

NSAI

COVID-19 Workplace Protection and Improvement Guide



Rialtas na hÉireann
Government of Ireland



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Introduction

This document is intended to consolidate practical guidance that is available at time of writing on how to manage business continuity during the COVID-19 pandemic. It addresses risks to both workers and the public. It draws from many already published documents which are acknowledged in Clause 6.



1. Scope



This document specifies requirements to implement, maintain and improve an organisation's ability to protect against, prepare for, respond to and recover from COVID-19 related disruptions when they arise.

This document covers identification and defence against COVID-19 by addressing:

- a. Business Continuity Risk Identification and mitigation,
- b. Management of the risks,
- c. Site recovery.

This document does not address every possible situation for all organisations and sizes.



2. Terms and definitions



business continuity planning checklist

list of some of the key risks to the continuity of your business activities during the outbreak of COVID-19 and of preparatory actions that can be taken to respond.

contact tracing

process of identifying persons who may have come into contact with an infected person (“contacts”) and the subsequent collection of further information about these contacts.

coronavirus

broader name for the family of diseases that includes COVID-19, and its entry has been revised to show that relationship. A new example has been added to the entry for novel (“new”).

COVID-19

new name for a new disease, coined as an abbreviated form of coronavirus disease 2019.

customer/supplier prioritisation

identification of the suppliers/customers which need to be serviced as a priority to your and their business operations.

direct contact

person-to-person contact or spray of droplets during coughing and sneezing.

direct contact log

person-to-person contact log of all site attending employees which will assist in contact tracing as and when positive cases arise.



disaster recovery site (Backup site)

place that a company can temporarily relocate to following a security breach or natural disaster.

index case

first documented case of an infectious disease or genetically transmitted condition or mutation in a population, region, or family.

isolation

separation of infected individuals and healthy individuals.

recovery point objective (RPO)

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

response time objective (RTO)

time frame for resuming an activity.

restricted movement

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

restricted movement and self isolation

avoidance of contact with other individuals for a period of time during the outbreak of a contagious disease usually by remaining in one's home/room and limiting contact with family members.

risk assessment

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

social distancing (physical distancing)

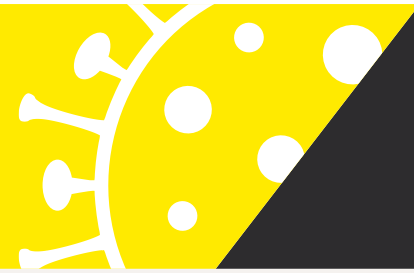
practice of implementing measures to maintain safe distances for preventing the spread of disease.

treatment

medical treatment for COVID-19 symptoms and/or related complications.

working from home

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



3. Defence – How to defend against the spread of COVID-19



3.1 Health advisories

Organisations should refer to the latest public health advisories issued by HSE, Gov.ie and other government agencies as the situation evolves. See section 6 for agency information.

3.2 Symptoms and how COVID-19 is spread

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- Cough,
- Difficulty in breathing,
- Fever (38.0° C [100.4° F] or greater using an oral thermometer).

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

3.3 Spread of COVID-19

From what is known about other coronaviruses, the spread of COVID-19 is most likely to happen when there is close contact with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs,
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching contaminated surfaces (e.g. door knob) or shaking hands then touching own face).



3.4 Strategy to minimise spread

3.4.1 Competence and training requirements

The organisation should have a process for identifying and delivering the COVID-19 training requirements. The organisation should:

- a. determine the necessary COVID-19 competence and training of person(s) doing work under its control;
- b. ensure that the necessary person(s) receive appropriate COVID-19 training to implement the requirements of this document.
- c. where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken;
- d. retain appropriate documented information as evidence of competence.

NOTE Applicable actions can include, for example, the provision of training to, the mentoring of, or the reassignment of currently employed persons; or the hiring or contracting of competent persons.

The organisation should require contractors working on its behalf to demonstrate that person(s) doing work under its control have the requisite competence and training for COVID-19.

Provide information training to employees on the following:

- Signs and symptoms of COVID-19. See section 3.2.
- How COVID-19 is spread. See section 3.3.
- Cleaning routines and hygiene controls (including respiratory hygiene, cough etiquette and handwashing and physical distancing).
- Use of Personal Protection Equipment (PPE) and medical equipment (e.g. thermometers, disposable gloves, masks, and disinfectants) as relevant.
- What to do if an employee or a member of the public becomes unwell and believe they have been exposed to COVID-19. (see 3.6.1)
- When individuals in the workplace have had contact with a confirmed case of COVID-19.
- Cleaning offices and public spaces where there are suspected or confirmed cases of COVID-19.
- Rubbish disposal, including tissues.
- Travel Restrictions (see 4.3.3).
- Restricted movement Advice.
- Familiarising key staff with the COVID-19 plan (see 4.1).
- Cross-training workers and establish covering arrangements to minimise disruptions.

