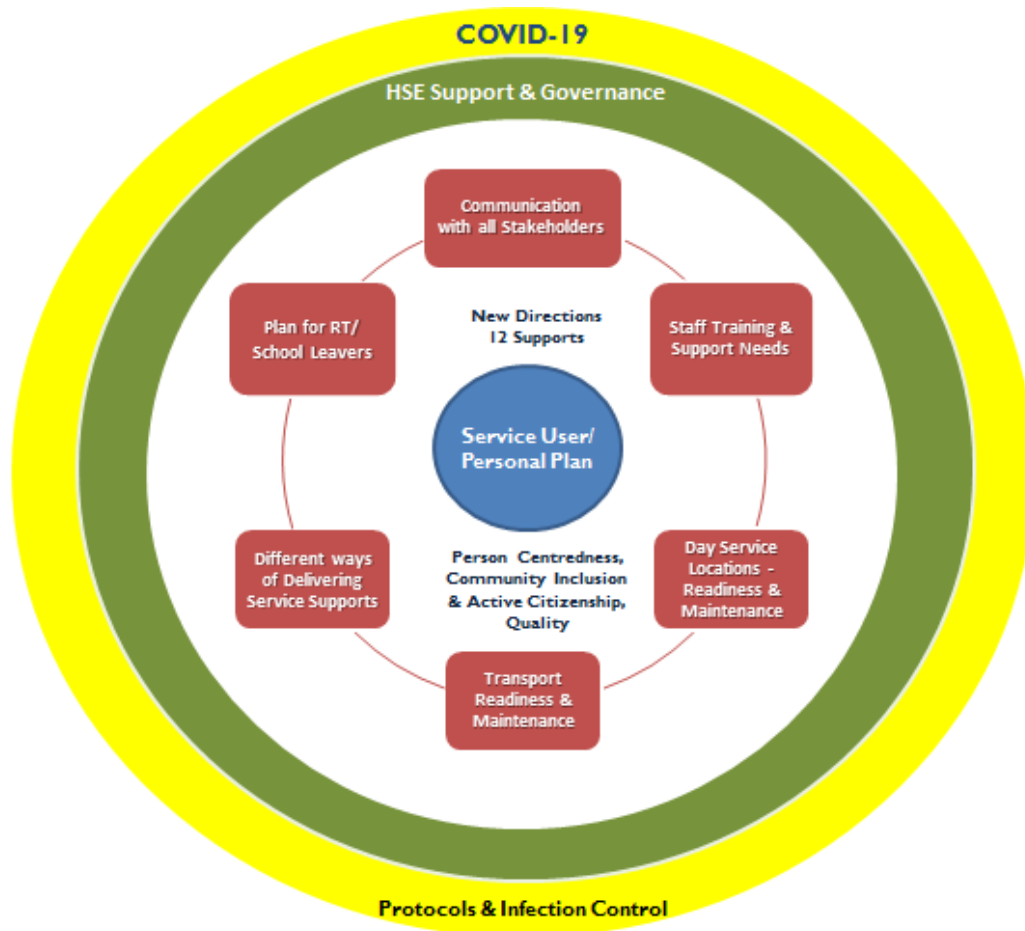




Appendices

(Word Version) Extracted
from Guidance to Support the
Framework for the Resumption of
Adult Disability Day Services



**New Directions Subgroup July 2020
(Version 3 - Updated 19th October 2020)**

Table of Contents

9	Appendices	3
	Appendix 1 HSE Risk Assessment Tool HSE Integrated Risk Management Policy, 2017.....	3
	Appendix 2 - Return to Day Service Form.....	6
	Appendix 3 - Return to Work Checklist.....	7
	Appendix 4 – Return to Work Form	25
	Appendix 5 – Attendance Log.....	26
	Appendix 6 – Risk Assessment of Transport.....	27

9 Appendices

Appendix I HSE Risk Assessment Tool HSE Integrated Risk Management Policy, 2017

1. IMPACT TABLE	Negligible	Minor	Moderate	Major	Extreme
Harm to a Person	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Impaired psychosocial functioning greater than 3 days less than one month	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of individuals or member of the public Permanent psychosocial functioning incapacity.
Individual Experience	Reduced quality of individual experience related to inadequate provision of information	Unsatisfactory individual experience related to less than optimal treatment and/or inadequate information, not being to talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory individual experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory individual experience related to poor treatment resulting in long term effects	Totally unsatisfactory individual outcome resulting in long term effects, or extremely poor experience of support provision
Compliance (Statutory, Clinical, Professional & Management)	Minor non-compliance with internal PPPG's. Small number of minor issues requiring improvement	Single failure to meet internal PPPG's. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal PPPG's. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Support Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives / Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of individual support or the ability to continue to provide service.	Short term disruption to service with minor impact on individual support.	Some disruption in service with unacceptable impact on individual support. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of individual support or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect

