COVID-19 FAQ (Occupational Health & Safety)

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Business Continuity Planning (Planning Return to Work)

1. What are companies doing with regards to planning for an eventual return to work?

Answer: Many companies are actively planning what administrative and practical measures they can take when they are eventually permitted to resume activities and return to the workplace. A phased reintroduction approach is likely, and employers need to be cognisant that risk assessment will be an essential tool to ensure risks to health are adequately controlled. When applying controls – use the hierarchy of controls as a guide- PPE being the last measure applied. The Business Continuity Plan should be reviewed to address the return to work requirements and responsibilities should be clearly defined.

Some of the key considerations will include-

- Re-induction of employees and contractors to the workplace with an emphasis on Covid-19 prevention measures.
- Reduction of employees attending workplace. Determine whether some employees can continue to operate remotely and then consider a gradual reintroduction of other employees, introduce flexible start and finish times, alternate days/weeks in office, staggered breaks etc
- Conduct specific risk assessments for vulnerable employees.
- Physical/Social distancing measures will need to be applied to workstations, desk areas, canteens, meeting rooms, common areas and will likely require significant physical reorganisation of work areas. Any face to face contact should be limited and be no longer than 15 minutes.
- Cleaning protocols will need to be managed carefully- identify contact points (label them for cleaners) and consider removing unnecessary items especially in common areas- Reception, Canteen and Bathroom facilities.
- HSE signage and reminders on respiratory and hand hygiene should be prominently displayed.
- Contact logging will need to be actively managed as employees return to work.
- The return to work following suspect or positive test case will need to be monitored.

2. We are considering implementing a Return to Work Health Questionnaire. What are we permitted to ask?

Answer: A simple questionnaire about symptoms of COVID-19 is sufficient. The principles of GDPR will have to be adhered to; and external medical advice should always be sought if there are any queries or follow up required. The following are sample questions that could be posed (overleaf):

- Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? Yes / No
- Have you been diagnosed with confirmed or suspected Covid-19 infection in the last 14 days?
- Are you a close contact of a person who is a confirmed or suspected case of Covid19 in the past 14 days (i.e. less than 6 feet for more than 15 minutes accumulative in 1 day)? Yes / No
- Have you been advised by a doctor to self-isolate at this time? Yes / No
- Have you been advised by a doctor to cocoon at this time? Yes / No

Managing Positive Case

3. How do we manage a suspect or positive case in the workplace?

Answer: Once a case is reported, it is important to follow the guidance issued by the HPSC which is contained in Section 3.6.1/3.6.2 of the NSAI document:
https://www.nsai.ie/images/uploads/general/NSAI-Guidelines-for-COVID-19-2020-04-09.pdf

If employees are experiencing symptoms, they should be reminded not to come into work and to contact their GP for further guidance.

Employees should be requested to notify their employer of their health status- e.g. if a confirmed positive test is reported. In practice, many employers are contacting their employees on a frequent basis to track and record this information.

Contact logging to assist HSE Contact Tracing should be carried as per Section 3.7 of the aforementioned document.

Use of Personal Protective Equipment

4. What is the current position on the use of face masks as PPE?

Answer: The HSE advise that wearing a mask is unlikely to be of any benefit if you are not sick.

The merit of wearing masks to prevent transmission of Covid-19 in a community (including an occupational) setting is being actively debated. Employers should familiarise themselves with the official guidance provided by the Health Services Executive (HSE), Health and Safety Authority (HSA), European Centre for Disease Prevention and Control (ECDC) and World Health Organisation (WHO) and make informed decisions. We will continue to prioritise guidance from the HSE and will monitor developments closely.

Further details are available at the following links:

HSE: https://www2.hse.ie/conditions/coronavirus/protect-yourself.html

HSA: https://www.hsa.ie/eng/news_events_media/news/news_and_articles/covid-19_additonal_hsa_faqs.html

ECDC: https://www.ecdc.europa.eu/en/seasonal-influenza/prevention-and-control/personal-protective-measures

WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

The additional guidance provided by the ECDC must also be noted:

https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-face-masks-community.pdf

This technical document addresses the use of face masks in the community. It supports the use of non-surgical face masks to prevent transmission of COVID-19 for potentially asymptomatic or pre-symptomatic people.