3.4.2 Employees

Employees who have symptoms of acute respiratory illness are recommended to stay home if they are well enough to do so or contact the health service if they are acutely unwell. They should not come to work and should restrict their movements for 14 days from symptom onset, the last five days of which should be fever free.



3.4.3 Hygiene and contact reduction

3.4.3.1 Employee hygiene practices

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

3.4.3.2 Hand washing

Wash hands properly and regularly and especially:

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

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

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

Touching of the face should be avoided. Regular hand washing with soap and water is effective for the removal of COVID-19. Between washing use of hand sanitisers (70% alcohol base) is recommended.

3.4.3.3 Mouth covering

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

3.4.3.4 Physical distancing

Introduction of physical distancing measures should be implemented across all business types.

This can be achieved in a number of ways and include:

- workplace signage. See <https://www.gov.ie/en/collection/02cd5c-covid-19-information-resources/#logo-guidelines>;
- keeping a distance of 2 metres (6.5 feet) between you and others;
- avoiding making close contact with people (i.e. do not shake hands);
- setting up screens/barriers at checkouts/desks where possible;
- implementing a queue management system with correct distance markings;
- encouraging use of card payment methods;
- allocating times for collections/appointments/deliveries;
- restricting/staggering the use of canteen facilities (bringing food/drinks to people);
- removing tables/chairs from the canteen and restricting the number of staff per table;
- ceasing all self-service activities and providing food that is pre-wrapped;
- reducing office density/support staff through working from home or split shift arrangements;
- use of technology for video/virtual meetings;
- limiting the number of meetings including length and proximity of gatherings between employees/others;
- shift handover arrangements should be altered to ensure the appropriate routines are followed for social distancing (maintaining 2 metre distance).
- altering shift patterns to reduce worker numbers;
- Isolating individual buildings (e.g. no travel permitted between manufacturing and design buildings).



3.4.3.5 Restriction of visitors

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

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

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

| | | |
|---|---|---------------|
| 1. | Have you visited any of the countries outside Ireland excluding Northern Ireland? | Yes / No |
| 2. | Are you suffering any flu like symptoms/symptoms of coronavirus covid-19? | Yes / No |
| 3. | Are you experiencing any difficulty in breathing, shortness of breath? | Yes / No |
| 4. | Are you experiencing any fever like/Temperature symptoms? | Yes / No |
| 5. | Did you consult a Doctor or other medical practitioner? | Yes / No |
| 6. | How are you feeling Healthwise? | Well / Unwell |
| 7. | Have you been in contact with someone who has visited an affected region in the past 14 days? | Yes / No |
| NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette? | | |
| Signature Visitor: | | Date: |
| (Please circle your answers above) | | |



3.4.4 Working from Home

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

https://www.hsa.ie/eng/news_events_media/news/news_and_articles/faq%E2%80%99s_for_employers_and_employees_in_relation_to_home-working_on_a_temporary_basis_covid-19_.html

3.4.5 Restructuring and splitting teams/shifts

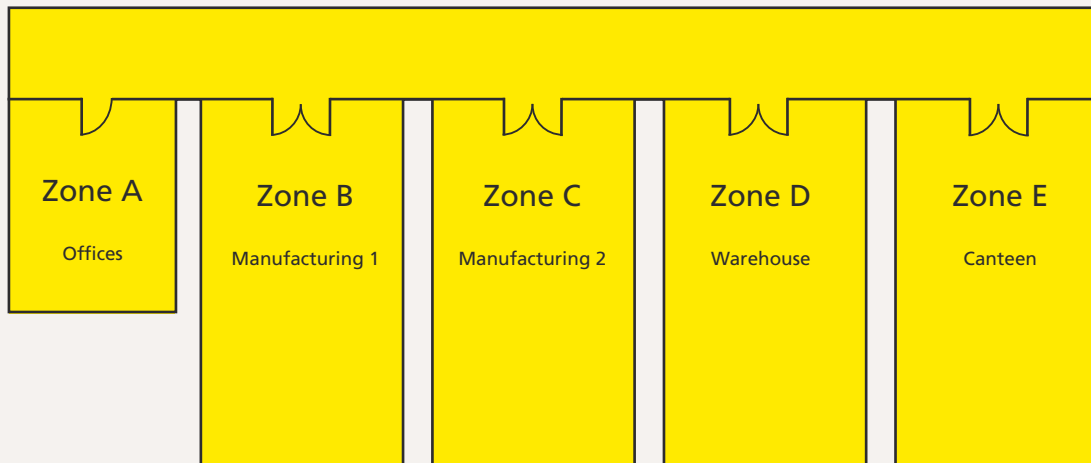
The following should be implemented where it is practicable to do so:

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

3.4.6 Zoning

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

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



3.4.7 Cleaning

Cleaning of all work areas must be conducted at regular intervals using disinfectants to kill germs and stop the spread of disease and in a visible manner to instil staff and visitor confidence. For further information refer to Section 4.6.

