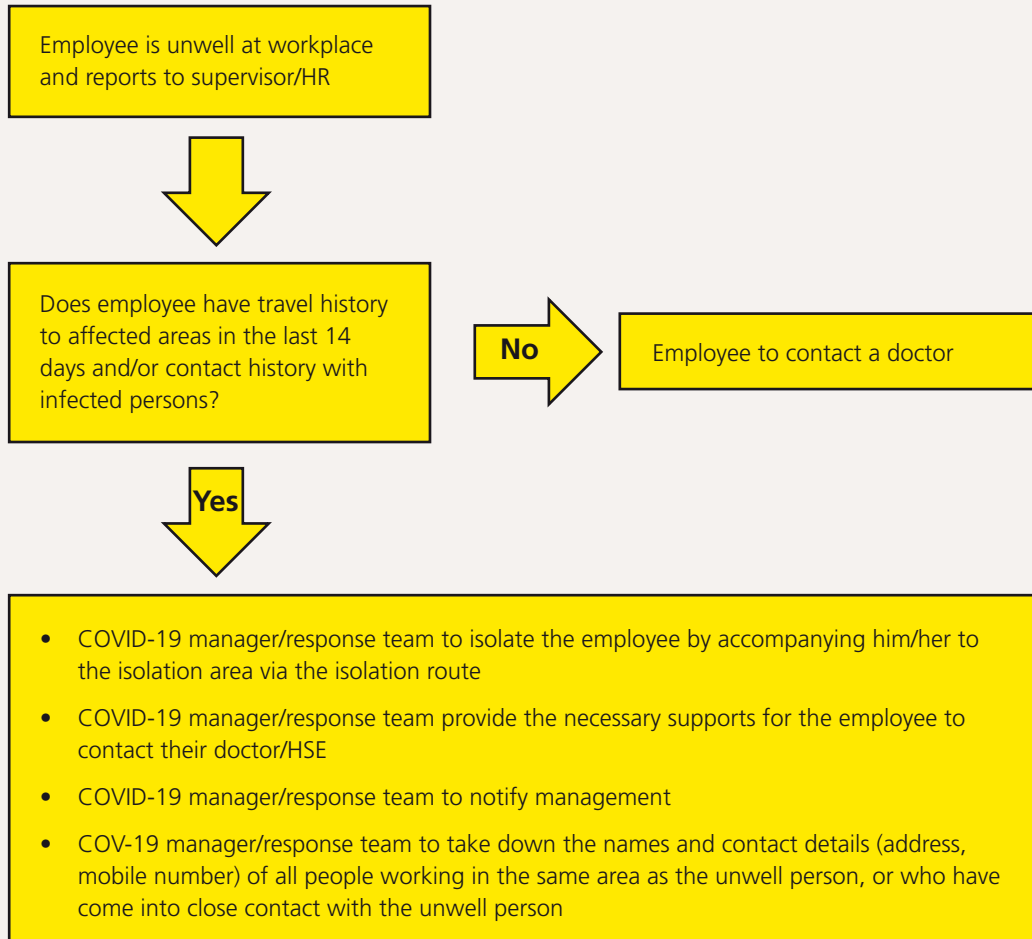
- Ventilation, i.e. via a window,
- Hygiene practice by providing:
 - tissues,
 - hand sanitiser, disinfectant,
 - PPE; gloves, masks,
 - Clinical waste bags.

If someone becomes unwell in the workplace with symptoms such as cough, fever, difficulty breathing, the COVID-19 manager/response team should isolate the employee by accompanying the individual to a designated isolation area via the isolation route, keeping at least 2 metres away from the symptomatic person and also making sure that others maintain a distance of at least 2 metres from the symptomatic person at all times. The unwell individual should be provided with a mask, if available, to be worn if in a room with other people or while exiting the premises.

The COVID-19 manager/response team should initially assess 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 COVID-19 Manager/response team should notify management and arrange transport home or hospital for medical assessment. Public transport of any kind should not be used.

The COVID-19 manager/response team may be contacted by the HSE to discuss the case.

When contacted by the HSE, the COVID-19 manager/response team should use the records kept regarding Direct Contact (see section 3.7.2) to identify people who have been in contact with the individual. The HSE may advise on any actions or precautions that should be taken. See 3.6 for detail on review of response to confirmed case.

The COVID-19 Manager/response team 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.

The HSE will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

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



3.6.2 Contact with confirmed cases

If a confirmed case is identified in your workplace, staff who have had close contact should be asked to stay at home for 14 days from the last time they had contact with the confirmed case and follow the restricted movements guidance on the [HSE website](#).

