

COVID-19 SUPPORTING INFORMATION FOR YOUTH ORGANISATIONS

FOR PHASED RESUMPTION
OF SERVICES

National Youth Council of Ireland

The National Youth Council of Ireland (NYCI) is the representative body for national voluntary youth work organisations in Ireland. It represents and supports the interests of voluntary youth organisations and uses its collective experience to act on issues that impact on young people.

www.youth.ie

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'This document is to be used as an accompanying support to the DCYA Road Map for Youth Organisations on Resuming Full Services after COVID-19. This document is subject strictly to the following:

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- The resource and all information provided is for information purposes only and not intended as a substitute for organisations carrying out a full risk assessment and review and ensuring that all legal, safety, welfare at work and health requirements are implemented and complied with in respect of any resuming of full service whether on site or elsewhere and in respect of any use of the resource or any part of it.

It is important to note that this support document is a living document and will be updated as Government advice is updated. Youth organisations and groups should develop their own protocols in line with DCYA's Youth Sector Road Map.

Note: All reference to workers in this document refers to both staff and volunteers within organisations.

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INTRODUCTION

It is of paramount importance that Youth Services resuming face-to-face contact during this Coronavirus (COVID-19) pandemic ensure that they are protecting their staff, volunteers, young people and communities they work with to minimise the risk of spread of infection.

This supporting resource has been developed by NYCI to give further guidance and support to youth organisations in planning and resuming youth services over the coming months and into the future as long as the infection remains. It has been written to accompany the Department of Children and Youth Affairs **GUIDANCE FOR YOUTH ORGANISATIONS ON RESUMING FULL SERVICES AFTER COVID-19**.

As with the DCYA Guidance this should be read within the broader context of the Government's Roadmap for Reopening Society and Business and the Return to Work Safely Protocol as well as any future Government advice in relation to COVID-19.

This further supporting information has been gathered to inform your on-going planning for re-opening of contact services; outlining detail on health and hygiene as well as the role of the COVID-19 Compliance Officer to additional First Aid requirements to name a few. There is also links to further reading and resources you may find helpful.

We hope that you find this useful.

Mary Cunningham
Director NYCI

WHAT IS CORONAVIRUS?

COVID-19 is a new illness that can affect your lungs and airways. It's caused by a new Coronavirus virus called Coronavirus SARS-CoV-2. Current evidence suggests that the virus is significantly more infectious than the flu that circulates every winter. Viruses can be easily spread to other people and patients are normally infectious until all the symptoms have gone. COVID-19 may survive on surfaces for up to 72 hours. A combination of good personal hygiene and management of social distancing can protect from infection. This is at the core of this document.

Key Control Measures

Social Distancing

Social distancing, or physical distancing, is a set of interventions or measures taken to prevent the spread of COVID-19 by maintaining a physical distance between people and reducing the number of times people come into close contact with each other.

In order to slow the transmission rate of COVID-19, a social distancing of minimum 2m is recommended by the HSE.

Ensuring no person with symptoms attends face to face work

Symptoms include:

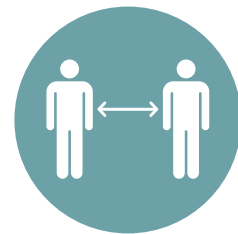
- fever (temperature)
- cough
- shortness of breath
- breathing difficulties

Persons displaying symptoms must self-isolate and not attend face to face work for 14 days. Also, any person living with someone who is self-isolating or waiting a COVID-19 test must restrict their movements for 14 days. It should be noted that recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

General Health

Personnel living with "at risk groups" as defined by the HSE, must consider if there is a heightened risk from attending work.

IN ORDER TO SLOW
THE TRANSMISSION
RATE OF COVID-19, A
SOCIAL DISTANCING
OF **MINIMUM 2M** IS
RECOMMENDED



WHAT IS CORONAVIRUS? (CONTINUED)

Travel

Persons returning to the island of Ireland should refer to national advice issued by the HSE/the Department of Foreign Affairs

Hand Hygiene

Ensuring everyone is washing hands regularly and thoroughly or sanitising and sufficient facilities are provided and maintained to allow this to happen.

