



**Guidance to Support the
Resumption of Centre -Based Respite
Services for people with disabilities**

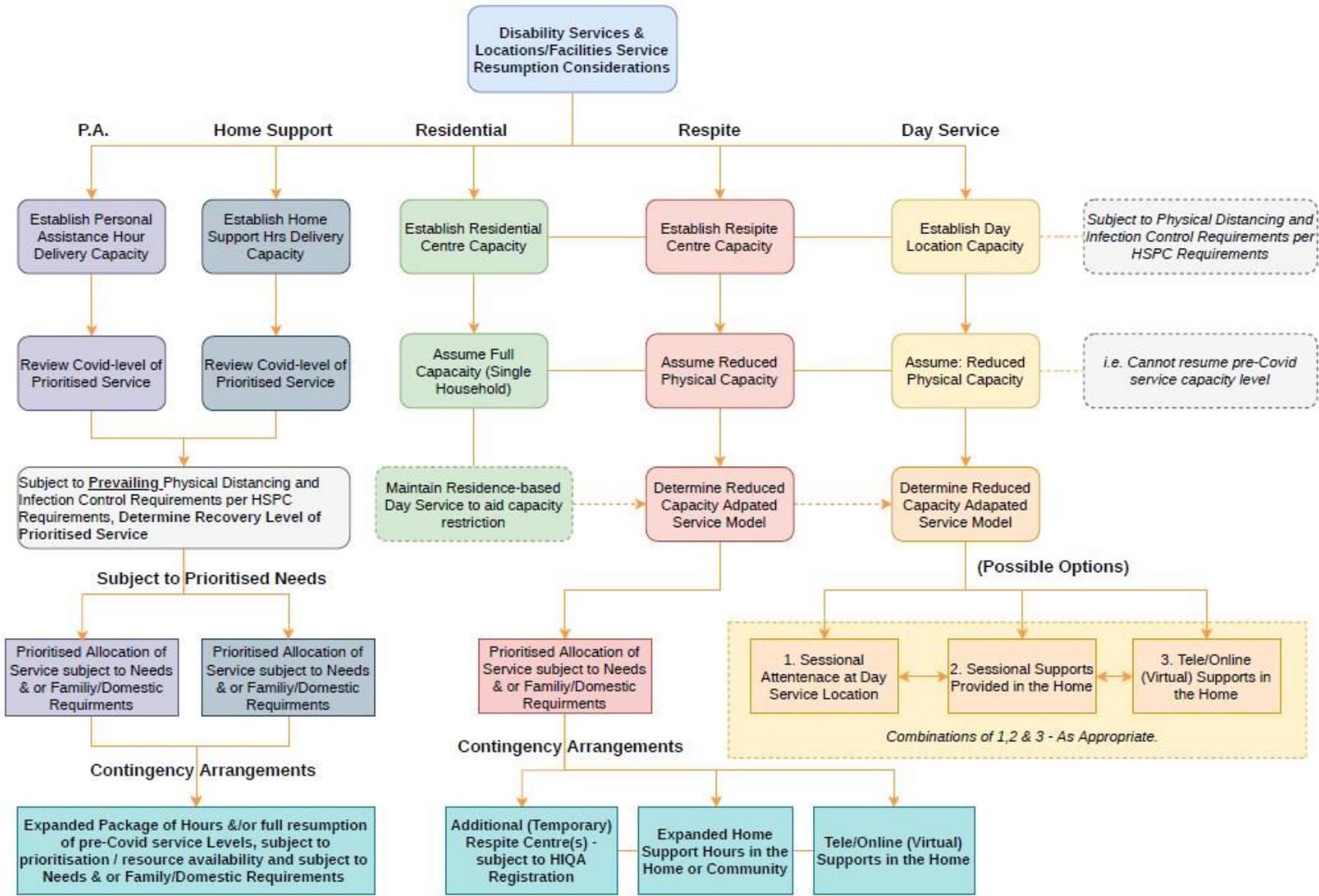
in line with COVID-19 Restrictions

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Increase in Delivery of Disability Services



1.0 Introduction

The *Reshaping Disability Services from 2020 and beyond in line with COVID-19 restrictions* document, which was completed at the end of May, identified key considerations for services to undertake to support a gradual increase in service delivery as the restrictions imposed during the COVID-19 pandemic decreased.

The HSE's *A Safe Return to Health Services (July 2020)* outlines a three phased approach to the return of health and social care services. This plan states that short-stay residential and emergency/residential respite will begin to re-open from July to August with activity increasing in the next two phases September – November and December 2020 to February 2021. The main assumption underpinning this schedule is the level of illness and health service pressure caused by COVID-19. If this increases in later surges, the timelines in this document will change.

While some respite services continued to provide limited supports throughout the pandemic, others closed completely. It is imperative that these services now resume, with good infection prevention and control measures in place. One of the key considerations with regard to the provision of services is the understanding that we now need to learn to live **with** the virus and that the risks associated with providing the service **MUST** be balanced with the risks to individuals and their families should a respite service remain closed.

This guidance is intended to enable providers to deliver safe and person centered disability centre-based respite service supports in line with current public health advice and infection prevention and control guidance. It is not overly prescriptive in terms of detail as there is a wide diversity of disability among the individuals (children and adults) in receipt of respite service supports and the respite service locations vary enormously in size and capacity. The guidance places the person with a disability and their family at the centre and indicates the supports that are required to enable service users to avail of respite service provision in as safe a manner as possible.

It is important to emphasise that, although the COVID-19 pandemic represents a specific new risk, there have always been risks of infection associated with provision of health and social care services and that COVID-19 is just one of many infections (for example influenza or meningococcal meningitis) that can spread in this context. The only way to completely eliminate the risk of infection associated with provision of respite services is not to provide the service. However, failure to provide services is associated with other risks to health and wellbeing for service users and their families and is not an acceptable option. The challenge therefore is to apply infection prevention and control (IP&C) practices to ensure that essential services are provided with a minimal level of risk of infection to service users, their families and to healthcare workers.

The challenges associated with this plan to reinstate provision of disability centre based Respite Services are acknowledged particularly considering the diverse range of abilities of the people that access these services.

Some individuals with disabilities are in the COVID-19 risk categories identified (NPHEP Vulnerable Group) and thus will be very susceptible to infection. Service Providers should know how to identify those at increased risk of infection and those at increased risk of developing severe disease if they acquire infection. IP&C guidance must be applied with compassion and good sense balancing the needs of and risks to the individual. The overall aim is to provide safe care and support.

The key overarching elements of managing the risk of infection are;

1. Processes should be in place to identify people (service users and staff) with communicable infection (including COVID-19) before they access services/attend work or as soon as possible after they access services/attend work
2. Processes to minimise the risk of spread of infection from people (service users and staff) who access services/attend for work
3. Early detection of spread of infection in the service and immediate response to limit harm
4. Processes to identify people with underlying medical conditions who would be at higher risk should they contract a communicable infection (including COVID-19).
5. Staff should refer to the HSE Occupational Health Guidelines
<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19guidance/>

This guidance will be revised as changes occur in the direction and guidance provided by Public Health, the Government and other statutory agencies.

1.1 Alignment with HPSC Guidance

As this guidance was being developed, the Antimicrobial Resistance Infection Prevention and Control team (AMRIC) published two new documents which are available on the www.hpsc.ie website and will be very beneficial to providers as they are resuming all services. The two documents are:

1. Framework - Interim HSE guidance on IP&C and is available at
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework>

The purpose of this document is to provide a basis for managers, health and social care workers (HCW)/facilities and services to assess their IP&C processes to support continuation of or resumption of service. Many of the required processes will already be in place; however, the current public health emergency provides an opportunity to reassess and adapt local protocols and processes to ensure these processes are fit for purpose in this more challenging context. In this document, you will find: A risk framework based on the hierarchy of control and key IP&C principles to consider when planning and delivering services, a checklists to support local review and a directory of resources that can be accessed to support local IP&C planning. The scope of the document is applicable to all health and social care settings. It is intended that this document will support a multidisciplinary assessment of IP&C requirements.

Note re terminology: The term patient has been used throughout however; this document encompasses service users, residents and other individual as applicable to each setting.

This framework should be considered in association with the [Interim Guidance on Infection Prevention and Control for the Health Service Executive](#) and the Return to work safely protocol. The Interim IP&C Guidance is available at the following link <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework>

2. Infection Control Guiding principles for buildings - acute Hospitals and Community setting was recently updated and is available at the following link <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/buildingsandfacilitiesguidance/>

This guidance should be used where any new builds or extensions/refurbishments of existing buildings (including for respite services) are being planned. This document also includes information in relation to distancing – spacing between beds, corridors, lifts and use of partitions and screens.

This document *Guidance to Support the Provision of Centre-Based Respite*

Services for people with disabilities in line with COVID-19 restrictions is aligned with the above HPSC documents and has been reviewed by the National AMRIC team. It has been developed to cover specific aspects which need to be addressed in disability services.

As the situation with the pandemic is evolving rapidly, please visit www.hpsc.ie and our Partner Resources page <https://www.hse.ie/enq/services/news/newsfeatures/covid19updates/partner-resources/> frequently for the most up to date documents.

2.0 Purpose and Scope of the Guidance

- 1) This document outlines and provides guidance to Disability Service's plans for the safe delivery of (and where relevant; the resumption of) centre-based respite services following the recent disruption to services due to the current COVID-19 pandemic.
- 2) This guidance applies to all centre-based respite services for people with disabilities, both HSE provided and HSE funded. This includes all respite services whether provided by day, overnight or a combination of both. It applies to stand-alone respite houses, those situated on a campus with other long-stay residential houses, those situated within one house where some people live permanently (shared-care) etc. The critical element to maintain the safety of all individuals, their families and the staff is that risk assessments are conducted prior to admission. This will be discussed in the document. The guidance identifies the key safety principles and outlines the required safety measures from a macro viewpoint to prevent the spread of COVID-19 amongst individuals, staff and families.
- 3) It is written with reference to the Department of the Taoiseach and Department of Health (Ireland) (2020a and 2020b) 'Roadmap for Reopening Society and Business' published on 01 May 2020 and the 'Return to Work Safely Protocol' published on the 08 May 2020.
- 4) The guidance supports a gradual increase in service delivery as restrictions are eased, while protecting the health and safety of staff as they return to work (Ireland, 2020: 15). Additionally, the HSE (2020) have identified developed [Guidance for Disability Services](#)¹ which is available through the HSE website.