All affected staff should be actively followed up by the COVID-19 manager/response team.

If the person develops new symptoms or their existing symptoms worsen within their 14-day observation period they should call their doctor for reassessment.

The above eventualities should be recorded by the COVID-19 manager/response team.

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.
- Personnel who have been in casual contact with a confirmed case includes:
 - healthcare workers, not including laboratory workers, who have taken recommended infection control precautions, including the use of appropriate PPE, during the following exposures to the confirmed case:
 - direct contact with the case (as defined above) or their body fluids;
 - present in the same room when an aerosol generating procedure is undertaken on the case;
 - 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.

3.7 Contact logging

All organizations, and where possible individuals, should keep a contact log to facilitate HSE contact tracing in the event of a COVID-19 case in the workplace. This may be through the use of sign in sheets, clocking systems, visitor logbooks, delivery personnel details, third party service provider visitor information. This information should be stored securely, maintained centrally and readily available upon request. Such information may be requested by the authorities to assist with contact tracing. See section 3.4.6 for example of template to log staff movements and locations.

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/ppe/>

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 Adaptation

There may be a need for the organisations to prepare for circumstances under which a reduction or scaling back in operations is required. This may also include changes to the products, services, or interactions with customers to allow the business to remain operational.

3.10 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.

3.11 Legionella

For some places of work such as hotels, leisure facilities, offices, dental clinics and hairdressers, the employer needs to put in place control measures to avoid the potential for Legionnaires' disease before they reopen. Further advice on the prevention of Legionnaires' disease after the COVID-19 pandemic is available at: Since many places of work such as hotels, leisure facilities, offices, dental clinics and hairdressers had to temporarily close, before they reopen it is important that they think about control measures to avoid the potential for Legionnaires disease. Further advice is available at:

https://www.hsa.ie/eng/topics/biological_agents/specific_biological_agents_infections/legionellosis/covid-19_legionella_information_note.pdf

<https://www.water.ie/for-business/covid-19-reopening-busine/IW-CUST-GL-01.pdf>

3.12 Heating, Ventilation Air Conditioning (HVAC)

Air conditioning is not generally considered as contributing significantly to the spread of COVID-19. Switching off air conditioning is not required to manage the risk of COVID-19. For organisations without air conditioning, adequate ventilation is encouraged, for example, by opening windows where feasible.



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
Complete the return to work form at least 3 days in advance of returning to work
Minimise spread
Hand washing – adequate supply of soap and disposable towels
Hand sanitizers available at suitable locations e.g. entrances/exits & customer contact areas
Implement cleaning program
Implement physical distancing measures e.g. rearrangement of workflows/patterns to reduce infection risk
Working from home where possible
Restructure teams/shifts, reduce numbers and exposure
Limit canteen numbers/restrict operation
Limit/restrict visitors
Use of appropriate PPE as necessary
Records – employees to keep contact logs to facilitate tracing in the event of an infection
Temperature Testing in line with Public Health Advice
Communications
Keep all employees informed of changes to practices
Appoint a COVID-19 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



Defence – CHECKLIST

What to do when a suspect case occurs?

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

Set up a designated isolation area for suspected cases

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

Call the General Practitioner of the person

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

Keep log/record of direct contacts of person

Cleaning of area where suspected case operated and the isolation area

Assessment of incident and follow actions necessary

Provide information to HSE on request

Follow up with close contacts of suspected case and carry out necessary risk assessment for possible contamination

Review contact logs to identify possible contamination risks

Use of Personal Protective Equipment

Supply suitable PPE as necessary when social/physical distancing measures are not suitable/appropriate

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

Where a business continuity planning process is not in place, organisations 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:

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

For guidance on planning preparations, see checklists.

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 Business Impact

- a. Business impact analysis and risk assessment is a key element in any business continuity plan.
- b. Business analysis enables the organisation to assess the impact that disruption of activities would have on manufacturing, packaging and delivery of its products and services. This enables the organisation to prioritise the resumption of activities.
- c. A risk assessment enables the organisation to assess the risks of prioritised activities being disrupted so that it can take appropriate action to address these risks.
- d. Understanding the risks of disruption to these prioritised activities enables the organisation to manage them.
- e. The outcome of business impact analysis and risk assessment enables the organisation to determine appropriate parameters for its business continuity strategies and solutions.
- f. For further guidance on business continuity management systems, see ISO 22313:2020.
- g. It is for the organisation's top management to determine the thresholds of impact that are unacceptable to the organisation, 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 organisation.
- h. Ongoing government advice and directives should be closely monitored, which will ultimately have an impact on the organisation's continuity plan.
- i. In the event of one or more cases, HSE advice should also be taken into account during the decision making.