3.5 Communications

3.5.1 Appoint a co-ordinator

It is important that employers have a robust communication strategy in place to prevent rumour and misinformation and to:

- provide up-to-date reliable information to employees;
- provide up-to-date reliable information to suppliers and customers;
- clarify the company's procedures and policies;
- ensure central visibility regarding resourcing and operational needs;
- this can involve cross functional team comprising key areas of a business or be a single appointment depending on the complexity of the organisation.

3.5.2 Communicating with suppliers, customers and other stakeholders

- Identify essential suppliers and service providers and discuss continuity issues with them such as understanding their business continuity plans, see 4.1.
- Identify essential customers and ensure that plans are in place to meet customer needs.
- Develop a plan on how and when to activate alternative suppliers and/or alternative delivery means to customers.
- Identify stakeholders in your local network and share best practice concerning defence against COVID-19

3.5.3 Communicating with employees

Identifying the communications co-ordinator to disseminate your communications plan in line with business needs and the business continuity plan. Employers should ensure all managers and staff are familiar with company policies and relevant legislation including:

- absence,
- sick leave,
- lay-off and short time,



- force majeure,
- Employment Equality Acts 1998 to 2015,
- Payment of Wages Act 1991.

Managers must be prepared to deal with these issues as they arise, and employees need to be clear about what is required.

The appointment of a communications co-ordinator will centralise the information and manage the resulting impact. This ensures that the business is aware of absences across the organisation, other operational issues and any problems with suppliers or other related issues, in real time. This will facilitate making informed decisions on the allocation of resources.

The Department of Business, Enterprise and Innovation have created a **Business Continuity Planning Checklist** which can be found here:

<https://dbe.gov.ie/en/Publications/Business-Continuity-Planning-A-checklist-of-Preparatory-Actions-in-Responding-to-the-COVID-19-Outbreak.html>

3.6 Response to suspected cases

3.6.1 Response

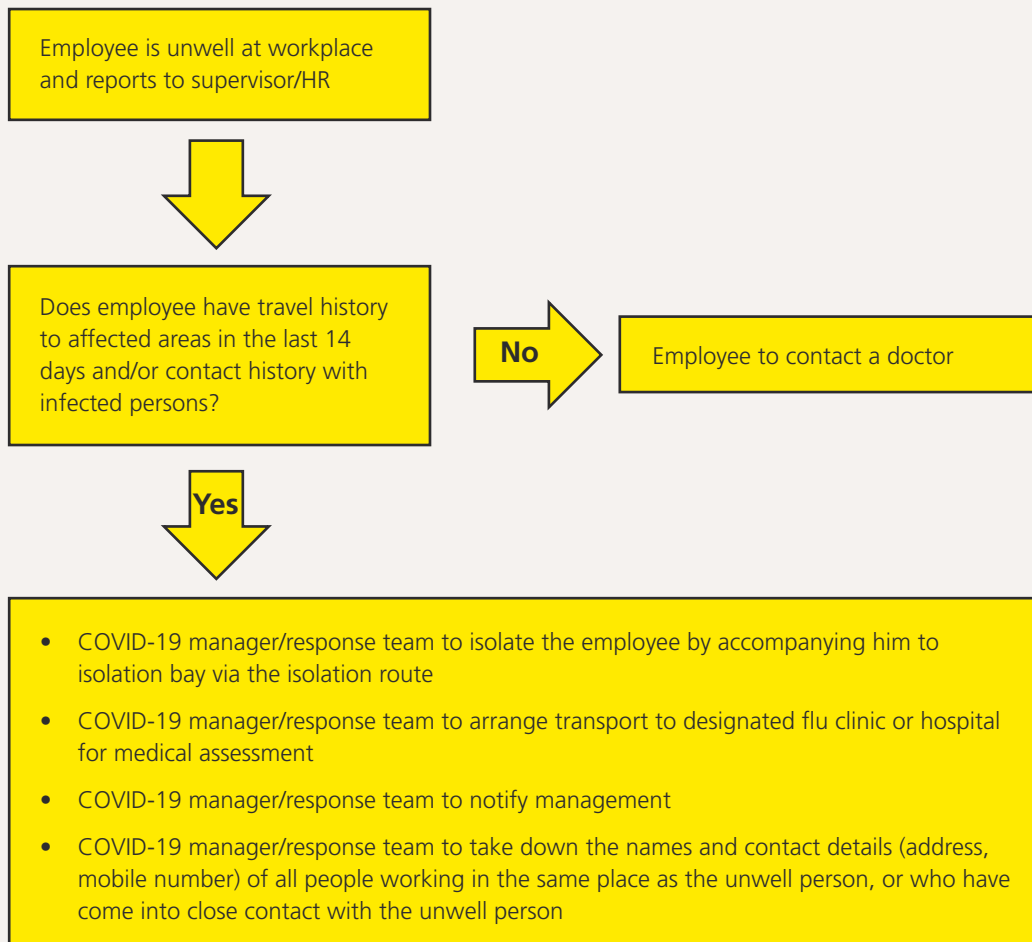
There should be a defined response structure that identifies team(s) responsible for responding to a suspected case. At a minimum, a COVID-19 manager should be appointed.