¹ <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partnerresources/>

3.0 Key Principles for the Resumption of Centre-Based Respite Services

When developing a road map to provide services for people with disabilities it is critical that the following core principles are included:

1. Person/Family Centred: A person/family centred approach ensures that each individual and their family (parents/ carers) is directing, guiding and included in all decisions and actions in relation to him/herself. Key to this approach is supporting the individual and family to think about what is important to them and what is important for them at this time.

Health and social care professionals have a responsibility to support individuals to participate in decisions relating to themselves by giving them information in a clear and easy-to-understand way, knowing what they value, their will and preferences and by making sure that they have suitable help and support. (HSE National Consent Policy 2016)

2. Safe – informed and guided by a Public Health assessment of risk
3. Rational – includes consideration of the social and economic benefits and impacts of any modifications of restrictions and their feasibility
4. Evidence-informed – uses all of the data and research available to us to guide thinking
5. Fair – Ethical and respects human dignity, autonomy and supports equality
6. Open and transparent – decisions are clear, well communicated and subject to the necessary checks and balances
7. Whole of Society - based on the concept of solidarity and supporting cohesion as we exit over time

(Government of Ireland, 2020, pg.2)

4.0 Service User Needs Assessment

While it is acknowledged that capacity will be reduced, there is a need for a personalised approach to providing the service, a mechanism to prioritise access to respite services, including a personal risk assessment (in addition to a risk assessment of the respite service and individuals who may be living there) and finally the need for inter-agency collaboration where individuals are supported by more than one agency. It is expected to resume services to all Respite Service recipients; however, the reduction in service capacity will mean that some service users may not receive the same amount of service as before COVID-19.

Although there may well be agreed protocols between provider organisations in respect of the person centred planning process (developed in collaboration with the person's Day Service or Respite Provider), there is a need in the context of IP&C including COVID-19 to have an understanding between provider organisations regarding the IP&C requirements where two or more are involved in the provision of supports. In that regard a Memorandum of Understanding (MOU) was identified as being required to support the resumption of services. A Communication Agreement will also be required between respite services and families.

This section of the document focuses on the guidance in respect of the above issues:-

- Personal Plan
- Risk Assessment
- Prioritisation Criteria
- Memorandum of Understanding
- Service User Training and Support needs.

4.1 Personal Plan

A personal plan identifies the wishes and needs of service users and acts as the guide to staff to plan the supports required to ensure that the person lives a meaningful life. A personal plan for respite services is a requirement under the HIQA regulations. It includes important health information as well as the levels of support the person requires while in respite. A component of any personal plan is an individualised risk assessment which supports the individual to live "safe and well". This process of individualised risk assessment and the management of risk will play a key role in supporting the sector to provide services and supports with the least possible risk (there is no such thing as "zero" risk). Infection control risks in particular, must form part of this individualised risk assessment. When the respite service is being offered to a child, the family service plan would also be reviewed and will be used as part of the prioritisation process.

4.2 Risk Assessment

As part of the review of each individual's personal plan, a risk assessment needs to be completed to establish the risks for each person and their family, their fellow service users and staff. In this instance risk assessment should also focus on the risks presented by infection, including COVID-19 and any other risks that might have manifested in the intervening months since the onset of COVID-19. These risks must then be balanced with the wishes and quality of life benefits that each person and their family gains from accessing the Respite Service. **See Appendix I for an example of a Respite Admission Checklist** which could be completed for each person before commencement of a respite break.

Balancing risk and benefits - Evidence has shown the impact of social isolation on the health and wellbeing of people with a disability. This includes mental health issues such as depression and anxiety as well as health issues that arise from not being able or motivated to mobilise as people would normally do when they are in the presence of others who are moving. These issues can sometimes manifest in behavioural support needs and other health related decline, which can negatively impact the person and/or their family. Consultation with local Public Health teams and/or Infection Prevention and Control personnel will assist organisations in review of their risk assessments and risk mitigation actions.

Some questions that should be used as part of the risk assessment are:

- Is the person (adult or child) or a member of their family in the "at-risk" category (NPHE vulnerable group)?
- How easily can symptoms of infection be detected in the individual and to what extent can the individual support that process?
- Can the individual be supported to maintain a physical distance from other service users to the greatest degree practical? (Risk mitigation actions – how can this person be supported to maintain a physical distance?)
- Can the individual be supported to perform hand hygiene as per the guidelines, and use good respiratory etiquette?
- Can the individual tolerate a face covering on themselves and others (staff, other service users)?
- Does the individual require care and support where social distancing is not possible; for example, intimate care needs, communication supports, to participate in leisure/activities/tasks, eating or drinking etc.

The risk assessment needs to inform the way in which Respite Service delivery is planned. It must take into account not only the underlying medical conditions of the individual but also their families or others attending respite at the same time or other people living in the home (if a shared residential and respite service). As part of the required compliance with Health and Safety Legislation and HIQA, each service provider should have risk assessment and risk management systems in place, and use the HSE's Integrated Risk Management policy (2017) where appropriate as a template to manage and communicate risk from an organisation-wide perspective as well as appropriate staff training in the use of their risk management process. The systems already in place in each organisation should suffice in the context of

identifying and managing the risks involved. **See Appendix II for the HSE's Risk Assessment Tool which can be utilised to support this process. See Appendix III for a sample of completed Risk Assessment.**

As with all risks considerations, the risks associated with infection including COVID19 need to be viewed from a number of perspectives:

1. Anticipate the specific risks to individuals, support and assistance elements of service delivery, other service users who may be living in or using the respite service at the same time, risks to staff and everyone's role in the overall governance of the service.
2. Be vigilant and alert to the risks and potential of harm resulting from infection including COVID-19 but also potential harm resulting from new models of support and service delivery for example, ensuring that if a child requires respite, that he/she is being provided with the service in a child-friendly environment, i.e. with children of a similar age, teens of a similar age, not with adults.
3. Be prepared to respond to the threat of harm or actual harm to an individual, staff member, other person or the delivery of the service?
4. Learn from best practice, experience of other individuals using the service and staff members in dealing with risk? If an incident occurs can you learn from it and prevent it happening again or minimise the chances of it occurring again?

N.B. - It is the responsibility of the respite service provider to ensure that the appropriate organisational policies, procedures, protocols and guidelines (PPPGs) are in place and that all staff are trained in their use.

Organisational Protocols including contingency plans must be in place to mitigate the identified risks – for example –

1. An individual requires respite due to a family member being hospitalized with COVID.
2. A person in respite begins to show symptoms of COVID-19.
3. The respite service is notified that a close contact of the person in respite is suspected or confirmed with COVID-19.
4. A person who has been in respite service is suspected or confirmed with COVID within 14 days of their discharge.

If an organisation identifies a risk, they should be confident that existing PPPGs and work practices are in place to manage the risk, and if not, PPPGs must be developed or revised. These decisions should be discussed and agreed at local quality and safety committee meetings.

4.3 Prioritisation Criteria

Since the onset of COVID-19 emergency, Respite Service locations have been closed or services severely curtailed and supports have been provided in a limited capacity to some service users. For the duration of the COVID-19 emergency,

capacity in Respite Service locations will be reduced due to the need for social distancing and whilst the sector is committed to providing Respite Service supports to all service users, there will be a requirement to prioritise the supports that can be given to people with disabilities and their families.

The following key principles are assumed prior to embarking on prioritising the amount of supports that a Respite Service recipient will receive as organisations plan to resume Respite Services: -

- All staff employed to support the provision of Respite Services that have been redeployed since the commencement of the COVID-19 emergency will be repatriated to Respite Services.
- A review of the personal plan for each individual, and in the case of children, a review of the family service plan, will be at the core of the prioritisation process.
- Equity of service is a key principle that service management should work to deliver notwithstanding the need to prioritise greatest need.
- Should service users / families decline to have any service supports at this time, the reason for this should be clearly recorded – the Service Provider should continue to engage with the individual and their family as the decision to discontinue supports may not be the wish or meet the care and support needs of the service user. The family and/or service user also have the right to change their mind about refusing the service as time goes by and their confidence in their safety in respite services increases and/or their family circumstances change.

4.3.1 Key Considerations for Prioritisation

Prioritisation is closely associated with having knowledge of each service user, their family circumstances and their unique needs. The amount of support agreed for each service user should acknowledge the complete package of supports being provided to each person. Some people may only be in receipt of a Respite Service whilst others may also have some home support hours and avail of Day Services. **Where different provider organisations are providing different elements of supports, there will be a requirement for the Respite Service Provider to liaise with Disability Service Management in each CHO to obtain clarity regarding the complete support package.**

The prioritisation process to be implemented at this time is set out below. The prioritisation of supports to individuals is a live monitoring exercise revisited at least weekly or more frequently if issues present. Individuals and families can escalate from a Priority 4 to a Priority 1 very quickly and this in the main will relate to change in the circumstances and/or change in profile of the individual.

Prioritisation Criteria

<p>Priority 1 (P1) Service users</p> <p>Red Risk on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P1 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Safeguarding. ➤ Adults or children with noted increase in behaviours of concern/behaviour support needs. ➤ Persons who have a noted decline in presentation i.e. Mental Health, Physical Health etc. due to absence of a regular Respite Service. ➤ Familial vulnerabilities/circumstances i.e. single parent or carer, elderly parents, residing with persons who are immunocompromised, limited external supports, parents returning to work, and families with two adult children/siblings with disabilities.
<p>Priority 2 (P2)</p> <p>Orange risk on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P2 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Persons receiving limited ancillary services/social care supports presenting with an emerging need that could escalate to P1 should services not respond ➤ Persons are managing reasonably well at home and/or are lonely, seeking contact with peers.
<p>Priority 3 (P3)</p> <p>Orange/Green on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P3 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Persons are content at home and the services provide care and support to enable them to enjoy life at home. <p><i>In offering remote services consider infrastructure, interest and capacity of individuals.</i></p>
<p>Priority 4 (P4)</p> <p>Orange/Green on Matrix</p>	<p>Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of P4 persons will be as follows:-</p> <ul style="list-style-type: none"> ➤ Persons may opt in or out of this offered support. The individual together with their family are not requesting to avail of support during this COVID-19 pandemic and needs are being met at home currently. <p><i>In offering remote Services consider infrastructure, interest and capacity of individuals.</i></p>

4.4 Memorandum of Understanding between Service Provider Organisations

It may be the case that both organisations were already working together pre-COVID and they may continue to utilise their usual communication protocols. In order to enhance this practice in the context of COVID-19, they may wish to develop an MOU. The purpose of the **Memorandum of Understanding (MOU)** is to agree a process to ensure that the Service User's Personal Plan is continued by both organisations and that this is achieved in line with IP&C precautions. It outlines the communication pathways that will be in place to manage IP&C between the organisations. IP&C is vital to ensure the safety and welfare of everyone and especially people living in a residential house due to the significant risk of an outbreak.