There are **three important caveats** related to the use of face masks in that context:

1. It should be ensured that medical face masks (and respirators) are conserved and prioritised for use by healthcare providers, especially given the current shortages of respiratory personal protective equipment reported across EU/EEA countries.
2. The use of face masks may provide a false sense of security leading to suboptimal physical distancing, poor respiratory etiquette and hand hygiene – and even not staying at home when ill.
3. There is a risk that improper removal of the face mask, handling of a contaminated face mask or an increased tendency to touch the face while wearing a face mask by healthy persons might actually increase the risk of transmission.

Return to Work

5. **One of our employees was tested for the virus more than two weeks ago. They are still awaiting the test results. When can they return to work?**

Answer: This is a common question and is related to the delay in processing test results.

The HSE algorithm needs to be applied: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/COVID-19%20Telephone%20Assessment%20and%20testing%20pathway%20for%20patients%20who%20phone%20GP.pdf

The requirement is that the employee should stay at home and self-isolate for a minimum of 14 days from the onset of symptoms, the last 5 days of which they should be without fever.

Once that is confirmed (typically by the employee themselves), they can then return to work. If there is any ambiguity, it is advised to adopt a precautionary approach and add more days accordingly.

6. How do we manage Return to Work without a fitness to work certificate from the GP?

Answer: There are two options available to companies:

1. They can use in-house or an external Occupational Health service for this purpose; **OR**

2. The employees can self-declare as fit to work. A prescribed form can be issued, and the suggested wording is as follows:

- They (Employee Name) have no longer been advised by a doctor / healthcare professional to stay off work
- They (Employee Name) meet the HSE COVID-19 criteria to returning to work after quarantine / self-isolation. (i.e. 14 days since last close contact with a known or suspected case or 14 days since the onset of symptoms and 5 days since last high temperature)

Health Screening: Temperature Checks

7. What is the current advice on temperature screening employees?

Answer: The HSE have not updated their position on temperature checking since a meeting with the Stakeholders group on the 9th March. Once again, if this position changes we will update members accordingly. At that time, Dr Tony Holohan, the Chief Medical Officer, advised against this practice for the following reasons:

- It has not proved to be effective in past outbreaks (e.g. SARS)
- It has unintended consequences
  - People with fever are more likely to conceal this by taking anti-pyretic (i.e. paracetamol). This can give a false sense of security (showing a negative simply because the temperature has been suppressed)
- It was not recommended by the WHO* and it is not recommended by the ECDC or HSE.

*Note - The WHO Situation Report 65 (link here) now references temperature checking in the workplace.

8. **We decided to proceed with temperature checks for employees entering the plant. Some employees have now decided not to cooperate. Where do we stand?**

Answer: If employees refuse to co-operate with health screening, it can difficult to enforce. The following questions should be reviewed in advance of the screening taking place to ensure that the rationale is robust.

- Is the screening required/effective? (*see Question 4. above*)
- Is the person conducting the screening competent to do so?
- Is the monitoring equipment calibrated?
- Who is managing the data?
- Are the principles of GDPR being applied?
- What actions will be taken as a result of screening?

As with any health and safety measure, the employee is expected to co-operate with the employer (Section 13, SHWW Act, 2005). The employer must ensure that it is has clearly communicated the rationale for doing this screening and how the data will be managed. After that, it will be up to the employer whether they wish to take disciplinary action.

Remote Working

9. **Employees have requested chairs from the office. What are my obligations?**

Answer: It is advised to consider the implications of providing office furniture in full- in other words assess the risk to public health, safety, and business risk versus the ergonomic risk. The employer should endeavour to provide a safe place of work as far as reasonably practicable. This reasonably practicable test is very different in the current circumstances.