When responding to a suspect case, there are number of actions that may need to be considered. These should be included in the response plan. The appointment of incident response personnel for stabilisation, continuity and recovery activities are recommended,

A designated isolation area should be predetermined as part of the response plan. The designated area and the route to the designated area should be easily accessible and as far as is reasonable and practicable should be accessible by people with disabilities. The designated area should have the ability to isolate the person behind a closed door and be suitable to facilitate the following:

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

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



The COVID-19 manager/response team should initially assess whether the unwell individual can immediately be directed to go home, call their doctor and continue self-isolation at home.

Where that is not possible, the unwell individual should remain in the isolation area and call their doctor, outlining their current symptoms.

They should avoid touching people, surfaces and objects. Advice should be given to the unwell individual to cover their mouth and nose with the disposable tissue provided when they cough or sneeze and put the tissue in the waste bag provided.

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

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



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

The COVID-19 Manager/response team should carry out an assessment of the incident, which will form part of determining follow-up actions and recovery. Advice on the management of staff and workplace will be based on this assessment. See Annex A for guidance on risk assessment.

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

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

3.6.2 Contact with confirmed cases

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

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

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

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

Personnel who have been in close contact with a confirmed case include:

- any individual who has had greater than 15 minutes face-to-face (<2 meters distance) contact with a confirmed case, in any setting,
- household contacts defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners,
- passengers on an aircraft sitting within two seats (in any direction) of a confirmed case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated,
- for those contacts who have shared a space with a confirmed case for >2 hours, a risk assessment will be undertaken by PH taking into consideration the size of the room, ventilation and the distance from the case. This may include office and training settings and any sort of large conveyance.

Personnel who have been in casual contact with a confirmed case includes:

- healthcare workers, not including laboratory workers, who have taken recommended infection control precautions, including the use of appropriate PPE, during the following exposures to the confirmed case:
 - direct contact with the case (as defined above) or their body fluids;
 - present in the same room when an aerosol generating procedure is undertaken on the case;
- any individual who has shared a closed space with a confirmed case for less than two hours.
- Passengers on an aircraft sitting beyond two seats (in any direction) of a confirmed case.
- Any individual who has shared a closed space with a confirmed case for longer than two hours, but following risk assessment, does not meet the definition of a close contact.



3.7 Contact logging

All organisations, and where possible individuals, should keep a contact log for which the objective should be zero instances of “direct contact” for each day spent in the workplace. This may be through the use of sign in sheets, clocking systems, visitor logbooks, delivery personnel details, third party service provider visitor information. This information should be stored securely, maintained centrally and readily available upon request. Such information may be requested by the authorities to assist with contact tracing. See section 3.4.6 for example of template to log staff movements and locations.

3.8 Personal protective equipment (PPE)

Details on the correct use of suitable PPE for the management of suspected or confirmed Covid-19 can be found on the Health Protection Surveillance Centre (HPSC) website at:

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf

3.9 Adaptation

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



Defence – CHECKLIST

Awareness and information

- Keep up to date with Public health advisory notices
- Comply with any public health guidelines and orders
- Provide necessary training

Minimise spread

- Hand washing – adequate supply of soap and disposable towels
- Hand sanitisers available at suitable locations e.g. entrances/exits & customer contact areas
- Implement physical distancing measures e.g. rearrangement of workflows/patterns to reduce infection risk
- Working from Home where possible
- Restructure teams/shifts, reduce numbers and exposure
- Limit canteen numbers/restrict operation
- Limit/restrict visitors
- Use of appropriate PPE as necessary
- Records – employees to keep contact logs to facilitate tracing in the event of an infection

Communications

- Keep all employees informed of changes to practices
- Appoint co-ordinator
- Provide regular updates on changes to practices, policies and procedures
- Keep up to date on issues/resources required for continued operation:
 - Employees available and suitable for continued work
 - Regular Contact with those in self-isolation
 - Regular contact with remote workers



Defence – CHECKLIST

What to do when a suspect case occurs

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

Segregate suspected case from others – separate area where possible, advised on steps to minimise contamination e.g. minimise surface contact, disposal of tissues etc

