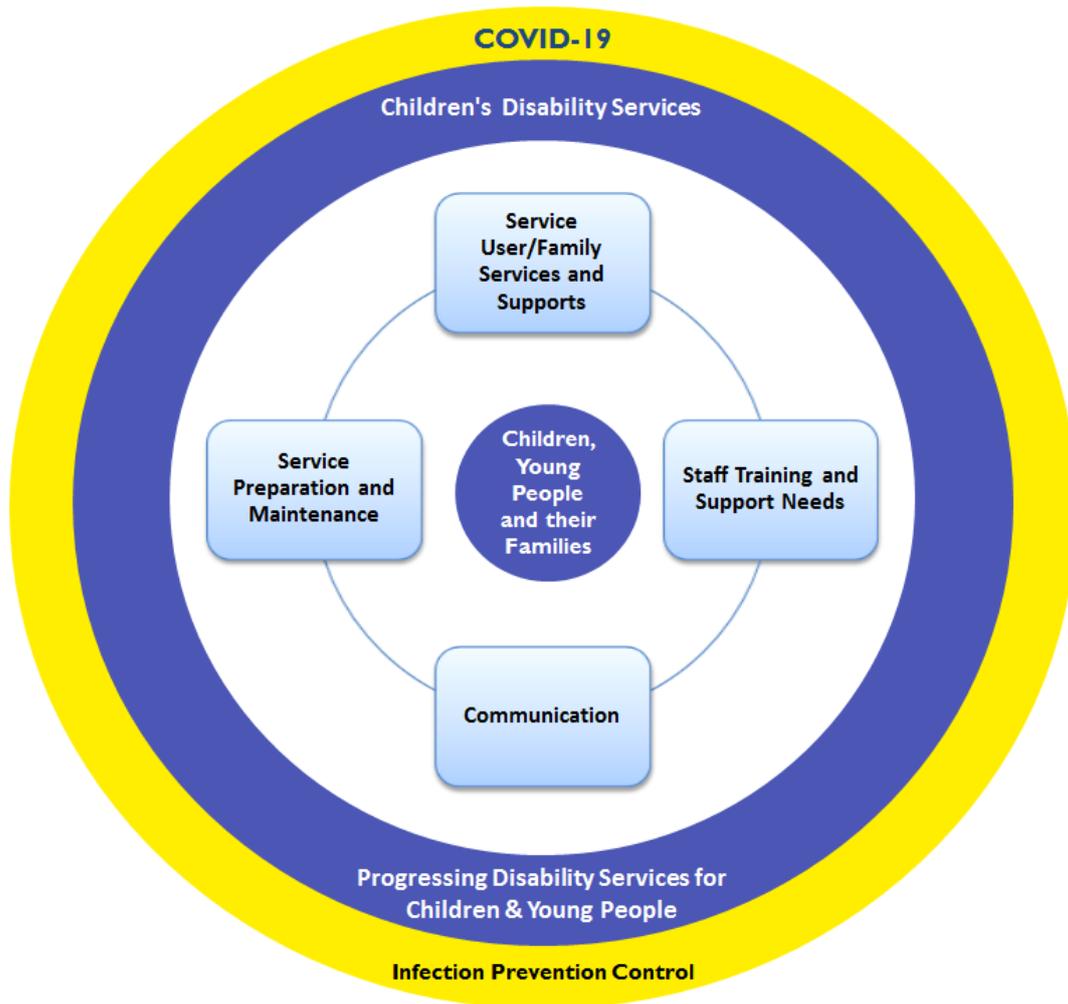




Guidance to Support the Resumption of Children's Disability Services



**HSE Children's Disabilities Working Group July 2020
V.2 Updated October 31st 2020**

This document has been revised to reflect the reduction in physical distancing guidance from 2 metres to 1 metres in all healthcare settings as advised by the HSE's Chief Clinical Officer

HPSC Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020 – (V1.2. September 2020) page 67 states:

Maintaining a minimum distance of 1m between all patients/service users at all times in so far as practical to do so reduces risk of contact and droplet transmission from people with unrecognised colonisation or infection. Note however that a recommendation for mask use within a distance of 2m of a service user or other healthcare worker currently applies in the context of COVID-19 as a specific recommendation by the National Public Health Emergency Team (NPHE).

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I. Introduction

This guidance is to support the return to more normal levels of service provision for children with disabilities and their families who have been significantly impacted by measures taken to prevent the spread of COVID-19. The guidance is aimed to support management and staff of the HSE and HSE funded organisations to deliver services while adhering to Infection Prevention and Control (IPC) and Public Health guidance in regards to COVID-19. It provides a stepped approach to resumption of services in line with IPC and Public Health guidance and the revised *Government's Work Safely Protocol* ([link](#)) and applies to staff and management of Children's Disability Network Teams and those planning reconfiguration into Children's Disability Network Teams.

It is important to note that the majority of children's disability services have maintained a level of service and supports for children and families throughout the COVID-19 pandemic, based on prioritised need, available staff and family consent, and in line with the HSE's *Guidance on Adapted Models of Supports (Non-Residential)* (Version 2: May 31st 2020) ([here](#)). The tiered approach to provision of supports recommended in the *Adapted Models of Supports (Non-Residential)* remains appropriate and relevant as services work towards full resumption of services and supports as COVID-19 permits. That is, **engagement with children and families, both new and those already known to services, should continue with the provision of services and supports via phone and telehealth as the first option, advancing to direct face to face supports where phone and/or online supports do not meet the needs of the child and family.** See Section 4.0 for further detail.

I.1 Infection Prevention and Control (IPC) Statement

HSE and HSE funded voluntary organisation services are committed to the provision of effective services and supports for children and their families with the lowest level of risk of infection possible for service users and staff. COVID-19 requires additional precautions to prevent and control the spread of infection whilst continuing to provide effective services and supports. Thorough risk assessment, reviewed regularly, and on-going risk management are critical to ensuring optimal controls are in place and working to effectively manage risks as services are resumed.

Approximately 43,000 children¹ are accessing or eligible to access Children's Disability Network Teams (CDNTs) or children's disability services pre-reconfigured into CDNTs. Because of the nature of their disability, many of these children are more prone to infection. Standard infection prevention and control (IPC) measures and on-going risk assessment and management are an integral part of children's disability service provision.

¹ Throughout this document, children refers to children and young people from birth to age 18 attending or eligible to attend children's disability services.

The most critical element in preventing transmission of respiratory viruses such as COVID-19 is the early identification of people with symptomatic COVID-19 and deferral of their services and supports if that is safe to do so. If it is not safe to defer services and supports, they must be delivered with specific precautions (see 2.3 and 2.5). As some infectious people may be asymptomatic, service must be delivered in a manner that manages the risk that an infectious person may be present.

Standard Precautions are a series of IPC precautions which should be applied when delivering health care to all people in all settings to manage the risk of spread of infection from a person who is infectious but is not known to be so. The key elements of Standard Precautions relevant to control of COVID-19 are effective hand hygiene, respiratory etiquette, and environmental cleaning. In addition to Standard Precautions, healthcare workers should maintain a safe distance from each other and from people they support when it is practical to do so and should wear a surgical mask according to NPHET guidance on mask use for healthcare workers except when there are particular clinical reasons to use an alternative risk management approach (see section 2.3).

Staff and service users should be encouraged to download the COVID-19 app (covidtracker.gov.ie)

The guidance is written in the context that all service and supports must be provided in line with current National Public Health Guidance (www.hpsc.ie). This is likely to remain a requirement for the foreseeable future.

The most critical elements are

- Identifying people who have or who are likely to have infectious COVID-19 and deferring services or delivering services with specific precautions as appropriate
- With all people, including those where there is no reason to suspect COVID-19, the following apply
 - hand hygiene performed correctly
 - respiratory etiquette
 - physical distancing
 - use of Personal Protective Equipment (PPE) where required

It is critical that all staff engaged in the provision of children's disability services review www.hpsc.ie regularly for up to date national public health guidance as advice within this guidance document is subject to change.

Note: This is a living document. It will be reviewed and updated as required to take into account new guidance as it evolves from www.Gov.ie and www.hpsc.ie.

I.2 Return to Workplace Preparation

All services should ensure that there is a clear plan for return to the workplace in line with current HPSC guidance and the revised [Government's Work Safely Protocol](#) in order to prevent the spread of COVID-19. To support the development, implementation and ongoing monitoring of such a plan, this guidance is divided under the following sections:

Section 2: Services Preparation and Maintenance

Section 3: Staff Training, Supports and Practice changes

Section 4: Service User/Family Services and Supports

Section 5: Communication

Section 6: Useful Resources including protocol, guidance and checklists

Section 7: Appendices provides a range of sample guidance and checklists to support management and staff in their planning, re-opening and ongoing monitoring of services during COVID-19 and onwards. This includes **Appendix I:** Return to Work Checklist Guide which covers essential areas of focus under Sections 2-5.

Additional measures implemented to provide as safe an environment as possible for staff and the public will require ongoing review by management.

2. Service Preparation and Maintenance

Children's disability services are provided in many types of settings in different organisations across the country e.g. dedicated children's disability service centres, shared settings with other services such as Primary Care, Mental Health etc. Therefore, services and organisations will need to adapt the content of this guidance to suit specific local needs.