The following should be considered:

- Who delivers the chair? What contact takes place?
- Who tracks where the office furniture is going?
- Is it acceptable to have people attend the office given the social distancing measures in place?
- If so, who manages this when people are in the office?
- What are the Manual Handling implications of carrying a chair out of office, into car, and into home?
- What if chairs are damaged/lost?
- Who determines whether chairs are suitable for home offices?
- Is office furniture insured?

It is proposed that if furniture is provided – then it is done by exception. The company could either provide or purchase a chair for that employee.

Physical/Social Distancing

10. What measures should we take if the two-metre distance cannot be consistently applied?

Answer: The 2-metre distance/15-minute contact guideline was introduced as a control by the HSE based on best practice requirements to minimise the spread of the virus. The distance recommended by the World Health Organisation (WHO) and European Centre for Disease Control (ECDC) was 1 metre.

The context of control must be explained- a control is a part of the Risk Assessment process. In this case people are exposed to the virus (the <u>hazard</u>), the <u>risk</u> is that they become infected with Covid-19. Controls are introduced to ideally eliminate the risk but in many cases, they simply reduce risk to an acceptable level. The social distancing rule was introduced to reduce the risk of the virus being spread.

If the social distancing control measure cannot always be adhered to, then alternative controls should be considered and implemented to compensate and mitigate against the additional risk. These may include administrative controls such as training and information on respiratory and hand hygiene and social distancing, additional time for hand hygiene purposes, signage and Personal Protective Equipment (PPE)* such as gloves. A variety of controls can be introduced depending on the situation.

In other cases, engineering controls can be introduced, and these are usually much more effective. They can include a redesign of the production area to move people apart, screening to prevent droplet spread, increased ventilation and less physical contact with the product. These measures take more time to implement and in the interim administrative controls can be applied.

The advice is to use existing risk assessment systems to review social distancing requirements in the workplace. Employee consultation is essential in this process. The controls should be regularly reviewed to ensure that they remain effective.

*PPE is universally acknowledged to be the least effective control measure.

11. How do we manage car-pooling? We know some employees are still sharing lifts to and from work.

Answer: This is difficult to police in an occupational context. There is a civic requirement to ensure we all conform to social distancing measures. If the employer is aware that some employees are sharing lifts then they are deviating from the requirements and increasing the risk to themselves, their household, and their fellow employees. They can be officially notified and/or reminded of these requirements. It is up to the employer to decide if disciplinary measures would be required for those employees who refuse to co-operate.

In terms of solutions, the employer should proactively communicate this requirement to employees. Employees should be encouraged to come forward if they have no alternative means of transport to work. Some companies have sourced buses with physical distancing measures to help with transport arrangements. Others have purchased or rented bicycles which are being provided to staff who can use this form of transport.

OHS Training Requirements

12. How do we conduct Manual Handling Training in light of physical distancing requirements?

Answer: In the current situation, a risk assessment of any training that is required to take place should be undertaken. It is advised to prioritise what type of training is required, who is in a high-risk category and when the training last took place. Employers are expected to consider what is reasonably practicable in the current circumstances. For example, employees could temporarily do the theory element of the training online and the practical part of the training could be done 1-1 or in very small groups. Finally, extra supervision of high-risk tasks could be introduced. The HSA have addressed training in their FAQ: https://www.hsa.ie/eng/news_events_media/news/news_and_articles/covid-19_additonal_hsa_faqs.html

Cleaning

13. We have a confirmed case of COVID-19 in our business. How do we manage this from a cleaning perspective?

It should first be established when the employee last attended the site as this determine the risk level. If this period is greater than 72 hours, then the cleaning can be adjusted accordingly as the virus is very unlikely to survive on surfaces after this period of time.

Following that, the general workplace guidance from the HPSC should be consulted (Refer to section 4.6).

https://www.nsai.ie/images/uploads/general/Covid-19_Workplace_Protection_and_Improvement_Guide_03-04-2020.pdf

This guideline from the European Centre for Disease Control (ECDC) should also be reviewed.

https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf

The original video resources from the HPSC are excellent and very practical.

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/

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Further queries can be sent to knowledgecentre@ibec.ie

Please note the links in this document are being updated on a regular basis.