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.



The conclusions and output from the incident review should feed into the organisation'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 should 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 be instructed to self-isolate for 14 days and contact a GP for further health advice.
- g. All suspected and confirmed cases must be treated confidentially and sensitively.
- h. Where flexible working arrangements are not possible, employers should refer employees to the government support agencies.
- i. Employees returning to work following self-isolation require health clearance/should be monitored closely for 14 days, with the last 5 days fever free.
- j. Exercise readiness to implement public health response measures, e.g. contact tracing and physical distancing, as advised by the HSE. 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 Report issues to your employer

If an employee develops symptoms or they have come in contact with an infected case, they need to inform their employer and provide any contact log information. They should immediately follow the self-isolation recommendations. All information provided by the employee must be treated confidentially.



4.3.5 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:

- their contribution to the effectiveness of the COVID-19 plan;
- the implications of not conforming with the COVID-19 plan and requirements;
- 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 organisation. 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:

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

Employees who have travelled to areas affected by COVID-19 and employees who have been in contact with individuals who have COVID-19 or indeed any virus of special concern should follow the Health Protection Surveillance Centre guidance for advice in the first instance and then notify the organisation before attending for work.

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.

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 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;
- b. monitoring the extent to which the organisation's COVID-19 requirements and objectives are met;
- c. measuring compliance with applicable Government and HSE COVID-19 requirements;
- d. monitoring nonconformity and other evidence of deficient COVID-19 performance.
- e. recording and monitoring training received, including;
- f. 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.



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, toilet handles. 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.

4.6.2 Linens, clothing and laundry items

Do not shake dirty laundry; this minimise the possibility of dispersing virus through the air.

Set up systems to ensure safe segregation of clean and dirty laundry items and to prevent mix ups.

Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.

Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

If laundry is sent to a contract laundry cleaner, ensure social distancing measures are set up for the drop off and collection of laundry.

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. Double bagging should be used. 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 a Lead Worker Representative
Communicating with suppliers and customers
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
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

Actions should be considered to recover a facility in the event of 'COVID-19 related' assessment with either the organisation or the HSE directing closure. The organisation 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. The purpose of recovery is to re-establish business activities to support normal working following a disruption, i.e. cleaning, re-allocation of resources, etc. Returning to business as usual 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, work stations, mechanical handling equipment;
- migrating operations from temporary locations/premises 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 of possible recovery operations can be found at the end of this section.

The documented procedures for recovery should include provision for the resumption of all activities and not just those identified as prioritised activities. The recovery process should include provision for COVID 19 requirements as referenced from risk assessment within revised facility and process layouts for example. The recovery process also recognises that activities with a lower priority be resumed at some point in time and have resource requirements that need to be met.

5.2 Awareness

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

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

An awareness programme may include visits to designated alternative locations (e.g. a recovery site).



An analysis of business impacts enables the organisation to set priorities for resuming activities that have been disrupted. An organisation 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 may not 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 Response time objective (RTO)

The time frame for resuming a business activity (setting an activity’s RTO) should take into account dependencies on related activities and the complexity of the recovery process.

Organisations with complex recovery processes can set multiple RTOs for a range of acceptable capacities.

When considering the dependency of activities on information and data, the organisation should ensure that information and data required for an activity to be resumed will be current. An important concept in this regard is the point up to which information and data used by an activity is restored to enable the activity to operate upon resumption (the time frame for resuming an activity).

The organisation may use the term “recovery point objective (RPO)” to achieve this. The RPO can be used to determine the frequency of backup needed to avoid unacceptable loss of data and information, and other work-in-progress that could prevent an activity from being resumed.

5.3.1 Risk assessment (see Annex A)

The organisation should understand the threats and vulnerabilities relevant to the resources required by the organisation’s activities, particularly those:

- resources required by activities identified as high priority;
- where the replacement lead time for the resource is longer than the activity’s recovery time objective.

5.3.2 Resuming and recovering prioritised activities

Setting RTOs for resuming prioritised activities at agreed capacity enables the organisation to identify strategies to shorten the period of interruption, reduce impacts and enable the timely recovery of prioritised activities.

Compatible RTOs should be set for the dependencies and supporting resources. Organisations should determine the capacities at which dependencies and supporting resources can be resumed. When setting these RTOs, the organisation should consider:

- backlogs and time needed to recover lost information;
- the complexity and scale of recovery requirements or the need for specialist equipment with a long lead time.

5.3.3 Selection of strategies and solutions

Business continuity solutions for resuming or recovering a prioritised activity can often be expensive. Where the organisation estimates this to be the case, it should either select alternative solutions that are acceptable and meet its business recovery objectives or treat affected products and services as exclusions from the scope of their business continuity plan.