The objective of the MOU is to maintain the safety of service users and staff and continuation of the Service Users Personal Plan through effective practices, communication, and relationships. **See Appendix IV for an example of an MOU between different organisations providing Day and Respite Services.**

4.5 Communication Agreement between Respite Service Provider and Individual/Family

It may be the case that families and respite services already had communication protocols in place pre-COVID. Given the increased risks posed by the pandemic, in order to enhance communication and mitigate risks in the context of COVID-19, a respite service provider may wish to develop a more formalised Communication Agreement. The purpose of the **Communication Agreement** is to agree a process to ensure that the Service User's Personal Plan is continued and that this is achieved in line with IP&C precautions. It outlines the communication pathways that will be in place to manage IP&C between the individual/family and the respite service. IP&C is vital to ensure the safety and welfare of everyone and especially people living in a residential house due to the significant risk of an outbreak.

The objective of the Communication Agreement is to maintain the safety of service users and their families, as well as staff and other individuals using the respite service through effective practices, communication, and relationships. **See Appendix V for example of a Communication Agreement between individuals/families and the respite service.**

This can also be achieved less formally by a less formal **Letter to Families** prior to each Respite Break. See **Appendix VI for a sample "Letter to Families"**.

The information hereunder can also be utilised as part of the Communication Process with families.

Before attending the Respite Service, individuals (or their Carers/Families as appropriate) should complete the following:

- A self-declaration form that they do not have a temperature or other features of acute infection including COVID-19 such as sudden onset of cough, fever, shortness of breath, new loss of sense of taste or smell
- A self-declaration that they have not been identified as a Contact of a person with COVID-19 and have not been advised to self-isolate on the day (**Appendix VII– Return to Respite Service Form**).
- The individual's temperature should be taken prior to entrance to the Respite Service Location (or transport vehicle if not transported by family). A fever is 38 degrees Celsius or above. A contactless thermometer is recommended and records of temperatures taken should be kept in line with GDPR. If the individual has a temperature the Family / Carer should be advised to contact the individual's GP to discuss their symptoms and take GP advice.

IMPORTANT - Generally, there is **no requirement that** an individual must self-isolate for 14 days prior to attending Respite Services. It is not appropriate that service users who have no symptoms of COVID-19 should be tested for COVID-19 as a routine prior to returning to Respite Services. However, there may be specific circumstances following from the completion of a risk assessment that may advise testing/tracing /isolation for an individual. Testing/tracing/isolation should be based on public health guidance or the assessment of their doctor.

A **risk based approach** must be taken at all times and the risk assessment must ensure that not only have the risks to the individual availing of respite been taken into account (family in crisis, underlying medical conditions – either the person or family with whom they are living, declining mental health, increasing need for behavioural supports etc.) but that these have been weighed against any risks posed to the respite service (people living in the respite house with underlying medical conditions etc.). This risk assessment needs to identify the mitigating actions that are been taken to reduce the risks. These must be clearly documented.

In order to ensure the most effective infection control measures throughout the Respite Break, it is advised that, insofar as is practical, a cohort of people are admitted to the Respite Service together, have the same staff working throughout the break (who are not working in any other house) attend the same Day Services (if they are availing of Day Services) or attend the same school if they are children or young people – it would be important that they stay in their own “pods” while in the Day Services or school.

4.6 Service User Training and Support Needs

There will be an ongoing requirement to provide support and information to service users, in conjunction with their families, Day Service Provider or school, as appropriate, in IP&C respiratory and cough etiquette, social distancing, hand hygiene or use of face coverings etc. This can be done during a Resident’s meeting on arrival to respite where issues such as fire safety, IP&C, how respite is different to what it may have been pre-COVID, for example, many community activities will be different to what they were or may not be available (a trip to the local pub) can be discussed. The training must be available in accessible formats including visual aids, easy to read, social stories as appropriate to all service users, relevant to their level of comprehension.

Staff to review all service users in terms of the support they will require and the best methods of communicating IP&C guidelines to promote understanding and compliance. Staff modeling the appropriate IP&C related behavior and etiquette will assist in supporting and reinforcing the learning from the training programme.

Before service users can be supported to understand and put into practice measures necessary, it is essential that all staff are aware of their responsibility. There are a comprehensive range of guidance documents, videos and posters available on www.hpsc.ie, training modules on www.hseland.ie and COVID-19 information

available on www2.hse.ie/conditions/coronavirus/symptoms.html with the need to check regularly for any updates.

Staff will explain the COVID-19 guidelines and the implementation of these guidelines.

Training will be required in the following:

- What is COVID-19, what are its symptoms, how it can be spread and how a service user can protect themselves
- What to do if feeling unwell
- Hand Hygiene, wash hands, use of hand sanitiser/alcohol based handrub □
Respiratory etiquette – coughing / sneezing
- Social distancing
- Daily Temperature checks
- Use of PPE
- Only service users that are comfortable wearing cloth face coverings or masks and that can wear them appropriately will be asked to do so and this will only occur where social distancing of 2 metres cannot be maintained.
- Some useful links for this training and for posters are available at www.hpsc.ie

Recap on Key Considerations

- Information will need to be conveyed in a manner appropriate to each service user's level of understanding. Easy read documents are already available but each service provider will have to tailor the information in line with their knowledge of the needs and abilities of each individual.
- Repetition in terms of reinforcing all training elements will need to be a continual feature of service delivery.
- The potential emotional impact on service users as they return to services and their ability to participate and understand information on COVID-19 should be considered when developing local supports.
- Requirements when attending respite locations will be new and different to what they had previously been familiar with. Staff will need to monitor for changes to behavior, anxiety/upset and respond in appropriate ways to reassure, encourage and introduce appropriate supports.
- Communication with an individual and their family will be especially important, if there is an outbreak, in line with Public Health guidelines.

5.0 Staff Training and Support Needs

The main document to support the safe return to work for all staff in disability Respite Services is the '*Government's Return to Work Safely Protocol*'. The protocol is a general document and allows for different sectors to add specific measures that relate to the service being provided. There are other documents produced by National HSE Health and Safety Function and Health and Safety Authority that also provide invaluable information regarding how to ensure that the work environment is safe for our staff to resume service provision.

A Return to Work Checklist will act as an appropriate check for all service providers to ensure that all appropriate measures are taken to ensure a working environment that is as safe as is practically possible for staff. Refer to Occupational Health for further guidance and protocols.

Staff training in COVID-19 symptoms, risk and IP&C is also a prerequisite for staff returning to work in particular in the areas of (all available on HSELand):

Putting on and taking off PPE
Breaking the Chain of Infection
Hand Hygiene
Return to Work Webinar (AMRIC webinar www.hpsc.ie)

A particular focus should be on the health and wellbeing of all staff as they return to work and adapt to new ways of working.

This section focuses on:-

- Return to Work Checklist
- Staff Return to Work Protocol
- Staff Training
- Staff Health and Wellbeing

5.1 Return to Work Checklist

Appendix VIII – Return to Work checklist is developed to cover all aspects of the '*Government's Return to Works Safely Protocol*' together with elements that are specific to disability Respite Services. The check list is developed with hyperlinks for easy access to related information that may be required as a useful reference for Service Providers.

Essentially this return to work checklist covers the following main areas:-

- ✓ Service user – Personal Plans (as per HIQA requirement) ○ Service User Specific
- ✓ Staff Training and Support Needs ○ Pre-return to work steps ○ Risk Assessment / HR ○ Training ○ Remote working
 - Managing Mental Health and Wellbeing
- ✓ Respite Service Readiness and Maintenance ○ Cleaning
 - Building Management Systems
 - Health & Safety ○ Social distancing ○ Emergency response
 - Managing Third Parties: Contractors, Visitors, Customers ○ PPE
- Transport Readiness and Maintenance (as needed where family are not transporting people to respite)

5.2 Staff Return to Work Protocol

Prior to returning to work from any leave, or redeployment, a Declaration Form (**Appendix IX – Return to Work Form**) must be completed as per the Return to Work Safely Protocol published on the 08 May 2020. This form will seek confirmation that the employee, to the best of their knowledge, has no symptoms of COVID-19 and also confirms that the employee is not a close contact of a case, self-isolating or awaiting results of a COVID-19 test. This protocol will also apply to new staff recruited. For further information refer to the HSE Occupational Health Guidelines <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>.

5.3 Staff Training

Every employee providing services should be provided with a re-induction by their manager regarding the new protocols adopted by the organisation to prevent the spread of infection including COVID-19.

This re-induction will include: □

Changes to site practices:

- Health and Safety Protocols specific to the building
- Enhanced IP&C measures
- Social distancing requirements
- Working hours on
- Where and when breaks should be taken
- Reviewed risks and escalation process
- Contact Log usage
- Other: Specific to the service or site

Following re-induction any training requirements will be addressed and on-going management briefings should take place to reinforce the level of information required by staff.

Each organisation must provide up-to-date and reliable information to individuals, staff and other stakeholders.

- It is critical that all employees know the symptoms of COVID-19 and when to self-isolate.
- Staff must also understand the required response procedure to a suspected case arising during the course of work.

In the case of identification of a positive COVID-19 case, Public Health guidance will apply. HSE LanD has a number of eLearning Modules that address the main COVID symptoms, etiquette and infection control and these are set out below.