Cough Etiquette / Respiratory Hygiene

Ensuring people cough / sneeze into sleeve or elbow, always cover up, dispose of tissues.

Cleaning

Ensuring that all frequently touched objects and surfaces are regularly cleaned and disinfected.

The above-mentioned control measures are elaborated on throughout this document and all individuals need to take personal responsibility to advise their line manager of any symptoms immediately.

PERSONS RETURNING TO THE ISLAND OF IRELAND SHOULD REFER TO ADVICE ISSUED BY THE HSE



HEALTH & SAFETY DOCUMENTATION

Prior to Youth Organisations resuming services in line with the Youth Sector Road Map, all services' health and safety documentation should be reviewed to ensure that the documentation is aligned with the measures as outlined in the Road Map and general / standard health and safety requirements, considering the constraints of COVID-19.

It is recommended that each service should document a specific COVID-19 Plan in line with this document. The resulting plan should consider and address the level(s) of risk associated with the service and the youth work delivered. Each service should appoint at least one lead representative (COVID-19 Compliance Officer) charged with ensuring that COVID-19 measures are strictly adhered to.

Insurance

Before extending activities, services are advised to contact their insurance broker or insurance advisor for direction.

Safety Statement

It is advised that services review their Safety Statement and associated risk assessments, considering COVID-19.

Risk Assessments

Risk assessments for all youth work should be reviewed to address the risk of COVID-19 and the associated control measures required.

Communications

Daily Updates

It is recommended that daily updates should be provided to reference COVID-19 and specifically social distancing and hand hygiene, as well as any changes in the risk assessment or in Government guidance.

Tailored communication for young people and their families should be developed. Templates will be provided shortly in this regard (see DCYA Roadmap document).

TAILORED COMMUNICATION FOR YOUNG PEOPLE AND THEIR FAMILIES SHOULD BE DEVELOPED



MANAGEMENT OF PREMISES

BOTH RENTED & OWNED

Responsibilities of Employers for COVID-19

Employers must risk assess and manage safety and health hazards in the workplace. Responsibilities include managing and advising workers on the various control measures and compliance.

Pre-Planning for adhering to the Road Map

Employers are responsible for ensuring that all workers have been made aware of the specific requirements of the service-specific Health and Safety Plan. Specifically:

- To ensure that a lead representative is appointed as the C-19 Compliance Officer.
- Online C-19 Induction has been undertaken by all workers in line with the Road Map.
- Ensuring that non-compliant personnel are not permitted to engage in face to face work.
- The inclusion of COVID-19 as a hazard in their Risk Assessment for their work activities.
- To ensure that all service facilities are sufficient to allow for the social distancing and hygiene requirements and to take appropriate immediate action where they are not.

Face-to-face work

Employers' responsibility includes assessing various work scenarios to ensure that the key requirements such as social distancing and hygiene controls are being implemented in line with the phases of the road map, e.g. structured small group work with small groups of young people. This should involve discussions with workers. It may also involve monitoring progress and challenges in this regard.

Workers

It is vital that each worker knows how to work safely during this COVID-19. Employers should coach and guide workers to ensure that they are fully compliant with the requirements.

Management Approach

Management's main priority is ensuring that their plan is implemented at all levels and at all times with the cooperation of all stakeholders – workers, volunteers, young people and parents.

General Work Activities

1. **Reduce** – the number of persons in any work area to comply with the 2-metre social distancing guideline recommended by the HSE (e.g. review work schedule, consider staggered starting and finishing times etc.).
2. **Review** – work practices. Support workers to self-assess their work for social distancing and transmission points.
3. **Supervise** – and support C-19 Compliance Officer/s to specifically monitor adherence to social distancing and hygiene etiquette.