This section provides guidance on additional controls required in centres providing services for children with disabilities in order to ensure a safe environment for staff and service users, and to minimise the spread of infection. For further detail, see:

- **Appendix 1:** Return to Work Checklist Guide
- **Appendix 2:** Facility Preparation for Service Resumption – Consideration

2.1 Facilities

A detailed audit and risk assessment of the facilities is necessary prior to commencement of onsite services. This includes:

- Confirmation of facilities available for service provision, including those repurposed during COVID-19 which may be unavailable in the event of a second surge
- A comprehensive facility review and risk assessment completed by management in light of current public health guidance on additional requirements for COVID-19 and consideration of the following:
 - Control entry point where people can be rapidly screened for clinical features of COVID-19 e.g. by questionnaire (see Pre Appointment Screening, section 4.3)
 - Effective physical distancing measures
 - Review the site's Infection Prevention and Control Policies, Procedures, Protocol and Guidelines (PPPGs), risk assessment and controls in place. Unless the service/site is managing people with confirmed COVID-19, good standard cleaning of contact surfaces with detergent and water is generally what is required.
 - Appropriate use of PPE where required (section 2.2)
 - Communication to, education of, awareness by and responsibility of all staff for compliance with exclusion from work and infection prevention and control measures.

2.2 Environmental Hygiene, Cleaning and Disinfection

PPPGs and practice in this area should be reviewed to ensure they are in line with Standard IPC Precautions and additional control measures to be implemented if a suspected or confirmed COVID-19 case arises. This review should include:

- The service's cleaning programme in place with a particular focus on high touch/high traffic areas e.g. canteen, workstations, work tops, door handles. These high contact areas should be cleaned at least twice daily and wherever known to be contaminated with secretions, excretions or body fluids ([HPSC: Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#))
- Reducing opportunities for frequent contact with surfaces where possible e.g. leaving some non-fire internal doorways open where there is no compromise to confidentiality or safety
- Additional cleaning stations with materials to conduct wipe downs of frequently touched surfaces such as door handles, individual work areas and/or shared work stations, etc
- Thorough cleaning of the facility with detergent and water is generally sufficient as standard IPC 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 ([HPSC: Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#) - sections: Routine Cleaning, Frequency of Cleaning and Terminal Cleaning and [HPSC Supplementary Note on Management of Suspected COVID-19 Cases](#) - section I)
- Adequate supply of cleaning and disinfectant products and hand sanitising solutions available
- Adequate number of hand sanitiser stations across the site
- Appropriate signage to be used to support implementation of these measures
- Decluttering all work spaces with items currently not in use stored and disposed if no longer required
- Reviewing all surface materials to ensure they are easy to clean and where possible, replace or remove if required e.g. cloth covered seating

2.3 Personal Protective Equipment (PPE)

PPE use is important to consider when all other infection prevention measures have been taken including hand hygiene performed correctly, respiratory etiquette and physical distancing, and environmental hygiene and cleaning.

Current NPHE recommendations:

- ***Surgical masks should be worn by healthcare workers when supporting service users within 2 metres***
- ***Healthcare workers should wear surgical masks for all encounters of 15 minutes or more with other healthcare workers in the workplace where a distance of 2 metres cannot be maintained***

HPSC recommends that if there are situations where it is not appropriate for healthcare workers to wear a surgical mask whilst providing supports for a service user 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 a child with respiratory symptoms/suspected/confirmed COVID-19 where the healthcare intervention is deemed essential at this time, a risk assessment must be completed. See HPSC guidance below 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 the appointment, where possible, and the clinician should ensure that they have an adequate supply of PPE for the appointment.

Services should review their waste management PPPG in regards to the use and disposal of PPE and ensure adequate supplies, storage, use and disposal of necessary PPE (where required per HPSC guidance).

For further detail, please see:

- [HPSC: PPE Guidance](#)
- [HPSC Guidance on AGPs](#)
- [HSE: Guidance on the use of PPE in Disability Services](#)

2.4 Infection Prevention and Control (IPC) Measures

Policies, Procedures, Protocol and Guidelines (PPPGs) should be updated, or developed where not already in place, to address additional controls required for COVID-19, including:

*Infection Prevention
and Control PPPGs*

*Health and Safety
Statement*

*Risk Management
PPPGs*

*Environmental Hygiene
and Cleaning PPPGs*

It is important that these policies are kept under review in line with evolving HPSC guidance and staff informed of relevant changes. It is critical for staff to adhere to these policies to maximise infection prevention and control at work

Services must ensure the following are in place:

- A process for all staff to declare that they do not have symptoms of COVID-19 before starting work each day
- Posters outlining COVID-19 signs and symptoms displayed throughout the workplace
- Training, including updates when required, provided for all staff on COVID-19 and IPC measures implemented in their workplace to prevent and control the spread of COVID-19 in the service
- PPPGs for dealing with a suspected case of COVID-19 in the service
- The organisation's COVID-19 Response Plan, an essential part of an organisation's safety management system, developed and implemented to provide details on additional specific arrangements to prevent and manage the spread of COVID-19, including (not exclusive) :
 - Working from home where practical in line with the revised *Government's Work Safely Protocol* ([link](#))
 - Travel to work and travel for² work:
 - [HSE Safe Driving for Work Policy, 2018'](#)
 - [HSE: GD:015:01 'Guidance on Staff travel during COVID 19 Outbreak - Things to consider when you and your employees are to engage in travel'](#)
 - [HSE: PS:038:01 Risk Assessment Prompt Sheet - Staff Travel during COVID-19 outbreak](#)
 - <https://www.hse.ie/eng/staff/safetywellbeing/>
 - Infection Prevention and Control measures e.g. hand hygiene, respiratory etiquette, physical distancing, physical barriers where physical distancing is not

² Driving for work includes any person who drives on a road as part of their own work (not including driving to and from work unless in receipt of travel expenses) either in a HSE vehicle or their private vehicle, receiving travel expenses from the HSE.

possible (e.g. screens at reception), environmental hygiene, waste management including disposal of used PPE

- Provision of online/ phone supports as first option where it meets the needs of service users, in order to minimise face to face interactions
- Identification and support for at-risk workers (vulnerable workers)
- Review of the services PPPGs for Visiting Contractors /Others and implementation plan for any changes required
- Review cleaning PPPG and programme to ensure it is in line with HPSC guidance [HPSC: Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#) - Sections: Routine Cleaning, Frequency of Cleaning, Termination Cleaning) and [HPSC Supplementary Note on Management of Suspected COVID-19 Cases](#) (Section 1)

Each site/service requires its own COVID-19 Response Plan.

See [HSE Managing Employees Return to Work Safely](#)

In addition, services may consider:

- **Attendance Log** (Appendix 3): of all people entering and leaving the premises including their time spent in the building. This may be required to inform contact tracing. The log should be maintained by a single responsible staff member, if possible electronically, to minimise risk of spread of infection
- **Contact Log** (Appendix 4): The prompt identification and isolation of potentially infectious individuals is a crucial step in protecting the employee involved, their colleagues, service users and others at the workplace. Organisations may introduce the use of a Contact Log. This is a list of all persons with whom the employee came in contact during their working day where they were unable to adhere to a minimum of 1 metre physical distancing for more than 15 minutes.

2.5 In the event of a suspected or positive COVID-19 case

In the event of a suspected or positive COVID case, Infection Prevention and Control PPPGs should include site specific detail on its management, including:

- If staff develop COVID-19 signs and symptoms outside of work, they should self-isolate, contact their GP, and ring their manager, rather than go into the workplace
- If staff develop COVID-19 signs and symptoms while at work, they should inform their manager immediately, and make arrangements to leave work, self-isolate and seek medical advice

- Symptomatic person wearing a surgical mask where not already doing so per current NPHET guidance.
- Isolation of a symptomatic person (child, carer or staff) in a vacant room (if available) or space, with adequate ventilation where not possible to return home straight away ([HPSC Supplementary Note on Management of Suspected COVID-19 Cases](#) - section I)
- Appropriate cleaning and disinfecting of all spaces, equipment, furniture etc which that person came in contact with. Once the area has been cleaned and disinfected, it can be returned to use immediately. ([HPSC: Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#)) - sections: Routine Cleaning, Frequency of Cleaning and Terminal Cleaning and [HPSC Supplementary Note on Management of Suspected COVID-19 Cases](#) - section I).
- COVID-19 testing: where staff member or service user presents with COVID-19 symptoms, they are advised to contact their GP
- Contact tracing: This is the responsibility of HSE Public Health and information provided by the services such as a contact log will assist this process
- Incident assessment to include required follow up actions, implementation and review, and staff updating of same.

3. Staff Training and Support Needs

The revised *Government's Work Safely Protocol* is a general document to support and guide organisations and their staff in re-establishing a safe work environment and operation. There is also a range of supporting documents available for staff of children's disabilities including the following:

- HSE Health and Safety Function ([link](#))
- HPSC ([link](#))
- HSE Partner Resources ([link](#))
- HSE's Managing Employees Return to Work Safely ([link](#))
- HSA: Return to Work Safely ([link](#))

This section of the guidance focuses on essential supports and training for children's disability staff to enable them to resume and maintain a safe work environment as far as is practically possible.

3.1 COVID-19 Lead Worker representative

The revised *Government's Work Safely Protocol* recommends that at least one lead worker representative be appointed per workplace. They will assist in putting in place and monitoring staff adherence to measures to prevent the spread of COVID-19 in the workplace, keeping staff informed of those measures and the latest COVID-19 advice, and work collaboratively with the employer to ensure, as far as is reasonably practical, the safety, health and welfare of employees in relation to COVID-19 ([HSE Occupational Safety & Health Newsletter](#)). The employer should provide their lead worker representative(s) with targeted training, a clear governance structure and regular engagement and updates to support them in this role.