List of Training Programmes Developed by HSELandD relating to Covid-19

No.	Catalogue Title	Learning type	Delivered	Target Audience
1	Community Assessment Resource for COVID 19			
2	Hand Hygiene for HSE Clinical Staff	Programme	Online	HSE Non-Clinical Staff
3	Hand Hygiene for HSE Non-Clinical Staff	Programme	Online	HSE Non-Clinical Staff
4	New eLearning modules for staff using PPE concerning COVID-19	20/3/2020	Online	Nursing and clinical staff All staff member, including GPs, nursing and clinical staff in community services plus residential services, GP clinics and patients' homes who are required to use PPE.
5	COVID19 Assessment and recognition among people with intellectual disability module launched	1/5/2020		
6	Return to work safely Induction Webinar	24/06/2020		All staff
7	Breaking the Chain of Infection		online	The aim of the programme is to enable and empower Health Care Workers to reduce Healthcare Acquired Infections in their practice through the use of standard and transmission-based precautions. <i>National infection Prevention and Control Guidelines for Health Care Facilities in Ireland are currently in preparation, this e-learning module will be amended on their publication to reflect the recommendations contained within those guidelines</i>
8	Introduction to Infection Prevention and Control		Online	This programme is an introduction to Infection Prevention and control and details Standard Precautions and Transmission based precautions. "Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognised and unrecognised sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients" WHO 2007.

5.4 Staff Health and Wellbeing

As there will be many changes to staff work practices and how people interact with each other, all organisations need to be watchful for any challenges arising for staff as a result, for example, it may be more challenging for teams to work together if teammates are temporarily working different team patterns/locations. During this period, staff are encouraged to schedule social catch-ups and non-work related conversations (e.g. virtual coffees).

Each organisation should ensure that reasonable accommodation will be made to support staff with a certified underlying medical condition, in line with national guidance.

In the event that staff are experiencing issues such as anxiety within the workplace, a designated named line manager should be made available to the staff member to assist in the management of any concerns. The HSE is very cognisant of the impact of this crisis on everyone. For that reason, we would like that all staff avail of regular leave for their own health and wellbeing during and after this crisis. This will be of particular importance over the coming weeks and months. These actions may help staff navigate this difficult time and help reduce stress levels.

A range of supports and advice is also available from the Health and Safety Authority on work related stress at:

www.hsa.ie/eng/Topics/Workplace_Stress/

The Government's "*In This Together Campaign*" also provides information on minding one's mental health as well as tips on staying active and connected and may be useful for use by employers and workers:

www.gov.ie/en/campaigns/together/?referrer=/together/

6 Respite Service Readiness and Maintenance

There is significant diversity of need provided for in respite services throughout the country. The model of service supports provided to adults and children with disabilities in Respite Services follows the social care model.

Whilst it is important that Respite Service locations are not deemed “medical” facilities, it is equally important that all service locations are as safe as is practically possible and that the highest standards of cleanliness are adhered to in order to minimise the risk of spread of infection including spread of COVID-19.

The section sets out the guidance to be followed by Service Providers to ensure that locations are as safe as possible in relation to the management of risk and infection prevention and control for staff and service users. It includes:-

- Preparation of Respite Service Locations
- Identification of Locations available
- Managing the risks of associated with infection including COVID-19
- Maintenance of Respite Service Locations
- Infection Prevention and Control Practice (including appropriate use of PPE)
- Enhanced Environmental Hygiene
- Contact Tracing
- Contact Log

6.1 Preparation of Respite Service Locations

Strong governance is necessary to the provision of high quality and safe services as the threat of infection is always present and at present there is a specific risk from COVID-19. As organisations begin a gradual phased approach to delivering services in this environment, leadership from the Service Provider Board Members (Trustees) through to each frontline service is critical.

Leadership must therefore focus on:

1. Identifying and risk assessing the challenges within the service (environment, etc.)
2. Ensuring an equitable and transparent process for prioritisation of services.
3. Putting structures in place at local, regional and national level to
 - Develop organisation-specific IP&C policies, procedures, protocols and guidelines (PPPGs) in line with Government Policy and the Health Protection Surveillance Centre (HPSC).
 - Oversee the implementation of organisation and HPSC PPPGs
 - Ensure that variances in compliance with organisation and HPSC PPPGs are managed and escalated appropriately.
 - Devise a communication plan for individuals (adults and children) with disabilities, supports and families that outlines a clear plan and manages expectations.
 - Communicate on a regular basis with the HSE Disabilities at corporate and CHO level.
 - Ensure regular engagement with the Regulators including HSA and HIQA.

6.2 Identification of Locations Available

Step 1: Initial Review of Existing Location(s):

- Identification of buildings available for provision of services
- When identified, the relevant manager is responsible for the completion of a comprehensive work place review of the physical building. This must be done in the context of the service to be provided.
- The potential for additional risks if the centre-based respite service is colocated on a campus setting or shared care must be considered, bearing in mind the rights of people who live in the facility (their home) and balancing this with the risks of not providing respite to an individual.

Step 2: Creation of Comprehensive Risk Assessments (**See Appendices II and III**)

- Based on the findings in Step 1, specific Risk Assessments are required to ensure the locations can successfully implement the required:
 - Additional IP&C requirements in accordance with the organisation's Infection Control Policy Procedure (including hand hygiene requirements).
 - Effective social distancing measures.
 - Communication, education, awareness and responsibility by all staff for compliance with infection control measures.

6.3 Maintenance of Respite Service Locations

Policies, Procedure, Protocols and Guidelines (PPPGs)

Policy documents which support the organisation's safe practice should be developed or updated (for example):

1. Services Risk Management Policy & Procedure
2. Health and Safety Statement
3. Infection Prevention and Control (IP&C) Policy including hand hygiene requirements

Each of the above should clearly outline in detail, the daily processes that need to be completed by staff. Adhering to the all instructions within each document will be of utmost necessity for successful and safe provision of services in addition to following national guidance. Compliance with the above policies and application of all organisations' risk register protocols will maximise IP&C throughout the organisation.

6.4 Environmental Hygiene

Other controls to reduce potential exposure from contact transmission will be drawn from the following measures:

- Due to the short-term nature of respite, and the resulting turnover of people utilising the service, environmental and equipment cleaning is required prior to, during and post respite will be required. This will include bedroom, linen, pillows etc.
- A service environment and equipment cleaning programme should be in place with particular emphasis on frequently high touch surfaces particularly around high used areas e.g. work tops in canteen/break areas, door handles, toilets etc.
- These should be cleaned twice daily and whenever known to be contaminated with excretions, secretions, blood or body fluid. **This does not mean that specific contract cleaners who specialise in “enhanced environmental hygiene” need to be employed – rather there is a requirement for more frequent cleaning using water and detergent (detergent wipes are available).**
- Thorough cleaning of the facility with detergent and water is generally sufficient as standard IP&C precautions. In the case of a suspected or confirmed case of COVID-19 onsite, appropriate cleaning and disinfecting of all spaces, equipment, furniture etc which that person came in contact with is required.

- Minimise clutter so that there are less surfaces vulnerable to contamination and less surfaces to clean, for example, by ensuring that items that are not in current use are moved to storage areas or disposed of if no longer required.
- To the greatest extent practical ensure that surfaces are easy to clean
- Cleaning is generally performed with water and detergent. **Disinfection is generally not appropriate unless there is a specific requirement (for example after cleanup of a spill of blood or body fluids).**
- Reduce high contact areas by leaving an agreed number of non-fire internal doorways open.
- Provide additional cleaning stations across each location (where safe to do so being mindful of the risk of ingestion) where colleagues could source materials to conduct wipe downs of used door handles, individual work areas and/or shared work stations, etc.
- Ensure an adequate supply of cleaning materials and hand sanitising solution is available.
- Increase the number of hand sanitiser stations across the site using a risk based approach to safety.
- Appropriate signage to be used to support implementation of these measures.

NOTE – in the event of an outbreak, a clean and disinfection process must be conducted following the outbreak and prior to any new individuals being admitted for respite.

6.5 Infection Prevention and Control Measures including appropriate use of PPE

- The foundation of Infection prevention and Control practice is Standard Precautions. Standard Precautions are a set of principles that apply to the delivery of care to all people in all settings although the application may vary depending on the context. Key elements of standard precautions include hand hygiene, respiratory etiquette and environmental cleaning and appropriate use of PPE when required for the task in hand. It is important that staff are aware that PPE is just one important element of managing the risk of infection but that use of PPE of itself is not sufficient to protect service users or staff.
- Personal protective (protection) equipment (PPE) is important to manage risk that remains when all other controls are in place. Examples of PPE use in

healthcare include masks, gloves, eye protection (face shields and goggles) and aprons/gowns.

- For staff delivering front line services, a risk assessment of the activity/interaction will inform decisions as to what PPE is required. This should follow the most up to date advice (www.hpsc.ie) at the time in line with Public Health guidance.
- Staff must be trained, in accordance with infection prevention and control guidance, regarding its function and in the limitation of each item of PPE.

6.6 Organisational assessment and planning for accessing PPE

The requirements for the type of PPE are related to the specific task performed and are the same, regardless of the setting. As part of their contingency planning for COVID-19, organisations should proactively conduct risk assessments with staff around assessment and planning for the amount of PPE it may need and ensure that there is a robust process for ordering, distribution, storing, and disposal including a process for accessing emergency supplies, if required.

Personal protective equipment while important is the last line of defence

This guidance applies to all health and social care settings including primary, secondary, tertiary care and ambulance/transport service.

- The requirement for PPE is based on the tasks that a staff member is likely to perform
- Guidelines and other resources in relation to PPE use are available on the HPSC website on the link: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>
- On April 21 2020, the National Public Health Emergency Team (NPHE) made a decision to extend the use of surgical masks in health and social care settings to the following:
 - **Surgical masks** should be worn by health and social care workers when they are providing care to people and are within 2 metres of a person, regardless of the COVID-19 status of the person
 - **Surgical masks** should be worn by all health and social care workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2 metres cannot be maintained
 - In line with NPHE guidelines as of August 10th 2020 **face coverings** are mandatory in all retail facilities and indoor amenities.
- Health and social care workers should don a mask if they anticipate being within 2 metres of one or more of other healthcare workers for a continuous

period of 15 minutes or longer. It is not intended that health and social care workers should attempt to estimate in the morning the total duration of a sequence of very brief encounters that may occur during the day.

- All environmental and human factors should be considered when determining the requirement for the use of a face mask or other items of PPE. For example, if accompanying a person on a walk outdoors when direct physical contact is not required there will generally be no requirement for either person to wear a cloth face covering or mask or any other item of PPE.
- In some settings where face protection is required but the use of a cloth face covering or mask is not possible, the use of a face visor may be considered as an alternative when supporting people with disabilities, in particular with people who lip-read.

Safe use of masks Always change your mask:

- When you answer the telephone or take a drink/break If your mask is wet, dirty or damaged.
- After using the bathroom

Never fidget with your mask when it is on and never store your mask in your pocket.