Adverse Publicity / Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial	0.33% of budget deficit	0.33 – 0.5% of budget deficit	0.5 – 1.0% budget deficit	1.0 – 2.0% of budget deficit	> 2.0% of budget deficit
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

2. LIKELIHOOD SCORING

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

3. RISK MATRIX

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Risk Assessment

Reference Number:

Region:

Occupational Risk Assessment:		Designated Centre/House/Location:			Person in Charge:				
Clinical Risk Assessment:		Assessment Date/Time:			Review Date:				
Risk Assessment Carried Out By: <i>(List all involved)</i>		Primary Person Completing Form.							
		Person 3.			Person 4.				
Risk Assessment Scope: What is the task or activity being performed?									
Hazards What are the potential causes of harm?	Who is At Risk? Who might be harmed by the hazard? How many persons at risk? Duration of Exposure?	What is The Risk? How could harm be caused by the hazard? What type of harm could result from the hazard?	Risk Control Measures What protective and preventive measures are already in place to control the associated risks?	Risk Rating <small>likelihood x severity</small>			Additional Control Measures Are any further protective and preventative measures required to control the associated risks?	Action By	Target Completion Date
				L	x	I	= Risk		

Low: 1 - 5, Medium: 6 - 12, High: 15 - 25

Appendix 2 - Return to Day Service Form

Your name	
Your service	



Have you had a fever or sore throat or a runny nose or loss of taste or smell or been short of breath or felt like flu in the last 14 days?

Yes ☐

No ☐

Tick yes or no.



Have you been told you have Covid-19 in the last 14 days?

Yes ☐

No ☐

Tick yes or no.



Have you been told you were in contact with someone who has Covid-19 and told to stay home?

Yes ☐

No ☐

Tick yes or no.



Have you been told to stay at home because of your health at this time?

Yes ☐

No ☐

Tick yes or no.

Signed	
Print name	
Date	

Appendix 3 - Return to Work Checklist

Service user – Personal Plans

Service User Specific

Ref	Checklist	Yes	No	N/A	Action
1	Will there be any high risk face to face activity taking place with service users, is there a mechanism for conducting risk assessments to manage this?				
2	Is there specific guidance/information available for service users in relation to coming on site? If not? there needs to be some communication to service users and families re coming on site for drop offs, meetings , attendance at services				
3	Are there implications for transport and has a guidance been developed for same?				
4	Is there a need to review maximum numbers of service users who can access service at any given time?				
5	Does this take account of individual risk assessments and plan for specific needs particularly where there are issues with capacity and ability to comply with social distancing?				
6	Is there a plan for appointment schedules and is there a need for a central coordination point for appointments?				
7	Are other alternative service delivery options considered? E.g. alternate days, part time morning or afternoons				

8	Are there adequate protocols in place to support new ways of working?				
9	Is there a consultation process in place with Adult Day service users, supported by family and advocates where appropriate to agree new individual plans and schedules?				
10	Is there relevant training and accessible information available for service users				
11	Have personal plans of each service user been reviewed to address their priority needs during the year ahead. Ensure that the revised plan captures any needs identified since COVID commencement and also new approaches to meeting needs using remote supports and the use of technology.				
12	Where day services and residential services are provided by different service providers is there a MOU to address infection control to maintain safety of all.				

Staff Training and Support Needs

Pre-return to work steps

Ref	Checklist	Yes	No	N/A	Action
1	Is there a COVID-19 illness policy in place? (This may form part of the COVID-19 Response Plan)				
2	Is the Return to Work form in place? (See Appendix 4)				
3	Who is responsible for managing (issuing, reviewing, archiving) the form?				
4	Do all employees know what the notification process is and the consequences if they do not follow the policy notification procedures?				
5	Does the absence/sick leave policy/procedure need to be reviewed?				
6	Is the responsibility for tracking absence assigned?				
7	Is the responsibility for approving return to work assigned?				
8	Is the responsibility for conducting contact logging assigned?				
9	Are employees aware of the purpose of the contact log?				
10	Is the responsibility for liaising with the HSE assigned?				
11	Is the responsibility for dissemination of HSE COVID-19 info assigned?				
12	Are employees aware of their responsibilities with regard to self- isolation?				