5.3.4 Resource requirements

5.3.4.1 General

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



5.3.4.2 People – Incident response

Personnel may be assigned to teams according to their demonstrated competence in, for example:

- recovery of ICT systems;
- training appropriate for incident response and business recovery personnel includes:
- incident assessment;
- evacuation and shelter in place management, if applicable to the scope;
- arrangements at alternate worksites;
- techniques for handling internal and external communications effectively;
- dealing with people aspects (see ISO/TS 22330).

5.3.4.3 Information and data

Any information or data required to enable the organisation's response and recovery should have appropriate:

- confidentiality (e.g. if the activity is moved to another location);
- integrity: that information and data are reliable and can be trusted;
- availability: that information and data are available as quickly as the activity requires it (i.e. within the activity's RTO); information and data required during the response can be required immediately while other information and data may not be required until after the incident;
- currency: as up to date as required enabling the activity to operate, though information lost due to the incident may need to be recreated and data may need to be restored.

Information and data solutions for the recovery of information and data that has not yet been copied or backed-up to a safe location should be documented.

5.3.4.4 ICT Systems

In many organisations, activities cannot be performed without ICT systems and they should be reinstated before activities are resumed. Where it is possible and practical, the organisation should implement manual workarounds while its ICT systems are being reinstated.

Techniques for providing ICT systems required by prioritised activities may include contracted provision of equipment or recovery services.

Attention should be given to:

- the location of technology sites and the distance between them;
- distributing technology across separate sites;
- providing adequate facilities for increased numbers of users with remote access;
- setting up un-staffed (dark) sites as well as staffed sites;
- improving telecommunications connectivity and increasing levels of redundant routing;
- providing automatic "failover" instead of requiring manual intervention to reinstate ICT systems;
- accommodating the obsolescence of ICT systems.

5.3.4.5 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 within the organisation.



5.4 Cleanrooms and Associated Controlled Environments

I.S. EN ISO 14644 and ISO 14698 series of standards offer information pertaining to cleanrooms and associated controlled environments.

To support recovery, it is important to restore the cleanroom and associated controlled environments to the acceptable standards to prevent significant gaps in quality control. Returning to production after shutdown/vacancy or breach in contamination requires certain cleaning and environmental verification steps. It is important to document the steps taken with regards to investigation/cleaning/monitoring activities.

Considerations should include:

- Air Handling Unit (AHU) in operation;
- Cleaning (walls, doors, ceilings, work surfaces, equipment);
- Cleanroom garments exposed to contamination;
- Particulate and viable monitoring.

5.5 Documenting recovering of activities

Companies should document all decisions taken to recover an activity. The company should regularly review the latest updates on COVID-19 from the Department of Health. At the time a decision is taken to recover an activity, the company should note the date of the latest update on COVID-19 from the Department of Health.

Recovery – CHECKLIST
operate at recovery facilities
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
migrate operations to recovery facilities
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



IDA Ireland and Enterprise Ireland will offer their client companies grant aid to access this panel of support via the Business Continuity Supports and will facilitate connections and assist with sourcing locally for materials and services to help with supply chain management. Details of how to access the range of supports is available on www.idaireland.com and www.enterprise-ireland.com.



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 13.00).



8. Useful links



NSAI COVID-19 Retail Protection and Improvement Guide	https://www.nσαι.ie/covid-19
NSAI COVID-19 Shopping Centre Recovery and Protection Guide	https://www.nσαι.ie/covid-19
NSAI Guidance on Manufacturing and Importing PPE and Medical Devices	https://www.nσαι.ie/covid-19
Return to Work Safely Protocol	https://dbei.gov.ie/en/Publications/Return-to-Work-Safely-Protocol.html
Return to Work Safely Protocol Templates and Checklists	https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
Health Service Executive	www.hse.ie
IDA Ireland	www.idaireland.com
Enterprise Ireland	www.enterprise-ireland.com
Gov.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/ https://www.gov.ie/en/collection/ee0781-covid-19-posters-for-public-use/
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-2019.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/What-We-Do/Supports-for-SMEs/COVID-19-supports/Government-supports-to-COVID-19-impacted-businesses.html
Physical Distancing Graphics	https://www.gov.ie/en/publication/472f64-covid-19-coronavirus-guidance-and-advice/#physical-distancing-graphics
Guide on Business Continuity Planning for 2019 novel coronavirus	www.enterprisesg.gov.sg/2019-ncov



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.

		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	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/ face covering/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

23rd October 2020

- Removed references to face shields
- Added Annex C, Tracked Changes



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