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

Disposal

When a surgical mask is no longer required or if a fresh surgical mask is needed the surgical mask must be removed and disposed of safely.

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

6.7 Attendance Log

An attendance log of all people entering a location should be maintained with details of the time spent in the building. This information may be required to inform contact tracing (see **Appendix X – Attendance Log**).

6.8 Contact Tracing

When staff are advised by other staff members and/or family members of a positive COVID-19 testing, contact tracing will be implemented. Contact Tracing

will be carried out by Public Health and the information provided by the Respite Service location will support that process.

6.8.1 Contact Log

The prompt identification and isolation of potentially infectious individuals is a crucial step in protecting the employee involved, their colleagues, customers or others at the workplace. Organisations may also introduce the use of a Contact Log in line with GDPR legislation.

The contact log is a list of all colleagues/service users/visitors/suppliers with whom an employee comes in contact over the course of a shift who were unable to observe the 2 metre rule for longer than 15 minutes.

The contact log:

- is the responsibility of all staff to complete as instances occur.
- will be reviewed daily by the unit manager. Escalation is required where instances are recorded.
- will give rise to a list of tasks that are not consistent with maintaining social distancing and inform practices for other locations.

6.9 General Measures to reduce the risk of accidental introduction of COVID-19 to a service user/support worker

Current information suggests that COVID-19 can spread easily between people who have symptoms of infection. For this reason it is essential for all care/support staff to call their managers before they go to work if they have a cough, temperature or shortness of breath, sudden loss of the sense of taste or smell or any other symptoms of acute virus infection. Important – if you are feeling unwell, do not go into work.

The infection can also sometimes spread from an infected person before they develop any symptoms. Some people do not develop symptoms or may develop symptoms so mild that they do not feel ill and do not seem ill. For these reasons it is important to take basic precautions relating to all interpersonal interactions at all times.

The following are some general recommendations to reduce the spread of infection:

- Informing all staff of the signs and symptoms of COVID-19 and advise them of actions to take if they or any close family members develop symptoms and to follow HSE guidance.
- Guidance should be in keeping with most current information from HSE and Health Protection & Surveillance Centre (HPSC).
- Careful attention to hand hygiene with provision of hand sanitiser/alcohol hand rub
 - Coughing / Sneezing into tissue / elbow crook.
- Encourage service users to cover their nose and mouth with a tissue if they cough or sneeze.

Current NPHE recommendations:

- Surgical masks should be worn by health and care workers when supporting individuals within 2 metres
- Health and social care workers should wear surgical masks for all encounters of 15 minutes or more with other health and social care workers in the workplace where a distance of 2 metres cannot be maintained
- IP&C recommends that if there are situations where it is not appropriate for health and social care workers to wear a surgical mask whilst providing supports for an individual within 2 metres distance, the wearing of a visor may be considered, as although not equivalent to a mask, it does provide a substantial measure of protection.
- A risk assessment should be completed in the first instance for the purpose of wearing PPE

- In the case of an individual with respiratory symptoms/suspected/confirmed COVID-19 where the health or social care intervention is deemed essential at this time, a risk assessment must be completed. See HPSC guidance for PPE required in the case of:
 - Low contact activities
 - High contact activities without aerosol generating procedures
 - Aerosol generating procedures
- The necessary level of PPE should be determined prior to admission to respite, where possible, and the respite service should ensure that they have an adequate supply of PPE for the duration of the respite stay.
- Regular infection prevention and control training for staff with emphasis on Standard Precautions (including hand hygiene) and including the appropriate use of personal protective equipment (see more detail on this below).
- Support staff to contact the individual and/or family to complete safety checklist prior to arrival at the respite service.

8.0 Transport Readiness and Maintenance

Most people attending respite will be transported by their families to the service; however, there may be instances when an organisation's transport will be used either to bring people to and from their homes or to transport people to activities while in respite. While family members are to be encouraged to transport the individual to Respite Services, this will not always be possible depending on the family circumstances and in these cases, there will continue to be a reliance on bus transport. It is likely that some service users will still require transport and this will have to be managed by the providers in line with the COVID-19 restrictions.

As services resume it will be necessary to identify how transport can continue to be provided in as safe a manner as possible and strictly within social distancing and other COVID-19 precautions.

Transport provided to support a person's access to Respite Services is unlike the public transport service as it is a controlled service that avoids queues and is confined to a specific group of people. There are orderly pick up and drop off points and the numbers can be controlled by extending the number of trips and therefore reducing the number of people on a vehicle.

8.1 Risk Assessment of Transport

Transport providers will have to demonstrate that their transport services are safe and that all COVID-19 precautions have been established and observed. A risk assessment and action plan needs to be developed locally prior to providing transport on a bus (**See Appendix XI – Risk Assessment of Transport**).

8.2 General Guidance on Transport

- Be mindful of social distancing of at least 1 metre in so far as practical while on transport
- Clean hands before entering the vehicle
- Do not touch your face.
- Where possible cloth face coverings or masks should be worn on transport where distance cannot be maintained. However, it is acknowledged that the wearing of cloth face coverings or masks may not be possible for all service users.
- Vehicles should be cleaned appropriately following each road trip.
- Carry a box of tissues and use tissues to catch coughs and sneezes. Dispose of used tissues in bin as soon as possible. A bin should be available on the bus.

- Consider putting a see-through protective screen or barrier between the driver and passengers. Some drivers have already installed Perspex screens or strong clear

plastic sheets. (Physical barriers, such as clear plastic sneeze guards could also be used). Consideration should be given to the safety of both driver and passengers and the placement of such screens in order to ensure that the effective operation of safety equipment such as side airbags is not hindered.

- Where used, dividing screens must remain clear and be free of scratches, clouding or stickers which would impede the visibility for the driver or passenger. The dividing screen must also be clear and free of any tint.
- Where used, dividing screens must be made from a shatterproof material so that in the event of any impact no danger would be presented to the driver or passengers. This would fall under general health and safety requirements in the workplace. Test certification to a known test standard must be sought to ensure that the material used has been proven to be shatterproof, and the supplier should have access to this information.
- Place the HSE COVID-19 information for your passengers in the rear of your vehicle so that it is clearly visible.
- Disinfection, after cleaning, may be required in the event of a spill of body fluid (for example if someone vomits) but disinfection is generally not appropriate.
- Have a kit available in the vehicle for dealing with spills of body fluid (including paper towels, gloves, plastic apron and a suitable cleaning agent/wipe and disinfectant agent/wipe)
- Use disposable cloths/wipes when required for cleaning.
- Be mindful of manufacturer's advice on cleaning and disinfecting but most manufacturers' recommend that surface areas be cleaned with detergent and a damp cloth (ensure the cloth is not over wet to cause damage to car surfaces or electronics). Alternatively detergent wipes may be more convenient to use. Ensure all surfaces are dry before driving.
- When cleaning the vehicle be mindful of all surface areas that are touched when driving and clean all in sequence prioritising high touch areas e.g. Key, Door Handle, Door Pillar, hand contact areas of seat belt, Steering Wheel, Gear Stick, Indicators, Window Wipers, Front Dash Display and Controls, Sun Visor, Control Panel Side Door, and Seats.
- Pay close attention to all surfaces that are touched often by passengers.
- Dispose of cleaning equipment in the general waste.

The above guidance has been adapted from the National Transport Authority guidance but has been modified to reflect disability service transport for more information see

<https://www.nationaltransport.ie/>

9.0 Recap of important considerations for the Resumption of Respite Services in line with COVID-19 restrictions -

1. Respite is a key service to support individuals and their families and **must** be resumed.
2. Resumption of respite must be conducted in a safe manner.
3. This document is intended to support the safe delivery of respite services.
4. A risk based approach is essential to maintain a safe respite service.
5. This situation is evolving rapidly; therefore, it is imperative that respite service providers remain aware of the most up to date guidance from the HSE/HPSC and Public Health.
6. Communication with adults and children with disabilities, their families and staff regarding the resumption of respite services in line with COVID-19 restrictions is key.
7. This document should be read in conjunction with the other documents that have developed by the HSE Disabilities Team, guidance documents include the following topics and are all available on the HSE website <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partnerresources/> . Documents that are particularly relevant to the resumption of services include the following:
 - I. Reshaping Disability Services from 2020 and beyond in line with COVID-19 restrictions (Respite, Home Supports, Residential and PA supports)
 - II. Interim Rights-based Guidance on implementing IP&C measures and mitigating risk in Disability Services
 - III. Guidance to Support the Framework for Resumption of Adult Day Services
 - IV. Guidance to Support the Resumption of Children's Disability Services

10.0 COVID-19 Protocols and Infection Control Supports

Since the onset of COVID-19 a wealth of support information has been produced to support the public at large and in particular providers of health care services to respond to the many challenges presented by the pandemic in order to contain the virus and prevent it spreading widely.

In regard to Disability services there is a significant repository of support materials available on the HSE website and all Respite.

Service providers should become familiar with the guidance already developed that has a bearing on the provision of disability Respite Services. This guidance includes many Easy Read documents that can be utilised to support interface with disability service users or act as a basis for developing communication that is service user friendly.

No.	Name of Document	Date of Issue	Target Audience
1	Contingency Plan for Home Support Managers and Health Care Support Assistants and Disability Managers/Personal Assistance during Mitigation Phase V2	22/04/2020	Home Support Managers Health Care Support Assistants Disability Managers Personal Assistants
2	Guidance for COVID-19 in Social Care Group Homes and Residential Services – Disabilities V4	21/04/2020	Healthcare Workers Managers

This section covers:-

List of Guidance Documents developed by HSE Disability Services
 Other Useful Links and References.