HYGIENE

Good hygiene and hand washing

All workers should follow this advice and encourage others to follow this advice too.

DO:

- Wash your hands properly and often. Hands should be washed:
 - > after coughing or sneezing
 - > before and after eating
 - > before and after preparing food
 - > if you were in contact with someone who has a fever or respiratory symptoms (cough, shortness of breath, difficulty breathing)
 - > before and after being on public transport if you must use it
 - > before and after being in a crowd
 - > when you arrive and leave buildings including your home or anyone else's home
 - > before having a cigarette or vaping
 - > if your hands are dirty
 - > after toilet use
- Cover your mouth and nose with a tissue or your sleeve when you cough and sneeze.
- Put used tissues into a bin and wash your hands.
- Clean and disinfect frequently touched objects and surfaces.

DON'T:

- Do not touch your eyes, nose or mouth if your hands are not clean.
- Do not share objects that touch your mouth – for example, bottles, cups.

WASH YOUR HANDS PROPERLY AND OFTEN



HYGIENE (CONTINUED)

Disposable gloves

Do not wear disposable gloves in place of washing hands. The virus can get on gloves in the same way it gets on hands. Also, hands can become contaminated when gloves are taken off.

Disposable gloves are worn in medical settings. They are not as effective in daily life. Wearing disposable gloves can give a false sense of security.

A person might potentially:

- sneeze or cough into the gloves - this creates a new surface for the virus to live on
- contaminate yourself when taking off the gloves or touching surfaces
- not wash your hands as often as you need to and touch your face with contaminated gloves.

Management should consider additional measures to ensure the containment of the virus; these include posters and/or leaflets to advise workers of the hazards associated with COVID-19 and the measures to be taken to prevent the spread of the disease.

The Health Services Executive (HSE) has prepared a selection of posters which can be displayed in all services.

WEARING
DISPOSABLE
GLOVES CAN GIVE
**A FALSE SENSE OF
SECURITY**



PHASED RESUMPTION OF SERVICE REQUIREMENTS

IN LINE WITH THE ROAD MAP

In advance of youth service buildings opening following the COVID-19 shutdown period, all organisations should consider the following, in conjunction with communications and briefings that will be required:

- Before moving to any new phase, a risk assessment process should be established and completed by management in consultation with workers. At a minimum, this should address the following two queries:
 1. Is there a real and pressing need for the person to access any of the premises for any period of time? Outline the reasoning.
 2. Are there any underlying health conditions or additional risks which would make it inappropriate for the individual to access the building?
- Updates to Safety and Health Plans, Safety Statement and other relevant documents will have to be communicated to all workers.
- All personnel must complete the 'Youth Sector Online C-19 Induction'.
- All persons returning to face to face work should complete a COVID-19 self-declaration return to work form.
- 'Line managers should ensure that they have met with all workers returning to face to face work and have completed the 'Return to Work/Induction meeting COVID-19' form.
- It is recommended that these be completed and submitted by each worker at least 2 days in advance of persons returning to face to face work – **if conditions change at anytime, resulting in an appearance of symptoms – workers should be advised not to come to work**
- The questionnaire/self declaration (see template in DCYA's Road Map document) is designed to seek confirmation that the individual has no symptoms of COVID-19 and is not waiting a COVID-19 test.
- A contact tracing log should be developed, updated and made available to workers. It may also be useful for facilities to implement an office attendance rota to ensure social distancing can be implemented.
- Face coverings and gloves should be utilised in line with Government advice.
- In the event of a suspected case in the organisation all Government advice should be followed, as appropriate.
- Employers have an obligation to provide relevant training to workers on COVID-19 issues.