3.2 Health and Safety representative(s)

Disability service providers must work closely with their Health and Safety representatives during this phase of change in the work place. The H&S representative will provide support in updating their health and safety risk assessments and safety statement, and their IPC Policy, including hand hygiene requirement with regards to COVID-19.

3.3 Staff

The following should be developed and progressed in collaboration with COVID-19 Lead Worker representative(s)/Union(s) representative(s):

3.3.1 Remote working

In line with the *Government's Roadmap for Re-opening Society and Business* ([here](#)), staff may work from home, where possible and practical, even for part of their day e.g. where therapists are providing online/on phone support, engaging in online team meetings or

writing reports. By reducing footfall in the workplace, it will facilitate compliance with the required physical distancing guidelines in order to reduce risk of spread of COVID-19. In this case, Health and Safety, data protection and all other relevant Policies, Procedures, Protocol and Guidelines (PPPG) still apply and staff have the same responsibility to adhere to them as they would while working from an office base. Staff working from home will need to attend their base from time to time, and may also need to be available at short notice as the need arises. To facilitate this, staff will be asked to ensure they comply with the agreed office schedule and booking systems for rooms or hot desks.

See:

- **Appendix I: Return to Work Checklist**
- [HSE Guideline to Home Working during COVID-19](#)
- [HSE: Working from home during COVID-19](#)
- [HSE IT Solutions to enable provision of telehealth](#)

3.3.2 Staff Resource Review

It is important to identify those who are available to return to the workplace, those who remain redeployed (full or part time) and those who have vulnerabilities (self or household member) in regards to risk of COVID-19 infection. Reasonable accommodation should be made to support staff with a certified medical condition ([HSE: People at Higher Risk](#)). Processes should be developed for identifying and supporting staff who may be at high risk if they contract the virus.

3.3.3 Review of opening hours

This should be completed by management in collaboration with staff representatives with a view to extended hours and days of opening to allow greater flexibility for staff to work early or late and ensure reduction in footfall through phased/staggered/shift rotas.

3.3.4 Sick leave and other relevant HR policies

Each organisation should review their relevant PPPGs, if not already done, in light of COVID-19.

3.3.5 Pre-return to work mandatory training

This training should be provided for all staff, where possible online e.g. via Microsoft Team or similar as a critical measure to supporting safe return to work and include:

- COVID-19: signs and symptoms and how it spreads
- Outline of the service's COVID-19 Response Plan
- All changes to site practices to include:
 - The service's updated *Infection Prevention and Control* PPPG including hand hygiene, respiratory etiquette, physical distancing, use of appropriate PPE where required

- Health and Safety Protocol specific to each site
 - Attendance Log (**Appendix 3**) and Contact Log (**Appendix 4**) usage
 - Review of risk assessments and escalation where required.
 - Measures to reduce foot fall and risk of spread of infection e.g. staff working hours on/off site and allocated break times, staggered child appointments (see Section 4)
- Staff responsibilities in compliance with all IPC measures now being implemented.
 - Staff completion of the following HSELand modules available upon registration [here](#)
 1. Hand hygiene for HSE clinical staff /Hand hygiene for HSE Non-clinical staff
 2. Breaking the Chain of Infection
 3. Introduction to Infection Prevention and Control
 4. Putting on and taking off PPE in community healthcare settings
 5. For all staff: COVID-19 Return to Work Induction Webinar (mandatory for HSE employees)
 6. For Team Leaders/Managers: COVID-19 Returning to Work Safely Webinar (mandatory for HSE employees in these roles)

3.3.6 Return to Work Form

The Return to Work form (**Appendix 5**) should be completed by each employee a maximum of 3 days in advance of their return to work, following any period of absence or redeployment. This is to confirm to the best of their knowledge that they have no COVID-19 signs or symptoms, are not self-isolating or awaiting test results, or not a close contact of someone who has confirmed or suspected COVID-19 or advised by a doctor to self-isolate or cocoon at this time.

3.3.7 Office, clinic and meeting room access

Consideration should be given to a phased and rotational schedule for staff onsite work that cannot be done remotely. Face to face team meetings should only occur where it is essential.

3.3.8 Staff access to public health guidance

There is a wealth of information and guidance, national and international, available in relation to COVID-19 and it can be overwhelming for staff to keep up with the key information, updates and revisions, required to support a safe workplace for all stakeholders.

Staff should access and regularly review the following sources in particular:

- Public health guidance [here](#)
- HSE guidance which includes disability specific topics: [HSE Partner Resources](#)
- <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>

3.3.8 Self-health check prior to and during work

As a precautionary infection control measure, staff members should self-monitor for COVID-19 symptoms (fever, cough, shortness of breath or difficulty breathing OR if their temperature records 38 degrees Celsius or more).

If staff develop signs and symptoms at work, they must report to their line manager immediately in accordance with local protocol. If staff develop signs and symptoms at home, they must self-isolate at home, contact their GP immediately for advice, and ring to advise their line manager i.e. not attend the workplace.

3.3.9 Staff Health and Wellbeing

Employers are obliged under the Irish Safety, Health and Welfare at Work Act 2005 to ensure safe places of work for all employees, which covers mental as well as physical health and safety.

The resumption of services will provide new challenges for staff. In addition to support and supervision from their line manager, it is important that staff are aware of and have access to health and wellbeing supports e.g. their organization's Employee Support Programme, Occupational Health, and also, external sources such as the Governments "*In This Together campaign*" and the HAS resources.

See: [In This Together \(Government\)](#)
[Workplace Stress \(HSA\)](#)
[Work Positive](#)
[Safety Statements and Risk Assessments \(HSE\)](#)

4. Service User/Family Services and Supports

From the start of the COVID-19 pandemic, children's disability services and supports were mostly provided remotely in adherence to public health guidance, to minimise the risk of spread of infection. Face to face services provided in health service premises or service users homes were based on prioritised needs as per the HSE's *Guidance on Adapted Models of Support (Non-Residential)* updated May 2020).

This section expands on that pathway of services and supports to cover:

- Telehealth
- Scheduling clinic and home based appointments
- Pre and during post appointments
- Home, school and pre-school
- Assessment of Need
- Transport

4.1 Telehealth

While the restrictions on face-to-face work initially presented challenges to traditional models of service delivery, it has also provided opportunities to develop innovative and efficient ways of working which will benefit service users and providers. Telehealth approaches should be exploited and used for optimal benefit. Where appropriate, blended approaches should be utilised to minimise contact time and travel for families and service providers. A separate document; "*Interim Guidance on How to Conduct Assessments in Children's Disability Services*" ([here](#)) provides detail for clinicians and managers on the administration of assessments at this time.

Clinical judgement should be exercised when determining whether remote or face-to-face methods are appropriate for each assessment / intervention or part thereof. Such decisions should be made on a case by case basis and should reflect the availability of adequate technology to the family and clinician, nature of the assessment/intervention, risk issues etc.

The choice of technologies will depend on local availability and approved protocols. Chosen technologies should be those approved by the service provider / HSE and used in line with usual information governance and IT security policies.

Teams will need to consider the facilities and supports available to families including:

- Consent
- Phone/laptop that will support the use of "Attend Anywhere" (or other required platform)
- Internet access
- Quiet physical space
- Assessment/therapy materials
- An available adult to supervise any other children that may be in the house
- Interpreters where appropriate

Family competencies in the use of IT as a medium to access services and supports must also be taken into consideration. For further detail, see:

- **Appendix 6:** Checklist for Considering Options for Support via telehealth and in person – CHO West
- [Telepractice: a guide to support children's disability teams \(HSE May 2020\)](#)
- [HSE IT solutions to enable provision of telehealth](#)

4.2 Scheduling of clinic or home appointments

There is limited risk of spread of infection from face to face engagement between asymptomatic people who follow good IPC practice and whilst any unnecessary face to face interventions should always be avoided, this is not an IPC requirement if the face to face intervention is required to achieve a particular purpose.

Managers and their teams/staff should consider the following in planning and resuming face-to-face interventions:

- A risk assessment to identify interventions as low, medium or high risk, what can only be done face-to-face and alternatives where this cannot be done safely.
- Number of appointments that can be scheduled considering:
 - Rooms and space available, in line with NPHET guidance
 - Physical distancing requirements
 - Numbers of people not coming by car who will need the waiting room
 - Time required between appointments to clean all surfaces touched by the child and carer, and for safe arrival and departure of families
- Coordinated appointments
- A schedule for each staff member of times available for appointments
- Prioritisation system for face to face appointments that are appropriate to service user needs and which should be made available to families
- Protocol for appointments with young children where physical distancing is more challenging.

4.3 Pre Appointment

See **Appendix 7:** Guidelines for Centre Based Appointments. Staff are advised as a minimum to:

- Collect all possible subjective information on the phone prior to appointment
- Advise the parent/carer what PPE the clinician will be using during the appointment, and send pictures and social story if needed. Where working within 2 metres of a child and/or carer, a surgical mask is required (or visor – see HPSC guidance in 2.4). There is generally no requirement for gloves or apron unless the child is suspected

to have an infectious disease and the disability service intervention is a high contact activity (sections 2.3 and 2.5)

- Also advise the parent/carer for them and their child to wear a face covering if possible when attending the appointment in line with current public health guidance. Masks are not required for children less than 13 years but some children may prefer to wear them
- Send information leaflet re attending appointments during COVID-19 pandemic to include:
 - Signs and symptoms of COVID-19
 - Limitation on number of family members who may attend with the child
 - Procedure on arrival and departure e.g. where travelling in own car, wait in car until called
 - Facilities in the centre which will/will not be available
 - Ask the carer to clean their child's equipment prior to the appointment
 - Child and carer wearing face coverings if possible when attending the appointment in line with current public health guidance
 - Requirement to observe IPC measures throughout the appointment (hand hygiene, respiratory etiquette and physical distancing)
 - Good ventilation in the room
 - Advise re telephone screening at no more than 24 hours before appointment
- Complete a telephone screening for COVID-19 less than 24 hours of the appointment and again upon arrival for the appointment (**Appendix 8**).