10.1 List of Guidance Documents developed by HSE Disability Services

These guidance documents include the following topics and are all available on the HSE website

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

No.	Name of Document	Date of Issue	Target Audience
			In non-nurse led services
3	Guidance for COVID-19 in Nurse Led Residential Care Services for people with disabilities V14	21/04/2020	Healthcare Workers Managers In residential centres where service is nurse-led
4	Guidance for testing for COVID-19 in Disability Services V1	31/03/2020	Social Care Workers Nursing staff In residential services for people with disabilities
5	Guidance of COVID-19 testing in Disability Services <i>Easy Read Version V1</i>	31/03/2020	People with a disability Social Care Workers Nursing staff In residential services for people with disabilities
6	Guide for Supporting adults in a community residence/at home <i>Easy Read Version V1</i>	31/03/2020	Adults with a disability Carers Staff Families Who are supporting adults with disabilities
7	Guide for Supporting children in a community residence/ at home <i>Easy Read Version V1</i>	31/03/2020	Children with a disability Carers Staff Families Who are supporting children with disabilities

8	Streamlined hospital passport for people with disabilities who are admitted to hospital V1	31/03/2020	To be completed with people who have disabilities (with support where required) To be read by all Healthcare Workers caring for the person with a disability when they are in the hospital.
9	Guidance to support a person with additional needs who becomes distressed and angry when you try to engage with them. V1	31/03/2020	Staff or carers who do not normally work with people with disabilities, e.g. Hospital Staff

No.	Name of Document	Date of Issue	Target Audience
10	Support Coordination in a Pandemic – A practical checklist to avoid stressors for service users V1	31/03/2020	Carers Staff Families Who are supporting people with disabilities
11	Guidance for Alternative Models of Care	31/03/2020	CHOs Service Providers Who are supporting people with disabilities
12	Guidance on the use of Personal Protective Equipment (PPE) in Disability Services V2	27/04/2020	Healthcare Workers Managers In residential centres for people with disabilities
13	Coronavirus (Covid-19) Frequently Asked Questions for people with disabilities and family carers	23/04/2020	People with disabilities Families
14	Staff Guide for communicating with people with intellectual disability and with Autism (short version)	23/04/2020	Staff in test centres, community assessment hubs, hospitals
15	Staff Guide for communicating with people with intellectual disability and with Autism	23/04/2020	Staff in test centres, community assessment hubs, hospitals

16	Staff Guide on communicating with Deaf and Hard of Hearing people	23/04/2020	Staff in test centres, community assessment hubs, hospitals
17	Staff Guide on working with an ISL or English interpreter	23/04/2020	Staff in test centres, community assessment hubs, hospitals
18	COVID-19 Guide on how to stay connected using communication apps <i>Easy to Read Version</i>	23/04/2020	People with disabilities Families
19	Covid-19 Test Process explained for Deaf and Hard of Hearing people	23/04/2020	Deaf and Hard of Hearing people
20	A message from Cathal Morgan, Head of Disability Operations, HSE for people with disabilities and their families.	24/04/2020	People with disabilities and their families

No.	Name of Document	Date of Issue	Target Audience
21	Clinical Pathway – Clinical Consultation required – disability services	27/04/2020	Social Care Workers Nursing staff In non-nurse led residential services for people with disabilities
22	Clinical Guide for hospital clinicians when supporting a person with a disability	19/04/2020	Staff or carers who do not normally work with people with disabilities, i.e. Hospital Staff – doctors, nurses, allied health professionals
23	Pathway to HIQA Registration and model for developing an Enhanced Support Facility for people with disabilities during COVID-19	16/04/2020	Service Providers for people with disabilities
24	Webinar – Prevention and Preparedness in Disability Residential Facilities	27/04/2020	Carers Staff

			Who are supporting people with disabilities
25	Guidance on End of Life in social care-led disability centres during COVID-19	28/04/2020	Social Care Workers Nursing staff In non-nurse led residential services for people with disabilities
26	Appendices to accompany Guidance on End of Life in social care-led disability centres during COVID-19	28/04/2020	Social Care Workers Nursing staff In non-nurse led residential services for people with disabilities
27	Coronavirus (Covid-19) Frequently Asked Questions for people with disabilities and family carers <i>Easy Read version</i>	06/05/2020	People with disabilities, their families and carers
28	Q&A from Webinar held on April 27 2020	15/05/2020	Carers Staff Who are supporting people with disabilities
29	Communicating with families	15/05/2020	Carers Staff

No.	Name of Document	Date of Issue	Target Audience
			Who are supporting people with disabilities
30	Supporting people who are in isolation	15/05/2020	Carers Staff Who are supporting people with disabilities
30a	Activities to support people in isolation	15/05/2020	Carers Staff Who are supporting people with disabilities

30b	Risk Assessment tool for people in isolation	15/05/2020	Carers Staff Who are supporting people with disabilities
30c	Disability Services Pathway (for people who may need to leave their residence for isolation)	15/05/2020	Carers Staff Who are supporting people with disabilities
31	Approved Communication Supports for Deaf Patients in healthcare settings during Covid-19 – Information Card	20/05/2020	Deaf and Hard of Hearing people Staff
32	Framework for the Resumption of Adult Disability Respite Services – supporting people with disabilities in the context of COVID-19 – the next year	29/05/2020	Adults with a disability Carers Staff and Management Families who are supporting adults with disabilities
33	Reshaping Disability Services from 2020 and beyond in line with COVID-19 restrictions (Respite, Home Supports, Residential and PA supports)	29/05/2020	Adults with a disability Carers Staff and Management Families who are supporting adults with disabilities

No.	Name of Document	Date of Issue	Target Audience
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34	Interim Rights-based guidance on implementing IP&C measures and mitigating risk in Disability Services	10/7/2020	People with disabilities living in small community based residential facilities Carers Staff and Management Families who are supporting adults with disabilities
35	Guidance to Support the Framework for the Resumption of Adult Day Services	10/7/2020	Adults with a disability availing of Day Services Carers Staff and Management Families who are supporting adults with disabilities in Day Services
36	Guidance to Support the Resumption of Children's Disability Services	31/07/2020	Management and staff of Children's Disability Networks (CDNs) and children's disability services planning reconfiguration into CDNs who are supporting children and young people with disabilities

10.2 Other Useful Links and references

1. Social distancing in the workplace/home environment

- HSE poster on self-isolating at home
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>
- Protecting yourself and others <https://www2.hse.ie/conditions/coronavirus/protectyourself-and-others.html>
- Health Safety Authority: Checklist 2 Control measures in work
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

2. PPE in the workplace/home environment

- Videos on how to put on PPE
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videosources/>
- Posters on how to use PPE
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>
- HSA Checklist 2 control 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
- HSA Checklist 3 induction for workers https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA videos https://www.hsa.ie/eng/topics/covid-19/covid-19_videos/
- Dis QI PPE <https://www.hse.ie/eng/services/news/newsfeatures/covid19updates/partner-resources/guidance-on-the-use-of-ppe-in-disability-services.pdf>
- Gov.ie on face coverings <https://www.gov.ie/en/publication/aac74c-guidance-on-safeuse-of-face-coverings/>
- Training on hand hygiene, standard precautions, donning and doffing PPE, ID module
www.hseland.ie

3. Resumption of activities in the workplace/home environment – need for temperature checks, face masks etc.

- HSE Returning to work <https://www2.hse.ie/conditions/coronavirus/returning-to-worksafely.html#before-return>
- Return to work protocol <https://dbe.gov.ie/en/Publications/Publication-files/Return-toWork-Safely-Protocol.pdf>
- HSA Checklist 1 – Planning and preparing https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 2 https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 5 cleaning https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- NSAI workplace protection

https://www.hsa.ie/eng/news_events_media/news/news_and_articles/nsai_-_covid-19_workplace_protection_and_improvement_guide.pdf

- Return to work checklist https://www.wheel.ie/sites/default/files/media/file-uploads/2020-05/COVID19%20Return%20to%20Work%20Checklist%20May%202020%20v1.0_0.pdf

4. Protocols in place for home support workers and PAs

- Practical support for Residential Older Person Services
https://hse.drsteevenslibrary.ie/ld.php?content_id=32820950
- Contingency plan <https://www.hse.ie/eng/services/news/newsfeatures/covid19updates/partner-resources/covid-19-contingency-plan-home-support-servicesdisabilities.pdf>
- HSE home supports for older persons, disability and palliative
<https://www.lenus.ie/bitstream/handle/10147/627526/covid-19-plan-for-contingencyhome-support-services-disabilities.pdf?sequence=4&isAllowed=y>

5. Transport – use of vehicles, infection control on vehicle, social distancing on vehicles etc.

- HSA Checklist 3 induction
https://www.hsa.ie/eng/topics/covid19/return_to_work_safely_templates_and_checklists/
- HSA Worker checklist https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- National transport authority (Taxis)
https://www.nationaltransport.ie/wpcontent/uploads/2020/04/SPSV_Industry_Information_Note_Web_Version.pdf
- Dividing screens in taxis criteria <https://www.nationaltransport.ie/taxi-and-buslicensing/advisory-guidelines-temporary-covid-19-dividing-screens/>

6. Environmental cleaning of buildings

- HSA Checklist 1 – Planning and preparing https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 2 https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- HSA Checklist 5 cleaning https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/
- European guidance on disinfection of environments
https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistenceof-SARS_CoV_2-virus-Options-for-cleaning2020-03-26_0.pdf

7. Staff Health and Wellbeing

- Managing stress and mental health at work during COVID https://www.hsa.ie/eng/topics/covid-19/covid-19_advice_for_employers_and_employees/

11.0 Appendices

Appendix I Respite Admission Checklist (thanks to St. Michael’s House)

NOTE: This checklist must be completed before commencement of each break. Please ensure that all sections are completed and that clarifications are noted in the comments section below.

NAME _____ **DATE OF BREAK** _____

	Y/N	Initials	Date
Has the file been fully reviewed?			
Have Parents/families been contacted?			
Has feedback been received from day service, where applicable			
Is the medication administration sheet up to date			

If applicable, have the following guidelines been reviewed within the past year?

	Y	N	N/A
Behavioural Supports			
Sensory			
Communication Support Plan			
Feeding/Dietary			
Sleeping			
Medical i.e. Diabetes*			
*If yes please specify medical condition:			
Is the service user’s personal plan up-to-date?			
Are risk assessments (where applicable) up-to-date?			
Has the Covid specific risk assessment been completed for service user?			
Are the “Person Handling guidelines” up-to-date?			
Is the individual fire evacuation plan up-to-date?			
Are all toys, equipment, sensory items in good repair and available for use, including batteries etc ?			
Have relief staff on shift been fully briefed regarding the needs of this service user?			
Are there any restrictive practices in place for this service user? If “yes” is the sanctioning documentation up to date? (Insert next renewal date)-----			
Are there personal emergency support plans in place for this Service User? e.g. Missing person plan			

If "yes" please specify			
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Additional Questions for Families re: Covid 19

Covid 19 is spread in sneeze or cough droplets and can easily be spread to other people...