IN THE EVENT
OF A SUSPECTED
CASE IN THE
ORGANISATION
**ALL GOVERNMENT
ADVICE SHOULD
BE FOLLOWED**



PHASED RESUMPTION OF SERVICE REQUIREMENTS

IN LINE WITH THE ROAD MAP (CONTINUED)

It is also recommended that management and staff explore a number of scenarios that could arise when resuming face to face services during the different phases. for example:

- A larger number of young people arrive for a scheduled session than had been agreed
- Parents are putting pressure on workers to increase services
- How do you prioritise those young people who can access face to face work and who can stay in the online space?
- A work colleague is not adhering to social distancing/hygiene guidelines
- Working atmosphere is becoming tense due to tiredness/stress/frustration

IT IS RECOMMENDED THAT SCENARIOS THAT COULD ARISE BE EXPLORED, SUCH AS A LARGER NUMBER OF YOUNG PEOPLE ARRIVE FOR A SCHEDULED SESSION THAN HAD BEEN AGREED



MENTAL HEALTH & WELLBEING

Employers should put in place support for workers who may be suffering from anxiety or stress. Workers, when they return to work, may have gone through traumatic events such as the serious illness or death of a relative or friend, or be experiencing financial difficulties or problems with their personal relationships.

Workers who are returning to the workplace after a period of isolation are likely to have concerns about the risk of infection or changes to their job due to the implementation of measures to prevent the spread of COVID-19. Employers should provide workers with information on publicly available sources of support and advice and information about the prevention and control measures taken in the workplace to reduce the risk of infection.

Employers should ensure workers are made aware of and have access to any business provided Employee Assistance Programmes or Occupational Health service.

- A range of supports and advice is also available from the Health and Safety Authority on work related stress at: www.hsa.ie/eng/Topics/Workplace_Stress/
- The Authority also provides a free online risk assessment tool for addressing work related stress: WorkPositive (www.workpositive.ie).
- The Government's *In This Together Campaign* also provides information on minding one's mental health as well as tips on staying active and connected and may be useful for use by employers and workers: www.gov.ie/en/campaigns/together/?referrer=/together/

(Taken from Return to Work Safely Protocol. COVID-19 Specific National Protocol for Employers and Workers. Prepared by the Department of Business, Enterprise and Innovation and the Department of Health. May 2020.)

EMPLOYERS
SHOULD PUT IN
PLACE SUPPORT
FOR WORKERS WHO
MAY BE SUFFERING
FROM **ANXIETY OR
STRESS**



TRAVEL TO & FROM WORK

Where a worker exhibits any signs of COVID-19 or has been exposed to a confirmed case, they should not travel to work. Wherever possible, workers should travel to work alone using their own vehicle or their own means of transport.

Where public transport is the only option for workers, then regular updates outlining how to reduce the possibility of infection should be considered.

Management should consider the following:

- Parking arrangements for additional cars and bicycles (where possible).
- Providing hand cleaning facilities at entrances and exits. This should be soap and water wherever possible or hand sanitiser if water is not available.
- How someone taken ill would get home.

WHEREVER POSSIBLE, WORKERS SHOULD TRAVEL TO WORK **ALONE USING THEIR OWN VEHICLE** OR THEIR OWN MEANS OF TRANSPORT.



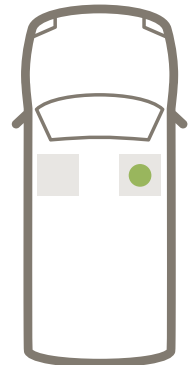
SOCIAL DISTANCING IN VEHICLES

Social distancing is advised when travelling in vehicles to/from work and when using service minibuses (as per the phases in the roadmap).

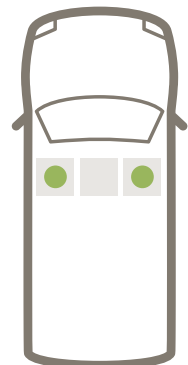
Suggested arrangements are as follows:

- Single occupancy of vehicles is preferable.
- Wear face coverings if more than one person is in the vehicle
- Sit as far apart as the vehicle allows
- Workers should not enter a work vehicle with others if they have any symptoms or have had contact with a confirmed case of COVID-19.
- When entering (and leaving) all vehicles the driver should clean all common areas that are liable to be touched including the external door handles, keys and other internal furnishings.
- Keep windows at least partially open.
- Keep personal items (clothes, lunch boxes etc.) separate
- Wiping/cleaning down of contact points should be done using antibacterial wipes or a wet cloth with soap application, or equivalent.
- Dispose of used wipes/cleaning materials in a designated bin/ sealed bag and wash hands for at least 20 seconds.
- If availing of public transport, sit down to minimise contact with frequently touched surfaces, handles, roof straps, isolation bars etc.
- Carry hand sanitiser (at least 60% alcohol) and use it regularly throughout your journey.

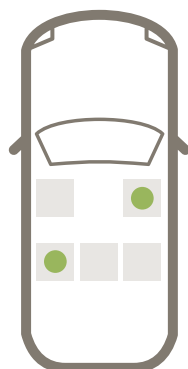
2 SEATS
(eg. small van)



3 SEATS
(eg. flatbed)



5 SEATS
(eg. car, small van)



PREVENTION OF CROSS CONTAMINATION

Building Entry

The potential for cross contamination is higher at entry and exit points to buildings and where there are high levels of surface contact points such as in communal areas, stairs access etc.

Recommended Control Measures

The following are recommended controls measures at access points to all buildings:

- Stagger start times / finishing times to reduce close contact
- Restrict entry to workers and essential visitors only.
- Sanitising stations in position at all building entry points
- Workers should use their own pens to sign in/out and contact tracing log
- Regularly clean common contact surfaces in reception, office, access control and delivery areas (e.g. screens, telephone handsets, desks, particularly during peak flow times)
- Delivery drivers should remain in their vehicles if the delivery will allow it and must wash or clean their hands before unloading goods and materials
- All persons entering buildings must be directed to wash their hands and additional hand washing stations should be provided where possible
- Touch points should be minimised with a "hands-free" approach where possible
- On access routes throughout buildings, one-way systems should be implemented where possible
- Touch points should be cleaned regularly

Cleaning to Prevent Contamination

Enhanced cleaning procedures should be in place across all buildings to prevent cross contamination, particularly in communal areas and at touch points including:

- Taps and washing facilities
- Toilet flush and seats
- Door handles and push plates
- Handrails on staircases and corridors
- Lift controls
- Equipment controls
- Food preparation and eating surfaces
- Communications equipment
- Keyboards, photocopiers and other office equipment
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day
- Regular cleaning of communal facilities, handrails and touch points should be undertaken

PREVENTION OF CROSS CONTAMINATION (CONTINUED)

Cleaning of vehicles

- Steering Wheel
- Gearstick
- Handbrake
- Door Handles
- Radio & Infotainment Controls
- Steering Column (Indicators, Windscreen Wipers, Cruise Control)
- Elbow Rests
- Seat Position Controls
- Door Frame



DELIVERY DRIVERS SHOULD **REMAIN IN THEIR VEHICLES IF THE DELIVERY WILL ALLOW IT**



C-19 COMPLIANCE OFFICER

This section is intended to outline the role and duties of a COVID-19 Compliance Officer ('C-19 Compliance Officer').

It is important that the right person is appointed/selected as a C-19 Compliance Officer.

Services should assess how many C-19 Compliance Officers are required depending on size, environment, number of personnel and the work activity to be monitored. Social distancing compliance is the responsibility of everyone.

A backup must be available in the event of a C-19 Compliance Officer going on annual leave or being off sick.

Details of the assigned C-19 Compliance Officer should be communicated to all workers.

Role of a C-19 Compliance Officer

The role of a C-19 Compliance Officer is to monitor day to day activities to ensure social distancing and hygiene rules are being maintained to protect health and reduce the spread of the C-19 virus.

The person undertaking the role should receive training in what the role will entail.

Ensuring compliance to the 2m social distancing rule and good hygiene is not the sole responsibility of the C-19 Compliance Officer. Their role is supported by all management and workers.