Where a child or carer is suspected or confirmed COVID-19 positive or considered a close contact, the service should be deferred where it is safe to do so. If it is not safe to defer and the child's healthcare intervention is deemed essential/urgent, it may be provided with the application of standard contact and droplet precautions. In this case,

- Complete a risk assessment
- Advise the carer to contact their GP if they haven't already done so
- Implement the required additional IPC precautions
- Follow HPSC guidance on cleaning and disinfecting all surfaces which the child and carer came in contact with during the visit, and waste disposal (see 2.5)

If the child or carer is suspected or confirmed COVID-19 positive, and the child's healthcare intervention is deemed non-essential/not urgent:

- Defer the appointment
- Advise the carer to contact their GP if they haven't already done so
- Reschedule the appointment when it has been determined that they do not have COVID-19 or if COVID-19 was confirmed that they are no longer infectious in line with medical advice.

4.4 Home, school and pre-school visits

See **Appendix 9** Guidelines for Home Visits and HSE COVID-19 Infection Prevention and also, *COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver care* ([here](#)). Staff should as a minimum:

- Conduct all possible information gathering, assessment and intervention by telehealth
- If a visit is required, complete a risk assessment
- Send information leaflet to family/school/pre-school in advance:
 - Signs and symptoms of COVID-19
 - Limitation on number of family members who may be present with the child
 - Procedure on arrival and departure
 - Child and carer wearing face coverings if possible when attending the appointment in line with current public health guidance
 - Requirement to observe IPC measures (hand hygiene, respiratory etiquette and physical distancing, and PPE where required and for the child, tolerable)
 - Good ventilation in the room
 - Advise re telephone screening at no more than 24 hours before appointment
- In regards to preschool and school visits, staff will collaborate with educators to agree procedures in advance in line with their workplace IPC procedures

Where a child or individual in their household is suspected or confirmed to be COVID-19 positive, and the child's intervention is deemed essential/urgent,

- Complete a risk assessment
- Advise the carer to contact their GP if they haven't already done so
- Implement the required additional IPC precautions (see 2.5)
- Follow HPSC guidance on cleaning and disinfecting all surfaces which the child and carer came in contact with during the visit, and waste disposal (see 2.5)

Where a child or individual in their household is suspected or confirmed to be COVID-19 positive, and the child's intervention is deemed non-essential/not urgent,

- Defer the appointment
- Advise the carer to contact their GP if they haven't already done so
- Reschedule the appointment when it has been determined that they do not have COVID-19 or if COVID-19 was confirmed that they are no longer infectious in line with medical advice

4.5 Assessment of Need

The general guidance in this document is also applicable to the resumption of Assessments of Need. In addition, the following information should be considered by all Assessment of Need staff including Assessment Officers, assessors, clerical support and Liaison Officers.

At Stage 1 of the AON process, the Assessment Officer should engage with the applicant/ family remotely using post, e-mail, telephone and “Attend Anywhere” as appropriate.

At Stage 2, the assessing service should, having reviewed the referral documentation, engage with the family by telephone to outline the next steps and to establish the availability of supports including technology. Screening assessment tools / standardised measures of adaptive functioning should be provided for the parent to complete. Where possible, parent interviews should be conducted via video link.

Where appropriate, parents should provide videos of the child doing a range of pre-defined activities for review by the clinicians. All opportunities for remote observation should be utilised including video, observation rooms, screens etc.

The aforementioned “*Interim Guidance on How to Conduct Assessments in Children’s Disability Services*” ([here](#)) provides detail for clinicians and managers on the administration of assessments at this time. Clinical judgement should be exercised as to the effects of any deviations from standardised administration protocols and should be accounted for in decision making / reporting.

Clinicians should engage remotely or while maintaining physical distancing to review each child’s assessments and to complete their report. Where possible, feedback to parents should also be provided remotely.

At Stage 3 all engagement between the Assessment Officer, Liaison Officer, Service Providers and families should be facilitated remotely via e-mail, post, phone or video link as appropriate.

4.6 Transport

Where services provide transport for a small number of children with significantly complex needs to clinical appointments, it is essential, prior to the resumption of the transport service, to

- Review the service’s Transport PPPG including infection prevention and control measures to include effective hand hygiene, respiratory etiquette, physical distancing, and face coverings as recommended
- Complete a risk assessment of the transport service
- Identify and implement additional control measures in light of COVID-19 which may include reduction of the numbers of people on a vehicle if necessary and extending the number of trips, and new cleaning protocol (see **Appendix 10**)

Transport providers must demonstrate that their transport services are safe and that all COVID-19 precautions have been implemented and observed. Relevant staff must be inducted on the changes implemented and must confirm their understanding and adherence to same.

5. Communication

In line with the revised *Government's Work Safely Protocol*, regular robust communication, consultation and collaboration between staff, management, service users and families is essential to enable safe return to work and resumption of services for all stakeholders concerned.

5.1 In building

- Provide up to date posters on signs and symptoms of COVID-19, how it spreads, cleaning routines and waste disposal as well as advice on hand and respiratory hygiene, physical distancing, use of PPE and work equipment where relevant.

5.2 With staff

- Pre return training on COVID-19 and preventative measures in the workplace. This should include signs and symptoms of COVID-19 and how it spreads, hand hygiene, respiratory etiquette, physical distancing, use and disposal of PPE, waste management, cleaning of equipment and facilities before and after use. (see Section 3.3.5: Staff training)
- Regular engagement, consultation and communication with staff is critical to effective implementation of COVID-19 prevention and control measures in order to minimise risk to staff, service users and families
- Use of email, posters, and team meetings/teleconferences to keep team members updated on the organisation's/service's recovery plan, related PPPG and training

5.3 With service users/clients/families/contractors

- Infection prevention and control measures implemented in the service should be explained to service users and their family/carer in advance and during visits to health centres or home visits
- Use of posters, social media service platforms where available, social stories pre/during appointment information to keep families updated

6. Useful Resources

Theme	Topic
Returning to Work	1. Government: Work Safety Protocol (November 2020) https://healthservice.hse.ie/staff/coronavirus/safety-in-the-workplace/managing-employees-return-to-work-safely1.html?utm_source=broadcast&utm_medium=email&utm_campaign=Coronavirus&utm_content=Updated%20safety%20in%20the%20workplace%20-%20managing%20employees%20returning%20to%20work
	2. HSE: Work Safely – arrangements for during COVID-19 https://healthservice.hse.ie/staff/coronavirus/safety-in-the-workplace/managing-employees-return-to-work-safely1.html
	3. HSE: Return to Work Safely https://www2.hse.ie/conditions/coronavirus/returning-to-work-safely.html#before-return
	4. HSE National Health and Safety Function https://www.hse.ie/eng/staff/safetywellbeing/about%20us/
	5. HSE: Safety Statement and Risk Assessments: https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html
	6. HSA: Return to Work Safely: 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 that include: <ul style="list-style-type: none"> ✓ COVID-19 Response Plan ✓ Employee Return to Work Form ✓ Checklist 1: Planning and Preparing ✓ Checklist 2: Control Measures to Prevent Infection ✓ Checklist 3: Covid-19 Induction ✓ Checklist 4: Dealing with a Suspected Case of Covid-19 ✓ Checklist 5: Cleaning and Disinfection ✓ Checklist 6: For Employees to help prevent the spread of Covid-19 in their workplace ✓ Checklist 7 and poster: For Lead Worker Representatives
	7. HSE IT Solutions to enable provision of telehealth https://healthservice.hse.ie/staff/coronavirus/working-from-home/virtual-health/virtual-health.html?utm_source=broadcast&utm_medium=email&utm_campaign=oocio_virtual_health&utm_term=leave%20blank&utm_content=oocio
	8. People at higher risk from coronavirus https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html

	<p>9. Telepractice: a guide to support children’s disability teams (HSE May 2020) https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/</p>
	<p>10. HSE Guideline to Home Working during COVID-19 www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/covid-19-home-working-guidelines.pdf</p>
	<p>11. HSE: Working from Home during COVID-19 https://healthservice.hse.ie/staff/coronavirus/working-from-home/working-from-home-during-covid-19.html</p>
	<p>12. Categories of vulnerable people https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html</p>
HPSC Guidance	<p>1. HSE Health Protection Surveillance Centre www.hpsc.ie</p> <p>2. HPSC: Acute Hospital IPC precautions for possible or confirmed COVID-19 in a pandemic setting https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/InfectionPreventionandControlPrecautionsforAcuteSettings-COVID-19.pdf</p> <p>3. HPSC: PPE Guidance https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/</p> <p>4. HPSC Guidance on Aerosol Generating Procedures https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/aerosolgeneratingprocedures/AGPs%20for%20confirmed%20or%20possible%20COVID19.pdf</p> <p>5. HPSC Supplementary Note on Management of Suspected COVID-19 Cases https://healthservice.hse.ie/filelibrary/coronavirus/supplementary-note-for-management-of-suspected-covid-19-cases.pdf</p> <p>6. COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/healthandsocialcareworkers/</p>
Disability Specific Guidance	<p>1. Guidance on Adapted Models of Support (Non-Residential) Updated (HSE May 2020) https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-for-alternative-models-of-care-non-residential.pdf</p>
	<p>2. Guidance on Use of PPE in Disability Services</p>