	Y	N
In the past 14 days has the service user had a cough of any kind (not just a dry cough)?		
In the past 14 days have they had a fever > 38 C?		
In the past 14 days have they had a shortness of breath or breathing difficulties?		
In the past 14 days has there been any loss or change to their sense of smell or taste?		
Is everyone in the family well?		
Does anyone else in the household/close contacts have symptoms suggestive of COVID -19 or a diagnosis of COVID 19 within the last 14 days		
Has the service user been identified as a close contact of someone with COVID 19 within the last 14 days		
Has the service user or anyone in the family been referred for COVID 19 Testing within the last 14 days or are they waiting for COVID 19 results		
Has the service user been advised by a doctor or HSE to self isolate at this time?		
Has the service user travelled outside of Ireland in the last 14 days?		

Inform families that on arrival to respite all service users' temperatures will be checked and if they or another service user presents with these symptoms during their stay then the whole group will be sent home.

Name and phone number of next of kin :

Please ensure that an up to date Respite Agreement is on file for all service users

Additional comments

Signed:

Print Name

Signature

Date: _____

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 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.

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%

2.
LIKELIHOOD SCORING

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

Appendix III Risk Assessment Tool for Reopening Respite Services

(Sample, adapted from St. Michael's House tool)

Occupational Risk Assessment:	X	Respite House	Name of Line Manager:		
Clinical Risk Assessment:		Date of issue: XXXX/2020	Date Risk Assessment was created: XXXX/2020		
		Risk Assessor:	Review Date: At each respite break		
		Signature of Risk Assessor: _____			
HAZARD AND RISK DESCRIPTION	Who is At Risk	EXISTING CONTROL MEASURES What protective and preventive measures are already in place to control the associated risks?	ADDITIONAL MEASURES REQUIRED Are any further protective and preventative measures required to control the associated risks?	PERSON RESPONSIBLE FOR ACTION	DUE DATE
There is a risk that COVID-19 could be introduced to the Respite House by Service user, Staff, Visitors,	Staff, Service User, Public, Contractors	<ul style="list-style-type: none"> Robust screening of each service user prior to respite break (2 days before and on the morning of respite break). Letter sent to families in advance of respite break advising them of conditions of 		PIC and all staff.	

<p>Contractors or Members of the Public who have the infection resulting in an outbreak in the Respite House.</p>		<p>respite break and additional measures in place because of Covid</p> <p>On arrival and daily temperature</p> <ul style="list-style-type: none"> <input type="checkbox"/> and symptoms checks <p>Use of PPE in line with current</p> <ul style="list-style-type: none"> <input type="checkbox"/> National Guidelines <input type="checkbox"/> Strict hand hygiene protocol in place. <ul style="list-style-type: none"> <input type="checkbox"/> All staff are trained in Infection prevention and control and Clinical Waste Management <ul style="list-style-type: none"> <input type="checkbox"/> Hand sanitizers/alcohol hand rubs available throughout the unit. <ul style="list-style-type: none"> <input type="checkbox"/> Maximum of XXX service users per break with one to one staffing. <ul style="list-style-type: none"> <input type="checkbox"/> Regular staff in place –no crossover of staff between houses 			
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		<ul style="list-style-type: none"> ☐ Where applicable, Service users attend the same Day Services or School in “pods” whilst in respite. ☐ Social distancing maintained as far as possible. ☐ Waste will be held in a secure area until collection ☐ Infection Prevention and Control nurse (IP&C) in post and advising on management of COVID 19 IP&C advice available to staff for advice via phone ☐ Public Health advice available to discuss individual circumstances.-WHO/ ECDC/HSE guidelines for management of COVID 19 being followed. ☐ Staff have received training in Hand Hygiene and use of PPE 			
--	--	---	--	--	--

		<ul style="list-style-type: none"> <input type="checkbox"/> Staggered individual dropping off and collection times to the unit. <input type="checkbox"/> Local amenities only are used for outings during respite break – no use of public transport. <input type="checkbox"/> Unit is fully cleaned after each break. <input type="checkbox"/> MDT support with collective decision making. <input type="checkbox"/> A register of all staff is being maintained and the monitoring of any illness for effective infection control will be maintained <input type="checkbox"/> Staff will self-monitor for signs and symptoms of acute respiratory illness and self isolate if unwell following the advice from their GP. <input type="checkbox"/> Daily temperature staff check in place <input type="checkbox"/> Infectious Diseases Guidelines 			
		<p>for the Management of Notifiable Infectious Diseases within the organisation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organisational Waste Management Policy in place 			

	<ul style="list-style-type: none"> □ HSE: Infection Prevention and Control Guidance and Outbreak Control in Residential Care Facilities □ All staff can access IP&C Livebinders folder for all documentation on Covid 19 □ Regular cleaning schedule in place for regularly used surfaces-door handles, handrails, light switches, phones, keyboards □ Monthly review of this risk 			
--	--	--	--	--

Impact Category:	Injury	x	SU Experien	Standards Complian	Objectives/	Business	Publicity /	Financial Loss	Environment	
ceINITIAL RISK			ce Projects			ntinuit Reputati		RISK STATUS		
Likelihood		Impact		Initial Risk Rating		Open		Monitor		Closed
								x		

Reference - Health act 2007-2013 SI No.367 of 2013 Regulation of Residential Services - Safety, Health and Welfare at Work Act 2005 - Safety, Health and Welfare at Work (General Apps) Regs 2007-2016 Chapter 4 Part 2 - HSE Manual Handling and People Handling

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

Appendix IV Memorandum of Understanding

The Memorandum of Understanding (MOU) is an agreement between the Day Service Provider and Respite Service Provider to set out a process for infection control to maintain safety to everyone in the provision of services to residents of a Day Service Provider who attends a Respite Service provided by Respite Service Provider in a different organisation.

Purpose and Scope

The purpose of the agreement is to outline the communication pathways that will be in place to manage Infection Prevention and Control (IP&C) requirements between the organisations. IP&C is vital to ensure the safety and welfare of everyone and especially people living in their homes with people who have underlying medical conditions

Objective

Maintain the safety of everyone to the greatest degree practical through effective practices, communication, and relationships.

Responsibilities

Day Service Provider responsibilities under this MOU

- Have a named person/s who will be the contact person with Respite Service Provider
- Apply public health and IP&C guidance as appropriate to the needs of the service user to include:
 - Everyone is asked not to attend if they have signs and symptoms of infection including any COVID-19 symptoms or has been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19.
 - Adequate supplies of hand sanitiser at all locations entrance and exits, in each room.
 - Adequate supply of tissues and waste bins for immediate disposal.
 - Adequate support for good IP&C practice including access to appropriate PPE.
 - A cleaning regime in line with HSA guidelines following each group attending a location.
- All community locations to be risk assessed including application of public health and IP&C guidelines.
- Phone or email the Respite Service Provider the day an individual is going to the Respite Service to confirm that the person is symptom free (no symptoms of communicable infection including COVID-19) and has not been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19. Records of this communication should be maintained.
- Register of every attendee for contact tracing to be readily available.
- Inform the Respite Service Provider of any concerns around IP&C in the Day Service i.e. an individual has COVID-19 and is a close contact with the person who attends the Respite Service.
- Driver of transport to report any areas of concern around IP&C.

- Communicate any goals a person is working on in their Personal Care Plan (PCP) for it to be continued in the Respite Service.
- All information received by the Respite Service Provider about a person's health or wellbeing is confidential and only to be shared with appropriate staff.
- Consistent application of IP&C practice by Day Service Provider and Respite Service Provider so that the service user and family can see consistent practice □ Have adequate supplies of hand sanitiser, signage at all entrances and exits.
- Provide appropriate support for good IP&C practice including access to any PPE.

Respite Service Provider (Respite Service Provider) Responsibilities under this MOU

- Have a name person/s who will be the contact person with Day Service Provider
- Phone or email the Day Service Provider the day an individual has gone home from the Respite Service that the person is symptom free (no symptoms of communicable infection including COVID-19) and has not been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19. Report any items of concern i.e. a person in the service did not follow COVID etiquette during the day but does not have symptoms. Records of this communication need to be maintained.
- Register of every attendee for contact tracing to be readily available.
- Apply public health and IP&C guidance as appropriate to the needs of the service user to include:
 - Everyone is asked not to attend if they have a signs and symptoms of infection including any COVID-19 symptoms or has been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19.
 - Adequate supplies of hand sanitiser at all locations entrance and exits, in each room.
 - Adequate supply of tissues and waste bins for immediate disposal.
 - Adequate support for good IP&C practice including access to appropriate PPE.
 - A cleaning regime in line with HSA guidelines following each group attending a location.
- Inform the Day Service Provider of any concerns around IP&C in the Respite Service i.e. an individual has COVID-19 and is a close contact with the person who attends the Day Service.
- All locations to be risk assessed including application of public health and IP&C guidelines.
- Communicate any goals a person is working on in their PCP in order for it to be continued in Day Service when they return.
- All information received by Respite Service Provider about a person's health or wellbeing is confidential and only to be shared with appropriate staff.

Terms

The terms of the MOU are for the duration of the COVID-19 Pandemic or when the terms have been changed or modified at which time a new MOU will be in place.

Contact person/s

Signatories _____

Date _____

Appendix V Communication Agreement

The document is an agreement between the individual and/or their family as appropriate and the Respite Service Provider to set out a process for infection control to maintain safety to everyone in the provision of services to people living at home who attend a Respite Service.

Purpose and Scope

The purpose of the agreement is to outline the communication pathways that will be in place to manage Infection Prevention and Control (IP&C) requirements between the respite service provider and the individual availing of respite and their family (where appropriate). IP&C is vital to ensure the safety and welfare of everyone and especially people living in their homes with people who have underlying medical conditions

Objective

Maintain the safety of everyone to the greatest degree practical through effective practices, communication, and relationships.