Segregation of disposable tissues/towels used by suspected case

Call the General Practitioner of the person

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

Keep log/record of direct contacts of person

Cleaning of area where suspected case operated

Assessment of incident and follow actions necessary

Provide information to HSE on request

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

Review contact logs to identify possible contamination risks

Use of Personal Protective Equipment

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

Cleaning staff to be provided with disposable gloves and gowns

Change PPE regularly to reduce risk of exposure to COVID-19

All PPE should be carefully removed and disposed of to minimise risk of contamination

Breaches in PPE equipment to be reported



4 Exposure – Management and reduction of detected on-site cases

This section covers the steps to be taken by an organisation where a suspected or confirmed case is identified. See section 7 for further details on the availability of funding for consultants to assist companies with their planning.



4.1 Planning

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

Where a business continuity planning process is not in place, organisations should plan and implement a COVID-19 business continuity plan to minimise disruption to operations and ensure that business remains viable during the virus outbreak.

Organisations should use the national resources, posters and guidance that are available and updated on a regular basis to reflect the rapidly emerging situation.

The COVID-19 plan and procedures should:

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

For guidance on planning preparations, see checklists.

4.2 Setting up teams

The organisation shall implement and maintain a structure, identifying one or more teams responsible for responding to disruptions.

The roles and responsibilities of each team and the relationships between the teams shall be clearly stated.



Collectively, the teams should be competent to:

- a. assess the nature and extent of a disruption and its potential impact;
- b. assess the impact against pre-defined thresholds that justify initiation of a formal response;
- c. activate an appropriate business continuity response;
- d. plan actions that need to be undertaken;
- e. establish priorities;
- f. monitor the effects of the disruption and the organisation's response;
- g. activate the business continuity solutions;
- h. with relevant interested parties, authorities and the media.

For each team there shall be:

1. identified personnel and their alternates with the necessary responsibility, authority and competence to perform their designated role;
2. documented procedures to guide their actions including those for the activation, operation, coordination and communication of the response.

4.3 Business Impact Analysis and risk assessment

4.3.1 Business Impact

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

See Annex A for more general information on risk assessments.

4.3.2 Risk assessment in the event of one or more cases

An after-action review (AAR) of the response to a confirmed case should be carried out with the aim to improve preparedness, response and recovery capacities and capabilities through a continuous quality improvement cycle, in order to lessen the impact of future incidents.

The HSE have developed a guidance document on after-action review, which can be applied in the review of a response of a confirmed case.



The conclusions and output from the incident review should feed into the organisation's decision-making process relating to the recovery of the business following one or more confirmed cases, see section 5.

To aid this decision making, a threshold of the number of confirmed cases in the workplace, along with proportionate action to be taken, e.g. segregation of workers/zones, alternative site and ultimately closure of the business, should be established as part of the Business Continuity/COVID-19 Plan.

4.3.3 Human resource management

The following actions should be taken:

- a. Appoint a crisis management co-ordinator to ensure that employees are familiar with the COVID-19 requirements and comply with them during this period. A deputy should also be appointed.
- b. Develop a plan for the continuity of leadership in the event of absence of key decision makers and executives.
- c. Consider flexible work arrangements for employees, including working from home. Review employee management policies such as absenteeism, sick leave, overseas travel, workplace closure and recall of non-critical employees and their families from affected countries.
- d. Develop a risk assessment document for each employee to complete. Obtain a health and travel declaration from employees.
- e. Defer all non-essential travel. Management should identify what is essential travel.
 - Employers should routinely check the HSE website for the latest updates on the coronavirus situation so that an informed decision can be made on whether to proceed with business travel plans.
 - If business travel is unavoidable and alternative options such as teleconferencing and video-conferencing are not possible, employers should arrange for their employees to consult a doctor for travel health advice prior to travel.
 - For employees whose work is performed in affected countries or regions, employers should ensure that employees are adequately protected or monitored in accordance with HSE guidelines.
 - Requirement to report any foreign travel either on authorised leave or on personal time off to managers prior to returning to work.
- f. Employees presenting symptoms of COVID-19 shall be instructed to self-isolate for 14 days and contact a GP for further health advice.
- g. All suspected and confirmed cases must be treated confidentially and sensitively.
- h. Where flexible working arrangements are not possible, employers should refer employees to the government support agencies.
- i. Employees returning to work following self-isolation require health clearance/should be monitored closely for 14 days, with the last 5 days fever free.
- j. Exercise readiness to implement public health response measures, e.g. contact tracing and physical distancing, as advised by the HSE. Particular consideration should be given to customer facing staff, including duration of contact during customer transactions and appropriate mitigation measures.
- k. Review health insurance policies for workers.