	<p>https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-on-the-use-of-ppe-in-disability-services.pdf</p>
	<p>3. See full list on HSE Partner Resources : https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/</p>
COVID-19 related training and topics	<p>1. COVID-19 signs and symptoms: https://www2.hse.ie/conditions/coronavirus/symptoms.html</p> <p>2. How coronavirus is spread: https://www2.hse.ie/conditions/coronavirus/how-coronavirus-is-spread.html</p> <p>3. Protecting yourself and others https://www2.hse.ie/conditions/coronavirus/protect-yourself-and-others.html</p> <p>HSELand modules available on registration at https://www.hseland.ie/dash/Account/Login</p> <ol style="list-style-type: none"> 1. Hand hygiene for HSE clinical staff /Hand hygiene for HSE Non-clinical staff 2. Breaking the Chain of Infection 3. Introduction to Infection Prevention and Control 4. Putting on and taking off PPE in community healthcare settings 5. For all staff: COVID-19 Return to Work Induction Webinar (mandatory for HSE employees) 6. For Team Leaders/Managers: Covid-19 Returning to Work Safely Webinar (mandatory for HSE employees in these roles)
	<p>HSA's COVID-19 videos: https://www.hsa.ie/eng/topics/covid-19/covid-19_videos/</p> <ol style="list-style-type: none"> 1. How properly wash your hands 2. How to protect yourself against Covid 3. COVID-19 symptoms and what they can do 4. Steps that can slow the virus down
Staff travel for work	<ol style="list-style-type: none"> 1. HSE Safe Driving for Work Policy, 2018' https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safe%20driving%20for%20work%20policy%202018.pdf 2. HSE Guidance on staff travel during COVID-19 outbreak- Things to consider when you and your employees are to engage in travel https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/guidance-on-staff-travel-during-covid-19-outbreak.pdf

	<ol style="list-style-type: none"> 3. HSE Risk Assessment Prompt Sheet “Staff Travel during COVID-19 Outbreak https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html 4. https://www.hse.ie/eng/staff/safetywellbeing/
Staff Health and Wellbeing	<ol style="list-style-type: none"> 1. Governments In This Together Campaign https://www.gov.ie/en/campaigns/together/?referrer=/together/ 2. Health and Safety Authority: Guidance on Workplace Stress https://www.hsa.ie/eng/Topics/Workplace_Stress/ 3. Health and Safety Authority: Work Positive https://www.workpositive.ie/ 4. HSE: Safety Statement and Risk Assessments https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html 5. Appendix 2 of this guidance: Return to Work Checklist, section Managing Mental Health and Wellbeing)

7. Appendices

Appendix 1: Return to Work Checklist Guide

(Adapted from *Guidance to Support the Framework for Resumption of Adult Disability Day Services - HSE & COVID-19 Workplace Return Strategy – Enable Ireland*)

Service Preparation and Readiness

No.	Checklist	Yes	No	N/A	Action
Facilities					
1.	<p>Has a comprehensive facility review and risk assessments been completed in line with additional requirements for COVID-19 including</p> <ul style="list-style-type: none"> ○ Control entry point to the facility where people can be rapidly screened for clinical features of COVID- by questionnaire (see Pre Appointment Screening, section 4.3) ○ Effective physical distancing measures ○ Additional hygiene and cleaning controls ○ Use of PPEs where physical distancing cannot be applied (see 2.3, <i>Guidance on Resumption of Children’s Disability Services</i>) ○ Communication with, and education, awareness and responsibility of all staff on compliance with infection control measures? <p>See</p> <ol style="list-style-type: none"> 1. <i>Guidance on Resumption of Children’s Disability Services</i> https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/ 2. Appendix 2: Facility Preparation for Service Resumption. 				

Building Management System					
No.	Checklist	Yes	No	N/A	Action
2.	Is the building maintenance schedule up to date?				
3.	Are life safety systems tested and in operational order e.g. fire alarm system?				
4.	Have heating, ventilation, air conditioning systems been inspected? Filters changed? Are upgrades required? Refer to CIBSE				
5.	Are water systems flushed and sterilised? See HSE Legionella Advice: https://www.hsa.ie/eng/topics/biological_agents/specific_biological_agents_infections/legionellosis/covid-19_legionella_information_note.pdf				
6.	Can additional bicycle storage facilities be provided?				
7.	Can additional car parking be offered?				
Environmental Hygiene, Cleaning and Disinfection					
No.	Checklist	Yes	No	N/A	Action
8.	Have cleaning arrangements been reviewed and documented in line with HPSC guidance. See: <i>Acute Hospital IPC precautions for possible or confirmed COVID-19 in a pandemic setting</i> https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/InfectionPreventionandControlPrecautionsforAcuteSettings-COVID-19.pdf				
9.	Are existing cleaning arrangements fit for purpose?				
10.	Have high contact points been identified for more frequent cleaning?				
11.	Are cleaning materials appropriate for use? Are new materials added to the chemical list?				

12.	Are hand sanitisers provided at appropriate and safe locations in line with guidance i.e. not near electrics, carpets, paper etc?				
13.	Is there a clean desk policy in place and in operation?				
14.	Are cleaning materials readily available for pre and post use of items such as desks, IT equipment, printers, bathroom?				
15.	Have all staff / cleaners been re-inducted and/or re-trained as appropriate?				
16.	Has appropriate PPE been provided to cleaners?				
17.	Are cleaning specifications in place for the facilities being used?				
18.	Are staff designated with cleaning roles adequately trained to undertake cleaning and disinfecting appropriately?				
19.	Is there adequate supervision of cleaning arrangements?				
20.	Is there appropriate HSE COVID-19 signage in place?				
21.	Have all work areas been decluttered with items currently not in use stored or disposed of if no longer required?				
22.	Have all surface materials and soft furnishings been reviewed to ensure they are cleanable, and if not, removed/replaced where possible?				
23.	Are adequate bins and wipes provided for office staff to clean desks and dispose of rubbish / tissues?				
24.	Can other items at contact points be removed e.g. ornaments?				
25.	Can touchless technology be introduced at contact points e.g. entry and exit points?				
26.	For visitor facing roles, does the cleaning protocol reflect the visible cleaning of all contact points?				
27.	Have transport services where required been reviewed to ensure required IPC? (Appendix 10)				

PPE					
No.	Checklist	Yes	No	N/A	Action
28.	<p>Have Risk Assessments been conducted for all tasks that may require PPE?</p> <ul style="list-style-type: none"> ✓ HPSC:PPE https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectiouspreventionandcontrolguidance/ppe/ ✓ HSE Guidance on Use of PPE in Disability Services https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-on-the-use-of-ppe-in-disability-services.pdf ✓ HSE Guidance on Staff Travel during COVID-19 Outbreak https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html 				
29.	Has HPSC guidance been consulted in relation to use of PPE? HSE and HPSC website				
30.	Has suitable PPE been sourced and provided?				
31.	Has the PPE inventory/register been updated to reflect COVID-19 requirements?				
32.	Have staff been trained on proper use, cleaning, storage and disposal of PPE?				
33.	Are disposal arrangements reflected in the Waste Management procedure?				

Management of COVID-19 Case					
No.	Checklist	Yes	No	N/A	Action
34	<p>Does the service have a procedure to be followed in the event of a suspected or confirmed COVID-19 case of an employee, service user, contractor, visitor or other person while at work or in the workplace?</p> <p>✓ HPSC: Acute Hospital IPC Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/InfectionPreventionandControlPrecautionsforAcuteSettings-COVID-19.pdf</p> <p>✓ HSE: Supplement Note for Management of Suspected COVID-19 Cases https://healthservice.hse.ie/filelibrary/coronavirus/supplementary-note-for-management-of-suspected-covid-19-cases.pdf</p>				
35	Are staff fully aware of this procedure?				
36	<p>Does the service have a procedure to be followed in the event of a suspected or confirmed COVID-19 case of an employee, service user or other person while the employee is providing a home visit?</p> <p>See HPSC CPVID-19 IPC Guidance for Health and Social Care Workers who visit homes to deliver healthcare: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/healthandsocialcareworkers/</p>				
37	Are staff fully aware of this procedure?				
38	Is there a mechanism in place to review all such cases for any additional risk management controls which may be required?				

Staff Training and Support Needs

Pre Return to work					
No.	Checklist	Yes	No	N/A	Action
39	<p>Has the pre-return to work training been developed? Does it include (<u>non-exhaustive</u>)</p> <ul style="list-style-type: none"> ✓ COVID-19 signs and symptoms and how it spreads ✓ Outline of the service's COVID-19 Response Plan ✓ All COVID-19 related changes to site PPPGs and practices e.g. updated PPPGs include IPC, HR, Home Visits, Use of Private Transport, Health and Safety Protocol, Attendance and Contact Logs, risk assessments and measures to reduce building footfall e.g. staff working hours, allocated breaks, staggered service user appointments ✓ Remote working policy ✓ Pathway of Supports Provision procedure commencing with telehealth and progressing to face to face support where essential to meet needs of the child/family per <i>Guidance on Adapted Models of Supports (Non-Residential)</i>(May 2020) (here) 				
40	Is responsibility for ensuring that staff have completed their pre- return to work training assigned?				
41	Is responsibility for delivering the training assigned?				
42	Is the Return to Work form in place (Appendix 5)?				
43	Is responsibility for managing (issuing, reviewing and archiving) the Return to Work form assigned?				
44	Is responsibility for approving return to work assigned?				
45	Is responsibility for conducting contact logging assigned?				
46	Are employees aware of the purpose of the contact log?				