Responsibilities

Individual with a disability and family responsibilities under this MOU

- Have a named person/s who will be the contact person with Respite Service Provider
- Apply public health and IP&C guidance as appropriate to the needs of the person with a disability to include:
 - Please ensure that the individual does not attend if he/she has signs and symptoms of infection including any COVID-19 symptoms or have been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19.
- You will receive a phone call from the Respite Service Provider two days before an individual is going to the Respite Service, and on the morning of the respite break, to confirm that the person is symptom free (no symptoms of communicable infection including COVID-19) and has not been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19.
- Sign the Attendance Log and provide contact information on admission.
- Communicate any goals a person is working on in their Personal Care Plan (PCP) for it to be continued in the Respite Service.
- All information received from the Respite Service regarding the service user is confidential.
- Consistent application of IP&C practice by the Respite Service Provider so that the service user and family can see evidence of good practice
- Alert the Respite Service should the individual show symptoms or test positive for COVID-19 within 14 days of discharge from the Respite Service

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Respite Service Provider (Respite Service Provider) Responsibilities under this MOU

- Have a named person/s who will be the contact person with individual availing or respite and their family as appropriate.
- Phone or email the individual/family two days before an individual is going to the Respite Service, and on the morning of the respite break, to confirm that the person is symptom free (no symptoms of communicable infection including COVID-19) and has not been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19. Records of this communication should be maintained.
- Register of every attendee for contact tracing to be readily available.
- Apply public health and IP&C guidance as appropriate to the needs of the service user to include:
 - Everyone is asked not to attend if they have a communicable infectious disease including any COVID-19 symptoms or has been identified as in contact with someone with a diagnosis of COVID-19 or waiting for the result of a test for COVID-19.
 - Adequate supplies of hand sanitiser at all locations entrance and exits, in each room.
 - Adequate supply of tissues and waste bins for immediate disposal. ○ Adequate support for good IP&C practice including access to appropriate PPE.
 - A cleaning regime in line with HSA guidelines following each group attending a location.
 - Daily temperature checks for both staff and service users
- Inform the family of any concerns around IP&C in the Respite Service i.e. an individual who attended the Respite service or a staff member who was working with the individual tests positive for COVID-19 within 14 days of discharge and is therefore identified as a close contact with their family member who attended the Respite Service
- All locations to be risk assessed including application of public health and IP&C guidelines.
- Communicate any goals a person is working on in their PCP to the family.
- All information received by Respite Service Provider about a person's health or wellbeing is confidential and only to be shared with appropriate staff.

Terms

The terms of the MOU are for the duration of the COVID-19 Pandemic or when the terms have been changed or modified at which time a new MOU will be in place.

Contact person/s

Signatories _____ **Date** _____

The information hereunder can also be utilised as part of the Communication Agreement with families.

Appendix VI Letter to Family Preadmission (adapted from St. Michael's House letter)

XXXX, 2020 Dear

Parent/Guardian,

I hope you are keeping well during these extraordinary times. Enclosed you will find an offer of respite for XXXX. As always our priority in respite is to ensure that your family member is provided with best possible safe and quality care. Due to the COVID-19 pandemic and under the guidance of NPHET and our infection control colleagues, we now have additional protocols in place to assist us with this. Going forward, we will be offering breaks to 3 individuals for a six night block, giving us the opportunity to undertake additional cleaning of the premises before the arrival of the next group. Your family member will be supported with infection control precautions by staff for the duration of their stay.

Prior to planned respite it is important that you inform us if your relative has been sick at home and in collaboration with you, a decision will be made in the best interests of all. In the unlikely event that your relative is unwell we need to consider the infectious nature of the illness and how this may impact on other vulnerable service users in respite at that time. We will ring you two days before and on the morning of the planned respite to ask screening questions on COVID.

We would ask that if you are going away when your relative is in respite that you give us the contact details of a nominated person to contact in the case of an emergency and in the event that they may need to go home.

COVID-19

COVID-19 is spread in sneeze or cough droplets, and can be easily spread to other people. Therefore we would ask that if your relative is displaying any sudden onset of the symptoms listed below or has displayed these symptoms in the 14 days leading up to respite that you contact respite and let us know.

- Cough – this can be any kind of cough not just a dry cough
- Fever usually >38°C
- Shortness of breath or breathing difficulties
- Loss or change to sense of smell or taste

If on arrival to respite your relative presents with any of these symptoms you will be contacted to bring them home. If anyone in respite presents with Covid 19 symptoms all service users will be asked to return home.

Vomiting/diarrhoea and infectious illnesses

Infection Control guidelines state that any service user with 3 or more bouts of

diarrhoea and/or vomiting within 24 hours should not attend respite. Should the service user develop vomiting and/or diarrhoea during the respite break you will be contacted to take your relative home and advised to make an appointment with their GP to exclude an infection. A service user can attend respite 48 hours after the last episode of vomiting and/or diarrhoea if they are well enough to attend.

Any service user with an infectious illness (chickenpox, measles, mumps etc) or a spreading rash should not be sent to respite until they have had the all clear from their GP. Please understand that infectious illnesses spread rapidly and can cause other vulnerable service users to become ill.

Anaesthetic/surgical/dental procedures

If your relative has had an anaesthetic/surgical procedure, please observe him/her at home for at least 24hrs following discharge. S/he may be sleepy from the anaesthetic or in pain from the dental/surgical procedure

Medication

Medications **must** be sent to respite in their original labelled containers with the pharmacist's instructions clearly visible on the outside of the container. In order to avoid delays, if a service use has had a change of medication, please send in a copy of the prescription along with a completed Change of Medication form which is sent to you with this respite break offer.

Thanking you for your continued support and co-operation.

Appendix VII Return to Respite 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?

Tick yes or no. 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. No

Signed	
Print name	
Date	

Appendix VIII Return to Work Checklist

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	Are other alternative service delivery options considered? E.g. alternate days, part time morning or afternoons				
7	Are there adequate protocols in place to support new ways of working?				

8	Is there a consultation process in place with Respite Service users, supported by family and advocates where appropriate to agree new individual plans and schedules?				
9	Is there relevant training and accessible information available for service users?				
10	Have personal plans of each service user or family service plans in the case of children, 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.				
11	Where Respite Services and Day services are provided by different service providers is there a communication protocol or MOU to address infection control to maintain safety of all.				

Return to Work Checklist cont'd - Staff Training and Support Needs

Pre-return to work steps

Ref	Checklist	Yes	No	N/A	Action
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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 IX)				
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? <u>HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?</u>				
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> . <u>https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html</u>				
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				
Ref	Checklist	Yes	No	N/A	Action
	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 apprised 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 				
Ref	Checklist	Yes	No	N/A	Action
	<p>hygiene, cough etiquette and cleaning?</p> <p>https://www.hseland.ie/dash/InterestedIn/Covid19</p>				

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 .				
Ref	Checklist	Yes	No	N/A	Action

Respite 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?				

2	Have high contact points been identified for more frequent cleaning?				
3	Are cleaning materials appropriate for use? Are new materials added to the chemical list?				
4	Are Hand Sanitisers/Alcohol based hand rubs provided at appropriate locations?				
5	Is there a clean desk policy in place? If not- this must be considered.				
6	Are local desk and IT equipment cleaning materials available? (e.g. phones, keyboard, desk)				
7	Have all staff / cleaners been re-inducted and/or re-trained as appropriate?				
8	Has appropriate PPE been provided to cleaners?				
9	Is there adequate supervision of cleaning arrangements?				
Ref	Checklist	Yes	No	N/A	Action
10	Are cleaning specifications in place to for the facilities being used?				
11	Are staff designated with cleaning roles adequately trained to undertake cleaning and disinfecting appropriately?				
12	Is there appropriate HSE Covid-19 signage in place?				

13	Should soft furnishings in common areas be removed? (e.g. cushions)				
14	Are adequate bins and wipes provided for office staff to clean desks and dispose of rubbish / tissues?				
15	Should other items at contact points be removed? (e.g. ornaments)				
16	Can touchless technology be introduced at contact points such as entry points?				
17	Where visitor facing roles - does the cleaning protocol reflect the visible cleaning of contact points?				

Return to Work Checklist cont'd

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?				

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				
Ref	Checklist	Yes	No	N/A	Action
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 Respite Services				
4	Is there an up to date Safety Statement in place reflecting the changes made by COVID19?				
5	Are there contact details and processes available for staff to access local IP&C or Public Health Support?				

Social distancing

Ref	Checklist	Yes	No	N/A	Action
1	Can capacity in the building be reduced / increased?				
2	Are all work areas including stations/Office spaces/Desks compliant with the 1 metre distance?				

Ref	Checklist	Yes	No	N/A	Action
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3	Have staff been advised of the requirement to move without delay through corridors of less than 1 metre wide? (Masks are required for health and social care workers where a distance of 2 m cannot be applied as per NPHE)				
4	Are Physical Screens or Guarding required?				
5	Can work areas be redesigned or Reconfigured to support safe distancing?				
6	Can employees be organised into teams who consistently work and take breaks together?				
7	Are lifts being controlled? Encourage stair use where appropriate? Are they being prioritised for usage for persons with reduced mobility?				
8	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?				
9	Have access controls been considered for the Reception Area? e.g. To manage numbers, monitor entry etc				
10	Is there appropriate HSE Covid-19 Social Distancing signage in place? https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/				

11	For employees using public transport- are flexible working times being Considered / offered?				
Ref	Checklist	Yes	No	N/A	Action
12	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.				
13	Are self-declaration forms held in line with GDPR requirements?				
14	Is a no handshaking policy implemented where it is possible?				
15	Has interaction between employees and visitors been eliminated or significantly reduced?				
16	Have physical barriers been erected where possible and practical?				
17	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 VII)				
7	Are training certifications still valid for Emergency Response Team members?				

Managing Third Parties: Contractors, Visitors, Customers

Ref	Checklist	Yes	No	N/A	Action
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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 V1 2/6/2020				
2	Is there a system for recording visits to the site? (See Appendix X – 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
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1	Have Risk Assessments been conducted for all tasks that may require PPE? <u>HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?</u>				
2	Has the HPSC guidance been consulted in relation to use of PPE? <u>HSE</u> and <u>HPSC website</u>				
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 XI				

2	Do staff conduct travel for work in line with <u>HSE Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel?</u>				
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?				

Appendix IX 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 X Attendance Log

Attendance Log

Please Sign In Below

Date	Name	Visit For?	Time In	Time Out	Signature

Appendix XI 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, 			
	<ul style="list-style-type: none"> • internal mirror, • handrails, • 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. <i>(Note: Disinfectant should not be used unless there is a specific requirement - for example a spill of body fluids)</i></p>			
5	<p>Is the date, time and cleaning regime of the vehicle recorded?</p>			

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 			
	<ul style="list-style-type: none"> • mobile phone and handset, • internal mirror, • 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</p>			

	consideration the type of surface being cleaned.			
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12.0 Acknowledgements

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