Management should provide all workers with details of the appointed C-19 Compliance Officer(s).

A C-19 Compliance Officer must not put themselves at risk while carrying out their duties.

A C-19 Compliance Officers should have a structure or framework to follow within the organisation to be effective in preventing the spread of COVID-19. This structure should be regularly audited and managed to ensure it works and protects everyone. Failure to take it seriously could result in an outbreak of COVID-19 in the organisation.

FAILURE TO TAKE IT SERIOUSLY COULD RESULT IN AN **OUTBREAK OF COVID-19** IN THE ORGANISATION



C-19 COMPLIANCE OFFICER (CONTINUED)

Responsibilities of a C-19 Compliance Officer

C-19 Compliance Officer's responsibilities and duties fall broadly into 2 categories:

1. Proactive day to day duties
2. Reactive emergency duties

1. Proactive day to day duties of a C-19 Compliance Officer

- Ensure workers complete relevant COVID-19 self-declarations and induction training.
- Monitor compliance with social distancing of 2 metres between workers and young people. In instances where there is non-conformance with social distancing the C-19 Compliance Officer is to intervene.
- Ensure the contact tracing log is being completed (shredded after 14 days) and that workers are using their own pens in this regard.
- Ensure there is sufficient up to date signage/posters displayed in buildings to educate everyone about the COVID-19 controls.
- At all times promote and coach good hygiene practises to everyone.
- Ensure regular cleaning of communal facilities, handrails, door handles, etc. is undertaken.
- Ensure hand wash liquid/soap and hand sanitisers are replenished as required.
- Check hot water and hand drying facilities are available.
- Make management aware of any concerns raised by workers to the C-19 Compliance Officer.
- Ensure workers are adhering to staggered break time schedules and limiting numbers in kitchens and smoking areas as well as being cognisant of the 2-metre social distancing guideline.
- Report any areas of non-compliance to management and ensure these are addressed.
- Consider provision of additional controls for exceptional circumstances
- Keep up to date on HSE/DCYA guidelines.

ENSURE WORKERS COMPLETE RELEVANT COVID-19 SELF-DECLARATIONS AND INDUCTION TRAINING



C-19 COMPLIANCE OFFICER (CONTINUED)

2. Reactive C-19 Compliance Officer duties

While the main role of the C-19 Compliance Officer is to prevent the spread of COVID-19 onsite, there is the potential where a worker may experience COVID-19 symptoms and where the C-19 Compliance Officer needs to react.

In a reactive position, their responsibilities include:

- Informing management if there is a confirmed case or if they have been made aware of an individual with COVID-19 symptoms.
- Isolating an individual with symptoms in an isolation room/ segregated area away from other personnel.
- Following protocol for individuals with COVID-19 symptoms. (i.e. send home asap, inform them to contact their GP).
- Assisting in contact tracing should there be a confirmed case of COVID-19.

RESPONSIBILITIES INCLUDE ASSISTING IN **CONTACT TRACING**



COMMUNAL AREAS

Office Arrangements

- All non-essential workers should be encouraged to work from home where possible
- Workers in youth service buildings should be dispersed so there is always a social distance of 2m.
- Eliminate non-essential visitors attending offices.
- Use I.T. software to support online meetings both in and out of the building.
- Keep workstation surfaces clear and wipe with disinfectant regularly.
- Hand sanitisers should be made available at main entry and exit points.
- Keep main doors open where possible to reduce persons touching door handles etc.
- Increase the cleaning regimes including a wipe down with disinfectant on door handles, stair rails etc. at regular intervals throughout the day.

Management of meetings

All meetings, where possible, should be conducted virtually using on-line systems for remote meetings unless it is absolutely necessary to meet face-to-face. In these circumstances, keep the numbers attending as small as possible ensuring the mandatory 2m distance apart. The meeting time should be kept as brief as possible.