47	Is responsibility for onsite workplace access schedule assigned?				
48	Has a COVID-19 Lead Worker representative(s) been appointed and duly trained?				
49	Are staff aware of this person(s) name, contact details and role in relation to the organization's Return to Work Safely Plan and to whom they can report safety concerns to? https://www.hse.ie/eng/staff/safetywellbeing/oshnewsletters/occupational-safety-and-health-newsletter-issue-20.pdf				
50	Are staff aware of their responsibilities in regards to self-health monitoring, and self-isolating and informing their line manager should they become symptomatic?				
51	Are staff aware of their role in ensuring Health and Safety in the workplace?				
52	Have staff access to relevant online public health guidance ➤ www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/ ➤ HSE Partner Resources ➤ www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/				
Risk Assessment / HR					
No.	Checklist	Yes	No	N/A	Action
53	Is there a COVID-19 illness policy and protocol in place?				
54	Have risk assessments being completed or updated in regards to risks associated with COVID-19? See HSE Safety Statements and Risk Assessments				
55	Do risk assessments address sensitive risk groups and vulnerable staff? https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html				

56	Have individual risk assessments and medical assessments been conducted for employees in a higher risk category/group?				
57	Have relevant business (HR/OHS/GDPR) policies been reviewed and updated to reflect COVID-19 requirements?				
Remote Working					
No.	Checklist	Yes	No	N/A	Action
58	Are managers and staff aware of <i>HSE Guideline to Home Working during COVID-19?</i> https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/health-and-safety-guideline-to-home-working-during-covid-19.pdf				
59	Is a remote working policy in place? This should include IT solutions for provision of online supports and Wifi connection				
60	Have staff who are remote working confirmed their understanding of and adherence to the remote working policy?				
61	Has the Insurance Company been notified of remote work arrangements?				
62	Have medically vulnerable employees been prioritised for remote working?				
63	Have individual Risk/Ergonomic Assessment been conducted?				
64	Has training been provided?				
65	Has appropriate IT and other equipment been provided?				
66	If ergonomic concerns are identified, does the employee know who to report them to?				
67	Are employer/employee communication channels defined?				
68	Are working time controls in place?				
69	Are GDPR controls in place?				

Managing Mental Health and Wellbeing					
No.	Checklist	Yes	No	N/A	Action
70	Are supports in place for employees experiencing existing or new mental health issues such as anxiety?				
71	Are staff informed and reminded of these supports?				
72	Are staff aware of online supports e.g. <ul style="list-style-type: none"> ➤ In This Together (Government) ➤ Workplace Stress (HSA) ➤ Work Positive ➤ Safety Statements and Risk Assessments (HSE) 				
73	Do existing procedures for staff support need to be reviewed?				
Health and Safety					
No.	Checklist	Yes	No	N/A	Action
74	Is there a Competent Person appointed to manage Health and Safety? Ref: Section.18 SHWW Act, 2005				
75	Are there arrangements in place for Safety Consultation and Safety Representatives or equivalent such as Safety Committee? Ref: Section 25 & 26 of SHWW Act,2005				
76	Is there a Business COVID-19 Response Plan in place?				
77	Has the service Safety Statement been updated to reflect changes implemented for COVID-19?				
78	Are there contact details and processes available for staff to access local IPC or Public Health support?				
Physical Distancing					
No.	Checklist	Yes	No	N/A	Action
79	Has capacity in the building been reduced?				
80	Are all work areas including stations/Office spaces/desks compliant with the 1 metre physical distance rule?				

81	Have staff been advised of the requirement to move without delay through corridors of less than 2 metres width?				
82	Are physical screens or guarding in place where required?				
83	Can work areas be redesigned or reconfigured to support safe distancing?				
84	Are controls in place in the canteen/local areas e.g. supervision, staggering user, extended opening times, removing chairs/tables, queue systems etc?				
85	Can payment systems in canteens or food and drink dispensers receive contactless payments?				
86	Can employees be organised into teams who consistently work and take breaks together?				
87	When catering is provided, can food options be pre-packed and menu options reduced?				
88	Is lift access being controlled? Is stair use encouraged where appropriate? Are lifts being prioritised for usage for persons with reduced mobility?				
89	Are water dispensers controlled to include frequent and adequate cleaning measures? Consider dispensing, no personal drinking containers to be used when contact is required.				
90	Are controls in place to reduce capacity in meeting rooms e.g. signs posting maximum capacity, chairs removed etc?				
91	Can the meeting be held virtually?				
92	Have access controls been considered for the reception area to manage numbers, monitor entry etc				
93	Has close contact with reception staff be eliminated or reduced e.g. screens, marked waiting area?				
94	Is there appropriate HSE Covid-19 physical distancing signage in place? See HSE Partner Resources				
95	For employees using public transport, are flexible working times being considered/offered?				
96	Access into and leaving the building: Can distancing be				

	implemented for staff, service users (where appropriate) and visitors arriving at similar times? Is parking accessible for mobility impaired people?				
97	Are staff self-declaration forms held in line with GDPR requirements?				
98	Are control measures applied in locker room/showers/other welfare facilities?				
99	Is a no handshaking policy implemented where it is possible?				
100	Has interaction between employees and visitors been eliminated or significantly reduced?				
101	Have physical barriers been erected where possible and practical?				
102	Is there appropriate advice/signage in place throughout the premises, including Easy to Read signage?				

Service User/Family

No.	Checklist	Yes	No	N/A	Action
103	Has a PPPG been developed and implemented on the pathway of services and supports commencing with telehealth (phone and online) and only where the needs of the child/family cannot be met via telehealth, moving to face to face appointments?				
104	For face to face interventions, including those deemed high risk where deemed essential/urgent, is there a PPPG and mechanism in place for conducting risk assessments to manage this?				
105	Has the maximum numbers of service users and parents who can access the onsite service at a given time in line with COVID-19 restrictions been confirmed, taking into account other services using the same facility?				
106	Does this also take account of individual risk assessments and plan for specific needs particularly where there are				

	issues with capacity and ability to comply with physical distancing?				
107	Is there a plan for appointment schedules and is there a need for a central coordination point for appointments?				
108	Is a mechanism in place to inform service users/accompanying carers of the appointment (online/onsite) and procedure for the appointment?				
109	Has the Appointment Information Leaflet been developed to send to all service users/carers upon appointment is confirmed? Is there a procedure in place to ensure it is issued to all service users/carers in advance of the appointment?				
110	Is there a process in place to complete the Pre Appointment Telephone Screening at maximum 24 hours in advance of the appointment (Appendix 8 Sample Telephone Screening)? Are service users/carers advised to contact the service after this call but in advance of the appointment if they develop symptoms of illness or have been identified as a close contact of a COVID-19 case?				
111	Are there implications for transport and has guidance been developed for this?				

Emergency Response

No.	Checklist	Yes	No	N/A	Action
112	Fire Procedures- are changes required to reflect new staff numbers, new layout etc?				
113	Occupational First Aid: Are changes required to ensure adequate coverage?				
114	Are First Aiders aware and briefed on new COVID-19 requirements?				
115	Is PPE available to First Aiders? Note: PHECC protocol .				
116	Can employees who become symptomatic in work be designated a segregated facility if unable to leave immediately?				
117	Is there a protocol in place describing the steps to be taken before returning to the workplace (Appendix 5 Return to Work Form)				
118	Are training certifications still valid for Emergency Response Team members?				

Third Parties: Contractors, Visitors

No.	Checklist	Yes	No	N/A	Action
119	Is the Contractor Management procedure fit for purpose e.g does it consider how contractors will adhere to new site specific requirements? See IPC Guide for maintenance staff/contractors in HSE facilities during COVID-19				
120	Is there a system for recording visits to the site? See Appendix 3 Attendance Log				
121	Have actions been considered when contract or contingency staff become unwell / symptomatic / identified as a close contact?				
122	Have third party notices been considered e.g. to include visitors, delivery couriers, mail providers, customers etc				
123	Are suitable hand washing facilities and/or sanitisers available?				

Appendix 2: Facility Preparation for Service Resumption

Consideration should be given to the following where possible, to achieve additional IPC requirements in line with current public health guidance.