Ref	Checklist	Yes	No	N/A	Action
13	Is there a contract in place with an Occupational Health Service or general medical provider?				

Risk Assessment / HR

Ref	Checklist	Yes	No	N/A	Action
1	Have Risk Assessments been created and updated in response to hazards associated with COVID-19? <i>HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?</i>				
2	Do risk assessments address sensitive risk groups and vulnerable staff to include young workers, older workers, pregnant workers, workers with an underlying condition? Workers with a disability e.g. visual/hearing impairment, learning disability <u>category</u> . https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html				
3	Have individual risk assessments & medical assessments been conducted for employees in a <u>higher risk category /group</u>				
4	Have relevant business (HR/OHS/GDPR) policies such as absence, sick leave etc been reviewed and updated to reflect COVID-19 requirements?				

Training

Ref	Checklist	Yes	No	N/A	Action
1	Has a reinduction/induction training been created?				
2	Who is responsible for delivering this training?				
3	Are employees aware of their responsibilities in attending training?				
3 4	Are existing training delivery systems (including online systems) fit for purpose?				
5	Is existing training content fit for purpose?				
6	<p>Are there arrangements in place to keep staff appraised of COVID-19 related information to include (non exhaustive)</p> <ul style="list-style-type: none"> • the symptoms • how each individual can protect themselves • what to do if a staff member becomes symptomatic at work • any current restrictions in place (e.g. travel for work etc.) • the rationale behind social distancing • good hygiene measures to include hand hygiene, cough etiquette and cleaning? <p>https://www.hseland.ie/dash/InterestedIn/Covid19</p>				

Remote working

Ref	Checklist	Yes	No	N/A	Action
1	Are managers and staff aware of the GD:011:00 HSE Guideline Document COVID-19 Home Working?				
2	Is there a Remote Work Policy in place?				
3	Has the Insurance Company been notified of remote work arrangements?				
4	Have medically vulnerable employees been prioritised for remote working?				
5	Have individual Risk/Ergonomic Assessments been conducted?				
6	Has training been provided?				
7	Has appropriate IT and other equipment been provided?				
8	If ergonomic concerns are identified- does the employee know who to report them to?				
9	Are communication channels between employer and employees defined?				
10	Are working time controls in place?				
11	Are GDPR controls in place?				

Managing Mental Health and Wellbeing

Ref	Checklist	Yes	No	N/A	Action
1	Are there supports in place for employees who are experiencing existing or new Mental Health issues such as anxiety?				
2	Have the employees been informed/reminded of these supports?				
3	Do existing procedures need to be reviewed and updated?				
4	Is there an Employee Assistance Programme (EAP) in place?				
5	Have the supports already available from the HSA been considered? Workplace Stress and WorkPositive .				

Day Service Readiness and Maintenance

Cleaning

Ref	Checklist	Yes	No	N/A	Action
1	Have cleaning arrangements been reviewed and documented in line with Public Health Guidance? (European centre for Disease Prevention (March 2020) Disinfection of environments in healthcare and non healthcare settings potentially contaminated with SARS-CoV-2)				
2	Are existing cleaning arrangements fit for purpose?				
3	Have high contact points been identified for more frequent cleaning?				
4	Are cleaning materials appropriate for use? Are new materials added to the chemical list?				
5	Are Hand Sanitisers provided at appropriate locations?				
6	Is there a clean desk policy in place? If not- this must be considered.				
7	Are local desk and IT equipment cleaning materials available? (e.g. phones, keyboard, desk)				
8	Have all staff / cleaners been re-inducted and/or re-trained as appropriate?				
9	Has appropriate PPE been provided to cleaners?				

Ref	Checklist	Yes	No	N/A	Action
10	Is there adequate supervision of cleaning arrangements?				
11	Are cleaning specifications in place to for the facilities being used?				
12	Are staff designated with cleaning roles adequately trained to undertake cleaning and disinfecting appropriately?				
13	Is there appropriate HSE Covid-19 signage in place?				
14	Should soft furnishings in common areas be removed? (e.g. cushions)				
15	Are adequate bins and wipes provided for office staff to clean desks and dispose of rubbish / tissues?				
16	Should other items at contact points be removed? (e.g. ornaments)				
17	Can touchless technology be introduced at contact points such as entry points?				
18	Where visitor facing roles - does the cleaning protocol reflect the visible cleaning of contact points?				