4.3.4 Report issues to your employer

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



4.3.5 Awareness

The organisation should ensure that all persons working under its control (e.g. staff, contractors, suppliers) are aware of the COVID-19 plan.

Persons doing work under the organisation's control shall be aware of:

- their contribution to the effectiveness of the COVID-19 plan;
- the implications of not conforming with the COVID-19 plan and requirements;
- their own role and responsibilities before, during and after disruptions.

4.4 Attendance and absence management

It is important to review, communicate and formally implement the absence and sick leave policies in place in the organisation. In advance of any potential increase in absence, it is essential that all employees are fully familiar with policy requirements, particularly around what constitutes acceptable reasons for absence, the notification and certification requirements and the social welfare procedures.

It is important that employers follow through with their policies and are consistent. The first absence in an unusual situation such as the potential exposure to COVID-19, may initially be dealt with on an ad hoc basis which may set an undesirable or unsustainable precedent should absence levels suddenly escalate.

Employers need to consider the effect that significant employee absences would have on their workplace. Various types of absence need to be considered as it is possible that:

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

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

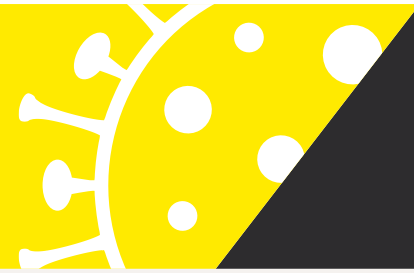
Check on employees' health by phone or email during their absence from work.

If an employee is absent due to a fear of contracting the virus an employer must consider the risks and consider whether the employee is a vulnerable employee. Where there is no increased risk for the employee, the employer can request them to attend work. An employee who continues to be absent from work in these circumstances may be subject to disciplinary action for unauthorised absence.

At some point, based on public health advice, certain aspects of company policy and procedure may require adjustment in accordance with the situation as it evolves. Therefore, it is important to keep the policy under review and to communicate clearly any changes.

4.5 Performance monitoring

The organisation should use performance indicators to evaluate the performance and effectiveness of the COVID-19 measures and their outcomes in order to identify successes and areas requiring correction or improvement. The data obtained can be used to identify patterns and to enable the organisation to obtain information regarding the performance to the COVID-19 requirements.



Procedures for monitoring, measuring, analysing and evaluating the performance and the effectiveness of COVID-19 requirements should include:

- a. determining the methods for monitoring, measurement analysis and evaluation, including:
 1. specifying what is to be monitored and measured;
 2. identifying how, when and by whom the monitoring and measuring should be performed;
 3. setting performance metrics, including qualitative and quantitative measurements that are appropriate to the organisation and ensure valid results;
 4. recording data and results to facilitate subsequent corrective action analysis;
- b. monitoring the extent to which the organisation's COVID-19 requirements and objectives are met;
- c. measuring compliance with applicable Government and HSE COVID-19 requirements;
- d. monitoring nonconformity and other evidence of deficient COVID-19 performance.
- e. recording and monitoring training received, including;
- f. evaluation of training received against defined training needs and requirements;
 - the improvement of the development programme as needed.
 - Internal audit at planned intervals to assess the performance of the COVID-19 arrangements.

4.6 Cleaning

4.6.1 General

General tips for cleaning/disinfecting rooms that persons with suspected or confirmed COVID-19 were isolated in.

- Keep the door to the room closed for at least one hour before cleaning. Do not use the room until the room has been thoroughly cleaned and disinfected and all surfaces are dry.
- The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available).
- Open the window while you are cleaning.
- Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed or combined with Chlorine based product such as sodium hypochlorite (often referred to as household bleach). Chlorine based products are available in different formats including wipes.
- If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at <https://www.hpsc.ie/az/lifestages/schoolhealth/>
- Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.
- Place all waste that has been in contact with the pupil, including used tissues, and masks if used, in a plastic rubbish bag and tie when full. Remove your apron and gloves and discard into the waste bag and clean your hands. Place the plastic bag into a second bin bag and tie it, then clean your hands.
- Store the bag in a safe place until the result of the test is available. If the pupil tests negative, place the waste in the normal domestic waste bin. In the event the pupil tests positive, Public Health will advise what to do next.
- Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.
- There is no need to clean carpets (if present) unless there has been a spillage.



Cleaning of communal areas

- If a person spent time in a communal area or they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible. Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No additional disinfection beyond routine cleaning is recommended at this time.

4.6.2 Linens, clothing and laundry items

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

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

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

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

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

4.6.3 Cleaning of contaminated area

For further detail on environment cleaning following a confirmed COVID-19 case within the workplace see [Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2](#).

4.6.4 Waste disposal

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a normal waste bag. Double bagging should be used. The waste bag should be kept for 72 hours, then thrown into the normal waste.