Area	Assess
Car Park	Identify maximum number of spaces, exit and entry, and pedestrian access to and from the facility to ensure physical distancing
Access to building	<ul style="list-style-type: none"> ○ Separate entrance and exit or where not possible ○ Service users/carers scheduled in order to minimise cross over
Furnishings	<ul style="list-style-type: none"> ○ Can all surfaces be effectively cleaned and where not possible, replaced or removed from use? For example, fabric covered seating or non wipeable blinds replaced with vinyl products
Ventilation	<ul style="list-style-type: none"> ○ Natural ventilation is encouraged by opening windows where possible. Air exchange systems can continue to be used. Oscillating fans can only be used in single offices ○ Mechanical ventilation: Monitor ventilation maintenance records. All internal doors to remain open during working hours where possible and where confidentiality is maintained.
Communal equipment e.g. printer, phone	<ul style="list-style-type: none"> ○ Where necessary to use them, an adequate supply of cleaning products beside them for the user to wipe equipment before and after their use
Contactless pathways	<ul style="list-style-type: none"> ○ Where possible to ensure clients and staff rarely need to touch the building, doors, etc. with their hands
Reception Area	<ul style="list-style-type: none"> ○ A screen where staff are meeting the public ○ Hand sanitizer, tissues and clinical waste bin(s) ○ Attendance log for all staff and visitors should be kept with times in and out as may be required to facilitate contact tracing
Waiting rooms	<ul style="list-style-type: none"> ○ Number of spaces reduced in line with physical distancing guidelines ○ Queue management system with physical distance markings ○ Service users and carers travelling by car asked and prepared in advance to wait in their car until their appointment time or therapist/receptionist texts/calls them
Hallways/ stairways	One-way 'walk on the left' systems or where not possible, 'stop and go' systems to be implemented
Clinical rooms	<ul style="list-style-type: none"> ○ Consider how they will be used to facilitate regular thorough cleaning, and where required (e.g. post suspected or confirmed COVID-19 case), cleaning and disinfecting, for clinical appointments. For example, floors should be washable, carpets are not recommended, all items not currently in use removed ○ Wall mounted hand sanitizer, glove and apron dispensers to be installed in each clinical room for <u>appropriate</u> PPE use (HPSC: PPE Guidance). Note hand sanitizers are toxic so a danger to children ○ Cleaning products available in every room

	<ul style="list-style-type: none"> ○ Toys removed
Shared office space	<ul style="list-style-type: none"> ○ Offices cleared of unnecessary items and the remainder rearranged so that desks are on the periphery & tambour units, cabinets etc in the centre. Where not possible and desks are facing each other, semi partitions or sneeze guards ○ A protocol for the use of shared facilities drawn up with emphasis on avoidance/minimisation of any shared usage e.g. computers/chairs/‘hot desks’. ○ ‘Hot desks’ used by identified staff only & cleaning products available there for thorough clean down by identified user of all equipment e.g. keyboard, mouse, chair, desk, phone before and after use ○ If a staff member tests positive, appropriate cleaning and disinfecting of all spaces, equipment, furniture etc which they came in contact with. Once the area has been cleaned and disinfected, it can be returned to use immediately. (Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting - sections: Routine Cleaning, Frequency of Cleaning and Terminal Cleaning and HPSC Supplementary Note on Management of Suspected COVID-19 Cases - section I).
Meeting rooms	<ul style="list-style-type: none"> ○ Virtual meetings continue as primary form of meetings, both with families and for staff. ○ Schedule set up for meetings which cannot be done remotely ○ Maximum room capacity noted on each door ○ Cameras and headsets for computers for desk to desk/home meetings
Kitchen/Canteen	<ul style="list-style-type: none"> ○ Canteen schedule to stagger breaks, organising staff into teams (bubbles) who typically work and break together ○ Additional tea/coffee stations through the building ○ Staff to ensure their used utensils and cutlery are loaded in the dishwasher immediately and washed at 60 degrees Celsius or above ○ Contactless payment.
Toilets	<ul style="list-style-type: none"> ○ Assigned toilets for staff only use and toilet facility and changing areas for family use only where possible ○ Room capacity identified on door based on physical distancing ○ Disinfectant spray and paper towels in each cubicle to wipe down seat, flush handle and cubicle door handle and signage requesting this ○ Hot air hand dryers to be replaced with disposable hand towel dispensers
Lift	<p>Only one person or household members should use the lift at a time. If not possible, then the appropriate face mask should be worn and respiratory etiquette observed</p>

Isolation facility	Identify a room or a segregated area where a person with suspected or confirmed COVID-19 diagnosis can be isolated where not possible to return home straight away.
COVID-19 Signage	<ul style="list-style-type: none"> ○ Signage on COVID-19 signs and symptoms and infection prevention strategically placed at reception, hallways, clinical, office and meeting rooms, and toilets ○ Floor and wall signage should advise service users/families and staff on the importance of physical distancing, one way pathways and hand and respiratory hygiene.
Cleaning - Schedule - Roles and Responsibilities	<ul style="list-style-type: none"> ○ Thorough and regular cleaning of frequently touched surfaces (at least x 2 daily) and ensure they are visibly clean at all times ○ Cleaning schedules and processes for therapy and assessment equipment in place ○ Appropriate cleaning and disinfecting of all spaces, equipment, furniture etc touched by a person, suspected or confirmed COVID-19 positive or advised they are a close contact of same ○ Appropriate cleaning materials available for staff use including detergent, disinfectant, wipes and clinical waste bags ○ Hands free waste bins in strategic places e.g. 1 in a shared office or open plan office and 1 for each of the treatment rooms and toilet areas, to be used for all non- clinical waste including tissues, PPE, etc and emptied frequently including at end of the day ○ All dishes and cutlery should be washed at 60 degrees Celsius or above
Staff IPC responsibilities	<ul style="list-style-type: none"> ○ Use of cleaning supplies to clean after each use of bathroom and kitchen, and desks if used by more than 1 person ○ Consider minimum equipment, toys, furniture and surfaces essential to use in interventions and what is 'cleanable' as all has to be cleaned after each session. Bleach is corrosive and needs to be used properly ○ Desk areas surface areas to be kept clear with just monitor and docking station ○ Time required between appointments to clean all surfaces touched by the child and carer, and for safe arrival and departure of families ○ Arrange the timely cleaning and disinfecting of all spaces, equipment, furniture etc which a person, suspected or confirmed COVID-19 positive or advised they are a close contact of a COVID-19 person touched, and clearly indicate the cleaning status of the room on the door and secure the room until it is cleaned.
Management sign off	<ul style="list-style-type: none"> ○ On services readiness to open

Appendix 3: Attendance Log

Note: The log should be maintained by a single responsible staff member, if possible electronically, to minimise risk of spread of infection.

Attendance Log

Date	Name	Visit to Whom?	Time In	Time Out

Appendix 5: Return to Work Form

To be completed a maximum of 3 days in advance of return to work

EMPLOYEE NAME:		
WORK LOCATION:	Yes	No
1. Have you experienced any of the following in the past 14 days: <ul style="list-style-type: none"> • Cough, fever, high temperature, sore throat, runny nose, flu like symptoms • Loss of taste or smell • Shortness of breath or new or worsening cough (dry or productive) • Vomiting or diarrhoea? 		
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3. Are you awaiting the results of a COVID-19 test?		
4. To your knowledge, has a close contact/household member been referred for testing of Covid-19 in the last 14 days?		
5. Have you been advised by a doctor/the HSE to self-isolate at this time?		
6. Have you been advised by a doctor to restrict your movements at this time?		
7. Have you recently travelled abroad and returned to Ireland in the last 14 days?		
8. If you answered yes to No. 1 above, please confirm that you have complied with Government guidelines for self-isolation. https://www.gov.ie/en/publication/ab625-protocols-for-international-travel/		

Staff Signature:

Line Manager
Signature

Print Name:

Print Name:

Date:

Date:

Appendix 6: Sample adapted from CHO West Checklist for Considering Options for Support via Telehealth and in Person

Level of support and/or contact required. The clinician on review of the existing information and through discussion with family and colleagues as appropriate decides on the level of support required in order to address the need identified or achieve the agreed outcome		
Level of support required as outlined above	Review of the need	Options available
Telepractice or remote support	The need identified or the agreed outcome can be addressed using remotely / through the use of available telepractice options or telepractice can be used to provide further information to ascertain the presenting needs.	Instant Phone call or pre-arranged phone call
		Text messaging
		Post or email programmes and targets
		Instant video call through e.g. WhatsApp ⁴ which can take place without an appointment should you wish to see there and then what a child is doing.
		Viewing recordings submitted by family
		Family joining a parent training session remotely
		Use of Telehealth platform such as Attend Anywhere
In person with physical distancing options	In order to address the need identified or to achieve the agreed outcome the clinician has ascertained that they will need to present with the child/family but will be able to maintain physical distancing.	Observation from behind a barrier outside e.g. playground wall etc
		Observation from within the same building but behind a two way mirror or window
		Observation in the same room but with strict physical distancing measures mapped out within the room at no risk or child, family member or clinician entering the 1 metre physical distancing zone
		Directing another adult through an assessment or the fitting of a piece of equipment
Hands on Interventions	In order to address the need identified or to achieve the agreed outcome the clinician has ascertained that they will need to be present with the child/family but will not be able to maintain physical distancing.	Interventions that require the clinician to touch equipment that the child is using e.g. fitting a piece of equipment for home; clinician may handle the equipment to adjust while parents lift the child into and out of it and can manoeuvre the child into position etc.
		Interventions that require the clinician to share toys, equipment with the child, i.e. toys and assessment equipment including surfaces and door handles are shared with the child and other family members
		Interventions that require the clinician to have physical contact with the child during sessions

⁴ Staff are advised to check their organisation's policy on digital communication

Appendix 7: Checklist for Centre Based Appointments

Informed by CHO 3 Children's Disability Services and Enable Ireland. Please review fully Section 4: Guidance on Resumption of Children's Disability Services

Preparation for face to face appointments

Collect all possible information remotely prior to appointment to limit face to face contact required during the appointment.