Building Management Systems

Ref	Checklist	Yes	No	N/A	Action
1	Is the Planned Preventative Maintenance (PPM) Schedule up to date?				
2	Are Life Safety Systems tested and in operational order? (e.g. fire alarm systems)				
3	Have Heating Ventilation Air Conditioning (HVAC) systems been inspected? Filters changed? Are upgrades required- refer to CIBSE				
4	Are water systems flushed and sterilised?				
5	Can additional bicycle storage facilities be provided?				
6	Can additional car parking be offered?				

Health & Safety

Ref	Checklist	Yes	No	N/A	Action
1	Is there a Competent Person appointed to manage Health and Safety? Ref: Section.18 SHWW Act, 2005				
2	Are there arrangements in place for Safety Consultation and Safety Representatives? <i>or equivalent such as Safety Committee.</i> Ref: Section 25 & 26 of SHWW Act, 2005				
3	Is there a Business COVID-19 Response Plan in place? Framework for the Resumption of Adult Disability Day Services				
4	Is there an up to date Safety Statement in place reflecting the changes made by COVID-19?				
5	Are there contact details and processes available for staff to access local IPC or Public Health Support?				

Physical Distancing

Ref	Checklist	Yes	No	N/A	Action
1	Can capacity in the building be reduced / increased? consider all options - <i>Remote working / supports is the preferred control where possible aligned to New Directions core values?</i>				
2	Are all work areas including stations/Office spaces/Desks compliant with the 2 metre distance?				
3	Have staff been advised of the requirement to move without delay through corridors of less than 2 metres wide?				
4	Are Physical Screens or Guarding required?				
5	Can work areas be redesigned or Reconfigured to support safe distancing?				
6	Are controls in place in the canteen/local areas e.g. supervision, staggering use, extend times, removing chairs/tables, queue systems etc				
7	Can payment systems in canteens or food and drink dispensers receive contactless payments?				
8	Can employees be organised into teams who consistently work and take breaks together?				
9	When catering is provided, can food options be pre-packed, menu options reduced?				
10	Are lifts being controlled? Encourage stair use where appropriate? Are they being prioritised for usage for persons with reduced mobility?				

Ref	Checklist	Yes	No	N/A	Action
11	Are water dispensers controlled to include frequent and adequate cleaning measures? (Consider dispensing, no personal drinking containers to be used when contact required).				
12	Are controls in place to reduce capacity in meeting rooms? e.g. signs posting maximum capacity, remove chairs etc. Can the meeting be held virtually?				
13	Have access controls been considered for the Reception Area? e.g. To manage numbers, monitor entry etc				
14	Can close contact with reception staff be eliminated or reduced? e.g. screens, marked out waiting area.				
15	Is there appropriate HSE Covid-19 Social Distancing signage in place? https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/				
16	For employees using public transport- are flexible working times being Considered / offered?				
17	Access into and leaving the building: Can distancing be implemented for both staff, service users (as appropriate) and visitors arriving at similar/same times? Is parking accessible for mobility impaired people.				

Ref	Checklist	Yes	No	N/A	Action
18	Are self-declaration forms held in line with GDPR requirements?				
19	Are control measures applied in locker room/showers/other welfare facilities?				
20	Is a no handshaking policy implemented where it is possible?				
21	Has interaction between employees and visitors been eliminated or significantly reduced?				
22	Have physical barriers been erected where possible and practical?				
23	Is there appropriate advice/signage in place throughout the premises? - Is Easy to read signage in place?				

Emergency response

	Checklist	Yes	No	N/A	Action
1	Fire Procedures- are changes required to reflect new staff numbers, new layout etc?				
2	Occupational First Aid: Are changes required to ensure adequate coverage?				
3	Are First Aiders aware/briefed on new COVID-19 requirements?				
4	Is PPE available to First Aiders? Note: PHECC protocol .				
5	Can employees who become symptomatic in work be designated a separate room if unable to leave the facility immediately space?				
6	Is there a protocol in place describing the steps to be taken before returning to the workplace? (See Appendix 4)				
7	Are training certifications still valid for Emergency Response Team members?				

Managing Third Parties: Contractors, Visitors, Customers

Ref	Checklist	Yes	No	N/A	Action
1	Is the Contractor Management procedure fit for purpose? e.g. consider how contractors will adhere to new site/building requirements. Infection Prevention & Control Guidelines for maintenance staff & contractors providing services in HSE Health & Social Care Facilities including clinical settings during COVID - 19 Pandemic VI 2/6/2020				
2	Is there a system for recording visits to the site? (See Appendix 5 – Attendance Log)				
3	Have actions been considered when contract or contingency staff become unwell / symptomatic / identified as a close contact?				
4	Have third party notices been considered? e.g. to cover visitors, delivery management, couriers, mail providers, customers etc				
5	Are suitable Hand Washing facilities and/or sanitisers available?				