Exposure – CHECKLIST

The development or revision of a business continuity plan to consider COVID-19

The establishment of a response team to deal with the disruption to business due to COVID-19

Perform a business impact analysis and risk assessment

Ensure HR management has adequate tools and guidance in place. Items under HR management which need consideration include:

Competence and training requirements

Open door policy ensuring employees report any issues

Attendance and absence management

Development of a robust communications plan. Consider the following as part of that plan:

Appointing a co-ordinator

Communicating with suppliers and customers

Communicating with employees

Introduce appropriate cleaning measures/practices. Items/areas to be considered include:

Surfaces

Linens, clothing and laundry items

Cleaning of a contaminated area

Waste disposal

Develop performance indicators and evaluate the effectiveness of all COVID-19 measures implemented



5. Recovery – Recovery of processes and business functions after detection



5.1 General

Actions should be considered to recover a facility in the event of 'COVID-19 related' assessment with either the organisation or the HSE directing closure. The organisation should have documented procedures to restore and return business operations from the temporary measures adopted during a 'COVID-19 related' incident. These should address relevant audit and corporate governance requirements. The purpose of recovery is to re-establish business activities to support normal working following a disruption, i.e. cleaning, re-allocation of resources, etc. Returning to business as usual can be achieved by:

- cleaning all surfaces that the infected person has come into contact with including:
 - all surfaces and objects which are visibly contaminated with body fluids;
 - all potentially contaminated high-contact areas such as toilets, door handles, telephones, counters, work stations, mechanical handling equipment;
- migrating operations from temporary locations/premises back to the restored primary business location;
- continuing to defend against the spread of Covid-19 in accordance with Clause 3 (Defence).

How best to return to business as usual will depend on the severity of the Covid-19 outbreak and estimates of how long it could take to establish the necessary facilities.

The documented procedures should provide for a detailed assessment of the situation and its impact, the determination of tasks and steps for recovery. A checklist of possible recovery operations can be found at the end of this section.

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

5.2 Awareness

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

The organisation should ensure that all persons under its control understand their role with regard to recovery. An awareness programme may include visits to designated alternative locations (e.g. a recovery site).



An analysis of business impacts enables the organisation to set priorities for resuming activities that have been disrupted. An organisation should identify and classify as “prioritised” any activities where failure to resume them quickly could result in an adverse impact. Activities other than those needing to be recovered quickly can be prioritised. For example, an activity that may not be resumed for six months but could take a minimum of eight months to resume should be prioritised.

The analysis enables the organisation to identify the resources that could be required for recovery.

5.3 Response time objective (RTO)

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

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

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

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

5.3.1 Risk assessment (see Annex A)

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

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

5.3.2 Resuming and recovering prioritised activities

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

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

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

5.3.3 Selection of strategies and solutions

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

5.3.4 Resource requirements

5.3.4.1 General

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



5.3.4.2 *People – Incident response*

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

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

5.3.4.3 *Information and data*

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

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

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

5.3.4.4 *ICT Systems*

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

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

Attention should be given to:

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

5.3.4.5 *Safety & Welfare during recovery*

Special attention should be paid to any groups with physical and learning disabilities or other specific needs (e.g. pregnancy, temporary disability due to injury). Planning in advance to meet these requirements can reduce risk and reassure those affected. The long-term impacts of incidents should not be underestimated. The organisation should develop appropriate solutions, including consideration of relevant social and cultural issues, to promote employee safety and wellbeing within the organisation.



5.4 Cleanrooms and Associated Controlled Environments

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

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

Considerations should include:

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

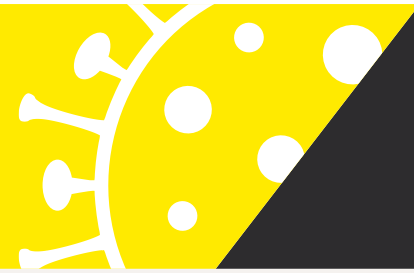
| Recovery – CHECKLIST |
|---|
| operate at recovery facilities |
| restore potentially contaminated facilities |
| secure emergency procurement and funding |
| make claims against existing insurance policies |
| obtain additional people to support the recovery effort |
| select options for restoring and returning to business as usual |
| migrate operations to recovery facilities |
| communicate with relevant interested parties at appropriate frequencies |
| normalise operations at the restored facilities |
| conduct a post-recovery review |
| conduct due diligence on audit and corporate governance requirements |