Telephone call to family to advise on:

- The purpose of the appointment, what will happen and duration
- The need for the family to inform the service if the service user or carer/s have symptoms of or confirmed COVID-19 or have contact with a case of COVID-19
- Cleaning their child's equipment prior to the appointment
- What PPE the staff member will be using during the appointment
- The option for the parent/carer of bringing their own masks if they wish (Note: under 13 year olds do not need to wear a mask but may wish too)
- Only one parent/carer should attend the appointment and siblings cannot attend, be left in the car or in the waiting room

By email or post:

- Send information leaflet (including signs and symptoms of COVID-19) to the family about attending appointments during COVID pandemic
- Provide a picture of the staff member with and without mask if required
- Provide a social story if required

On the morning of the appointment contact family:

- Complete Telephone Screening prior to Centre/Home visit Checklist (**Appendix 9**)
- Advise that this screening will be repeated pre appointment on the day and in the interim, should they develop symptoms of illness or be identified as a close contact of a COVID-19 case, to inform the service
- Provide advice on infection prevention and control measures in place i.e. hand hygiene, respiratory etiquette, physical distancing and PPE
- Advise of arrangements for their arrival at the centre and sign in, depending on whether they are travelling by car, taxi or walking

Toilet Facilities: if possible, assign a toilet facility and changing area for family use only.

Personal Protective Equipment (PPE):

The staff member will

- Determine the necessary level of PPE prior to the appointment where possible and ensure that they have an adequate supply of PPE available to them for the appointment
- Don the required PPE prior to meeting the parent/carer and child and doff prior to leaving the clinic room and dispose of in specific PPE bag as appropriate

Current PHET recommendations:

- Surgical masks should be worn by healthcare workers when supporting service users within 2 metres distance
- Healthcare workers should wear surgical masks for all encounters of 15 minutes or more with other healthcare workers in the workplace where a distance of 2 metres cannot be maintained

See [HPSC: PPE Guidance](#) for PPE required in the case of a child with respiratory symptoms/suspected or confirmed COVID-19 where the healthcare intervention is deemed essential and is a low contact activity, high contact activity without aerosol generating procedure (AGP) or an AGP

The staff member should:

- Wear suitable clothing and shoes that cover the feet
- Remove jewellery as appropriate.
- Tie hair back from face as necessary
- Ensure that only essential items are brought in to the appointment
- Perform hand hygiene and don the necessary level of PPE.

Considerations during clinic appointments

The staff member should allow time before and after the appointment for preparation and cleaning of the room and equipment.

The cleaning status of the room should be indicated on the door.

Only necessary equipment should be in the room for the appointment. All equipment needs to be sanitised as appropriate prior to being moved to and from the room.

Families should be encouraged to move through corridors without delay particularly where corridors are less than two meters wide.

The appointment should be kept as short as possible.

Appendix 8: Sample Telephone Screening for Centre or Home Visit

Informed by CHO West

This should be carried less than 24 hours before appointment

Child's Name:

DOB:

Date of appointment:

Date of screening:

Parent who supported the completion of this screening:

Questions:

- Have you, your child or any household member had contact with anybody who has or is suspected of having COVID-19 and been referred for testing? Y/N
- Have you, your child or any household member returned from abroad within the last 14 days? Y/N
- Have you, your child or any household member any respiratory infection/chest infection? Y/N
- Have you, your child or any household member any fever? Y/N
- Have you or your child any shortness of breath? Y/N
- Have you, your child or any household member any cough? Y/N
- Have you, your child or any household member any loss or change to your sense of smell or taste Y/N
- Have you, your child or any household member any flu like symptoms Y/N

If the parent/carer answers YES to any of the above questions, postpone the face to face appointment unless the appointment is deemed essential or urgent

Advise parent/carer to phone their GP for advice

Advise parent that we will contact them to re-book the appointment

Arrange a telephone or video review

If they answer NO to all of the above questions:

- Confirm planned face to face appointment date and time
- Advise to contact the service after this call but in advance of the appointment if they develop symptoms of illness or have been identified as a close contact of a COVID-19 case

Advise client if their situation changes, to contact us immediately.

Staff Name: _____

Staff Signature: _____

Appendix 9: Checklist for Home Visits

Informed by Brothers of Charity and Enable Ireland. Please review fully Section 4: Guidance on Resumption of Children's Disability Services

See [HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver care](#)

Preparation

Collect all possible information remotely prior to the appointment to limit the face to face contact required during the appointment

Telephone call to family to discuss and advise:

- The purpose of the appointment, what will happen and duration
- Only one parent/carer should attend the appointment and siblings should not be in the same room
- Identify entry and exit to the house
- Identify a large room where the 1 metre distance can be maintained when practical
- Ask for good ventilation in the room, windows and doors open
- Option of completing the visit in the garden to be considered if practical and confidentiality can be maintained
- PPE the staff member will be using during the appointment
- The family's option of wearing their own masks if they wish
- Cleaning their child's equipment prior to the appointment
- If possible schedule as the last appointment of the day so member of staff can go straight home, put clothes in a 60 degree wash and shower.

By email or post:

- Send information leaflet to the family about attending appointments during COVID pandemic
- Provide a picture of staff member with and without mask
- Provide a social story if required

On the morning of the appointment contact family:

- Complete Telephone Screening Checklist (**Appendix 9**)

Before the home visit:

- Wear suitable clothing and shoes that cover the feet
- Remove jewellery as appropriate
- Tie hair back from face where appropriate
- Ensure that they are well hydrated and have availed of toilet facilities
- Ensure that only essential items are brought in to the house – wipeable Zip lock folder, PPE, pen, phone
- Perform hand hygiene and don the necessary level of PPE.
- Leave all personal items in the car and client's chart secured in the boot

During the home visit, the staff member should:

- Maintain a 1 metre distance from others where possible and wear a surgical mask for all interventions when supporting service users within 2 metres per NPHET guidance.
- Consider if process can be completed while maintaining physical distancing, e.g. viewing client through window, directing a carer where appropriate to adjust child's seating position, adjust tray on chair, support during walking assessment etc.
- Use alcohol hand gel before and after client contact.
- Adhere to good respiratory etiquette. Have tissues available to use and near to hand.
- Remain standing where possible
- Avoid unnecessary physical contact with the child
- Request parent/carer to carry out transfers, manual handling, undressing and dressing of child or other activities as required.
- If a child or parent appears to be unwell on arrival or during the session, end the session and advise parent of next steps and leave.
- Try to complete visit in as short a time as possible.
- Do not remove broken equipment from the house
- Complete all paperwork outside of the client's home, record verbal agreements on equipment forms, IFSPs etc. rather than having the family sign.

After the home visit:

- Safely remove and dispose all PPE in line with Public Health guidance.

Home visit where the child/a household member is suspected/confirmed COVID-19 positive

Where the child's intervention is deemed essential/urgent, the intervention must be planned and risk assessed carefully.

- complete a risk assessment
- advise the carer to contact their GP if they haven't already done so
- consider if a 2nd support person is required
- implement the required additional IPC precautions
- Follow HPSC guidance on cleaning and disinfecting all surfaces which the child and carer came in contact with during the visit, and waste disposal

Where a child or individual in their household is suspected or confirmed to be COVID-19 positive, and the child's intervention is deemed non-essential/not urgent,

- Defer the appointment
- Advise the carer to contact their GP if they haven't already done so
- Reschedule the appointment when it has been determined that they do not have COVID-19 or if COVID-19 was confirmed that they are no longer infectious in line with medical advice

See [HSE COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver care.](#)

Appendix 10: Risk Assessment of Transport (where provided by the service)

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

4	Is the date, time and cleaning regime of the vehicle recorded?			
5	Is waste kept in a suitable lidded receptacle and removed			
6	Are persons encouraged and assisted to perform hand hygiene before getting on and off transport?			
Use of Staff Private Transport for home or other offsite visits				
	Are staff aware that car pooling is not advised and the need to travel separately?			
	<p>Are staff advised to keep antibacterial wipes/cleaning products and tissues in their vehicle to clean surfaces most frequently contacted at the start and end of each journey e.g.</p> <ul style="list-style-type: none"> • external door handle, <input type="checkbox"/> <input type="checkbox"/> key(s)/fob(s), <input type="checkbox"/> <input type="checkbox"/> steering wheel, <input type="checkbox"/> <input type="checkbox"/> dashboard (including driver switches), <input type="checkbox"/> <input type="checkbox"/> inside door buttons/latches (to include window switches/ latches), <input type="checkbox"/> <input type="checkbox"/> indicator, <input type="checkbox"/> <input type="checkbox"/> light switch <input type="checkbox"/> <input type="checkbox"/> mobile phone and handset, <input type="checkbox"/> <input type="checkbox"/> internal mirror • seat belt buckles, <input type="checkbox"/> <input type="checkbox"/> gear stick, <input type="checkbox"/> <input type="checkbox"/> hand brake, <input type="checkbox"/> <input type="checkbox"/> fuel filler cap and release button <input type="checkbox"/> <input type="checkbox"/> touchscreens/ buttons (including radio and ventilation controls) <p>The cleaning method chosen must consider type of surface being cleaned.</p>			

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- Roscommon Children's Disability Services
- CHO West
- CHO Midwest
- National Federation of Voluntary Service Providers
- West Cork Children's Disability Services
- Co- Action
- St. Michael's House
- St Joseph's Foundation
- National Working Group on Resumption of Adult Day Services

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- Health and Safety Authority
- NPHE
- HSE Disability Specific Guidance on its Partner Resources page
- Department of Health

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