Toilet Facilities

- Restrict the number of people using toilet facilities at any one time. Ensure there is a social distance of 2m maintained while using the toilet facility.
- Implement appropriate COVID-19 hygiene regime.
- Ensure soap and hand washing pictorial guides provided for washing hands are clearly visual and in a form manner and language understand for all.
- Enhance the cleaning regimes for toilet facilities particularly door handles, locks and the toilet flush handle.
- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal.

ALL NON-ESSENTIAL
WORKERS SHOULD
BE ENCOURAGED TO
WORK FROM HOME
WHERE POSSIBLE



COMMUNAL AREAS (CONTINUED)

Kitchens and Eating Arrangements

The following is suggested to ensure a social distancing of 2m.

- Workers should be advised where possible to bring a packed lunch and flask to help eliminate transmission points on microwaves and water pour points etc.
- Break times should always be staggered to reduce congestion and contact.
- Workers must be encouraged to wash their hands before eating.
- Hand cleaning facilities or hand sanitiser should be available at the entrance and exit of any room where people eat and should be used by all personnel when entering and leaving the area.
- Ensure a seating arrangement where workers sit 2 metres apart from each other whilst eating and avoid all physical contact with co-workers.
- Tables should be cleaned between each use and sitting based on rota.
- All rubbish should be disposed in a suitable bin.
- Tables should be clear when finished eating.
- All areas used for eating must be thoroughly cleaned after each use, including chairs, door handles, vending machines etc.
- Provide illustrations of 2 metre spacing to clearly demonstrate social distancing.

General Access

To assist with social distancing, consider the following:

- A one-way system on access routes throughout the building(s) where possible.
- Marked up corridors/rooms can help give an indication of what 2-metre spacing looks like.

Management of Deliveries

Management should:

- Ensure that all delivery transactions enforce physical distancing.
- Agree a delivery protocol with suppliers.
- All deliveries must be planned with allocated times for collections/appointments/deliveries.
- Make arrangements for paperless delivery acceptance and acknowledgements with suppliers to ensure materials management and material reconciliations are accurate.
- Ensure that hand washing facilities/hand sanitisers are available.

FIRST AIDER RESPONSE GUIDANCE

COVID-19 infects people through contact with the mucous membranes. First Aid Responders must think of these as being the mouth, nose and eyes. It does not infect through the skin.

The greatest element of risk for a First Aid Responder is transfer of the virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth.

The key interventions to manage this risk are to minimise hand contamination, avoid touching your face and clean your hands frequently with soap and water or alcohol-based hand gel.

There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the person's respiratory tract landing directly in your eyes, nose or mouth. This risk is managed by use of appropriate PPE (mask and eye protection) and by providing the ill person with a mask to cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).

If, as a First Aid Responder, you can avoid close contact with a person who may require some level of first aid, do so. This, of course, will not be possible in the event of having to provide emergency lifesaving measures such as an incident of cardiac arrest, heart attack, choking, stroke.

First Aid Responders should be familiar with the symptoms of COVID-19. You will need to perform a "dynamic risk assessment" based on the scenario you are presented with.

Key Control Measures

- Standard infection control precautions to be applied when responding to any first aid incident in the workplace. Hand washing with warm water and soap or an alcohol-based hand gel must be performed before and after providing any first aid treatment.
- Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case.
- In such cases, move the individual to an isolated room to minimise risk of infection to others.
- Only one First Aid Responder to provide support/treatment, where practical.
- Additional PPE (enclosed eye protection and FFP3 mask if available) should be worn by First Aid Responders when responding to all first aid incidents where close contact cannot be avoided.

THE GREATEST ELEMENT OF RISK FOR A FIRST AID RESPONDER IS **TRANSFER OF THE VIRUS TO THE MUCOUS MEMBRANES BY CONTACT OF CONTAMINATED HANDS/GLOVES**



FIRST AIDER RESPONSE GUIDANCE (CONTINUED)

- Please also have a mask available to give to person if they are displaying symptoms consistent with COVID-19 to limit droplet dispersion.
- If you suspect a person has experienced a cardiac arrest, do not listen or feel for breathing by placing your ear and cheek close to the person's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions only until help arrives. To iterate the point, a person in cardiac arrest should have compression only CPR applied.
- Persons with minor injuries (cuts, abrasions, minor burns) - where practical, a First Aid Responder should avoid close contact and advise the injured party what steps to take in treating their injury.
- No reusable equipment should be returned to service without being cleaned/disinfected appropriately.