6. Useful links



| | |
|--|---|
| Health Service Executive | www.hse.ie |
| Health & Safety Authority | www.hsa.ie |
| Government of Ireland | www.gov.ie |
| Local Enterprise Office | www.localenterprise.ie |
| IDA Ireland | www.ida.com |
| Enterprise Ireland | www.enterprise-ireland.com |
| Incident Management | https://www.hse.ie/eng/about/qavd/incident-management/ |
| Introducing after action review AAR | https://www.hse.ie/eng/about/qavd/incident-management/introducing-after-action-review-aar-within-services%202019.docx |
| Quality Improvement Toolkit Tool 15: After action review (AAR) | https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/nat-qi-tool-15-after-action-review-aar-.pdf |
| Health Protection Surveillance Centre | www.hpsc.ie |
| COVID-19 Guidance for the Business and Retail Sector | https://www.ecdc.europa.eu/sites/portal/files/documents/public-health-preparedness-best-practice-recommendations.pdf |
| European Centre for Disease Prevention and Control | www.ecdc.europa.eu |



| | |
|---|---|
| Best practice recommendations for conducting after-action reviews to enhance public health preparedness | https://www.ecdc.europa.eu/sites/portal/files/documents/public-health-preparedness-best-practice-recommendations.pdf |
| Safe use of personal protective equipment in the treatment of infectious diseases of high consequence | https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/safe-use-of-ppe.pdf |
| Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2 | https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf |
| National Disability Authority | www.nda.ie |
| Access Handbook Template: A Tool to Help Manage Accessibility of the Built Environment | http://nda.ie/nda-files/Access-Handbook-Template1.pdf |
| Guide on Business Continuity Planning for 2019 novel coronavirus | www.enterprisesg.gov.sg/2019-ncov |



7. Training and Consultancy Support



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



Annex A: Risk assessment

What is a risk assessment?

Risk assessment is the process of identifying and assessing the risks to your business and prioritising your resources to reduce or eliminate the most significant risks.

How to complete a COVID-19 business continuity risk assessment?

To complete a business continuity risk assessment, we need to establish the key characteristics of the business and consider how COVID-19 impacts upon these. This can be achieved via a series of considerations and questions including:

Staff resources: Are staff required to be on-site and have direct face-to-face interaction with each other, customers, suppliers, hauliers etc.? What am I doing to protect them? Do staff need to handle cash/documentation from customers? Do I have back up staff?

Availability: Who are my key staff? Do they all work together simultaneously? Do they all need to be on-site? Could I stagger shifts? Can they work off-site?

Inputs: Is my supply chain secure? How much raw material/stock do I have? Are my routes to market secure? Have my customers' needs and expectations changed? Is our product format still acceptable?

Recovery: What do I need to do in the event of someone on site identifying as sick? Do I have contact details of all staff/contacts? Can I close parts of my business and allow others to still function?

When considering such questions, we need to establish what the priorities are to maintain our business. This can be achieved via risk assessment.

Risk assessment models

There are many models for risk assessment. The model below considers the Likelihood/Relevance and the Severity of the impact of the issue on the business. Those issues with the highest score are the most significant risks and justify the most significant attention.

| | | Very Unlikely | Unlikely | Possible | Likely | Very Likely |
|------------|-----------|---------------|----------|----------|--------|-------------|
| | | 1 | 2 | 3 | 4 | 5 |
| Negligible | 1 | 1 | 2 | 3 | 4 | 5 |
| Minor | 2 | 2 | 4 | 6 | 8 | 10 |
| Moderate | 3 | 3 | 6 | 9 | 12 | 15 |
| Major | 4 | 4 | 8 | 12 | 16 | 20 |
| Severity | Extreme 5 | 5 | 10 | 15 | 20 | 25 |



Controls – Risk Mitigation

Controls should be implemented for the issues with the highest score (risk) and we should revisit the risk assessment to ascertain if the risk has been reduced, i.e. a reduction in the number (risk) associated with the specific issue. Controls could take the form of provision of sanitiser and PPE; Social distancing; Electronic shift handovers; Installation of barriers at interfaces; Implementation of different shift patterns; Staff working different shift patterns.

Documentation – Risk Register

Risk assessment can be documented in many different formats. The table below illustrates an example of one such format.

| Risk | L | S | Score | Control | L | S | Score | Responsibility | Monitoring |
|---------------------------------------|---|---|-------|---|---|---|-------|-----------------------|---------------------------------------|
| Closure due to outbreak amongst staff | 5 | 5 | 25 | Communicate risks to all staff; Advise staff of need to stay at home if showing symptoms or in contact with those with symptoms; Social distancing encouraged; Sanitiser and PPE (gloves/masks/safety glasses) provided; Staggered Canteen breaks; Segregation of shifts by 15 mins; Sanitisation of shared equipment/ areas. | 3 | 5 | 15 | All Staff; Facilities | General Manager; Shift Supervisors |
| L = Likelihood S = Severity | | | | | | | | | |



NSAI

Head Office

1 Swift Square
Northwood, Santry
Dublin 9, Ireland
D09 A0E4

T +353 1 807 3800

F +353 1 807 3838

E info@nsai.ie

NSAI.ie