PPE

Ref	Checklist	Yes	No	N/A	Action
1	Have Risk Assessments been conducted for all tasks that may require PPE? HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?				
2	Has the HPSC guidance been consulted in relation to use of PPE? HSE and HPSC website				
3	Has the suitable PPE been sourced and provided?				
4	Has the PPE inventory/register been updated to reflect COVID-19 requirements?				
5	Have employees been trained on proper use, cleaning, storage and disposal of PPE?				
6	Are PPE inspection arrangements in place?				
7	Are disposal arrangements reflected in the Waste Management procedure?				

Transport Readiness and Maintenance

Ref	Checklist	Yes	No	N/A	Action
1	Has the Transport Risk Assessment been completed – see Appendix 6.				
2	Do staff conduct travel for work in line with HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?				
3	Has the Travel Policy been updated to reflect COVID-19 travel restrictions?				
4	Have the employees been notified of these changes?				
5	Has the Driver Safety Policy been updated to reflect COVID-19?				
6	Have car sharing practices been updated to reflect the risk?				
7	Have hand sanitisers and cleaning equipment been provided?				
8	Are suitable remote meeting systems in place to avoid travel readily available to all employees?				
9	Have those who share a company car been confined to the same group of people or can it be eliminated to one employee per company vehicle?				

Appendix 4 – Return to Work Form

Return to Work Form to be completed **3 days in advance** of the return to work.

Employee Name: _____

Location: _____

	Yes	No
1. Do you have symptoms of cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2. Have you been diagnosed with COVID-19 infection in the last 14 days?		
3. Have you been told you are a Contact of COVID-19 and should self-isolate?		
4. Have you been advised by a doctor to cocoon at this time?		

Signature: _____

Line Manager Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

This form has been adapted from the Health and Safety Authority -
https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_checklists_and_posters/

Appendix 5 – Attendance Log

Attendance Log

Please Sign In Below

Date	Name	Visit For?	Time In	Time Out	Signature

Appendix 6 – Risk Assessment of Transport

		YES	NO	ACTION
1	Will the driver be keeping a private and confidential passenger manifest for use if contact tracing subsequently becomes necessary and will all passengers (&/or family member) be made aware that such a list is being kept and the purpose for which the data will be used if required?			
2	Will information cards indicating good hand hygiene, respiratory etiquette and other applicable precautions be displayed within vehicles?			
3	<p>Will cleaning products and tissues be available within the vehicle to clean the surfaces which are most frequently contacted at the start and end of the journey? e.g.</p> <ul style="list-style-type: none"> • external door handle, • key(s)/fob(s) , • steering wheel, • dashboard (including driver switches), • inside door buttons/latches (to include window switches/ latches), seat belt and buckles, • indicator, • light switch, • gear stick, • hand brake, • fuel filler cap and release button • touchscreens/ buttons (including radio and ventilation controls) • mobile phone and handset, • internal mirror, • handrails, 			

	<ul style="list-style-type: none"> • chairs and arm rests, • controls for lift etc. <p>- The type of cleaning method chosen must take into consideration the type of surface being cleaned. (Note: Disinfectant should not be used unless there is a specific requirement - for example a spill of body fluids)</p>			
5	Is the date, time and cleaning regime of the vehicle recorded?			
6	Is waste kept in a suitable lidded receptacle and removed from vehicle at the end of each journey?			
	Use of Private Transport			
		YES	NO	ACTION
1	Are staff aware that car-pooling is not advised?			
2	Are staff aware of the need to travel separately?			
3	<p>Are staff advised to keep detergent impregnated wipes/ cleaning products and tissues available within the vehicle to clean the surfaces which are most frequently contacted at the start and end of your journey? e.g.</p> <ul style="list-style-type: none"> • external door handle, • key(s)/fob(s), • steering wheel, • dashboard (including driver switches), • inside door buttons/latches (to include window switches/ latches), • indicator, • light switch • mobile phone and handset, • internal mirror, 			

	<ul style="list-style-type: none"> • seat belt buckles, • gear stick, • hand brake, • fuel filler cap and release button • touchscreens/ buttons (including radio and ventilation controls) <p>- The type of cleaning method chosen must take into consideration the type of surface being cleaned.</p>			
--	--	--	--	--