PPE Requirements

The following PPE must be available for responding to first aid incidents:

1. Disposable gloves (nitrile/latex)
2. FFP3 or FFp2 Face masks
3. Disposable plastic aprons
4. Enclosed eye protection

- First Aid Responder must ensure that the mask covers both the mouth and nose and is fitted correctly to create an adequate seal to the face.
- Following first aid treatment, disposable PPE and any waste should be disposed of appropriately and reusable PPE cleaned/disinfected thoroughly.
- Wash hands thoroughly with warm water and soap before putting on and after taking off PPE.
- Replenish PPE stock as appropriate. Liaise with management to ensure any issues with first aid PPE are resolved in as timely a manner as possible.

WASH HANDS THOROUGHLY WITH WARM WATER AND SOAP BEFORE PUTTING ON AND AFTER TAKING OFF PPE



COVID-19 SUSPECT/ CONFIRMED CASES

Suspect COVID-19 Case at Work

What to do if a worker or a young person becomes unwell and believe they have been exposed to COVID-19:

- If someone becomes unwell in the workplace with symptoms such as cough, fever, difficulty breathing, the unwell person should be removed to an area which is at least 2 metres away from other people.
- If possible, find a room or area where they can be isolated behind a closed door.
- If it is possible to open a window, do so for ventilation.
- Request the individual to wear a face mask to prevent contamination of area and close by personnel.
- The individual who is unwell should call their doctor and should outline their current symptoms. Whilst they wait advice, ideally they should be in isolation or at a minimum remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag or pocket then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow. If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.
- The management team will be contacted by the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.
- A risk assessment of each setting will be undertaken by HSE with the lead responsible person. Advice on the management of workers and young people will be based on this 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.
- Advice on cleaning of communal areas such as offices or toilets is outlined later in this document.

Confirmed COVID-19 Case at Work

If a confirmed case is identified in your workplace, the HSE will provide the relevant workers with advice. These workers include:

- Any worker in close face-to-face or touching contact
- Talking with or being coughed on for any length of time while the worker was symptomatic
- Anyone who has cleaned up any bodily fluids
- Close friendship groups or workgroups
- Any worker living in the same household as a confirmed case

COVID-19 SUSPECT/ CONFIRMED CASES (CONTINUED)

Contacts are not considered cases and if they are well, they are very unlikely to have spread the infection to others:

- Those who have had close contact will be asked to stay at home for 14 days from the last time they had contact with the confirmed case and follow the home isolation information sheet.
- They will be actively followed up by the HSE
- If they develop new symptoms or their existing symptoms worsen within their 14-day observation period, they should call their doctor for reassessment
- If they become unwell with cough and/or fever they will be tested for COVID-19
- If they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case.
- Staff who have not had close contact with the original confirmed case do not need to take any precautions and can continue to attend work.

Note: Close contact is defined by the HSE as spending more than 15 minutes face-to-face contact within 2 metres of an infected person / living in the same house or shared accommodation as an infected person.

Ref: HSE- COVID-19; Guidance for the business and retail sector (v 1.1 18.03.20)

Return to work Process for Workers – Suspected/confirmed case/known close contact

In the event of a worker either being a suspected/confirmed case of COVID-19 or a known “close contact” with a confirmed or suspected case, this protocol should be followed to ensure they are fit to return to work by means of self-declaration.

Fitness for Work should be considered from two perspectives:

1. Does their illness pose a risk to the individual themselves in performing their work duties?
2. Does their illness pose a risk to other individuals in the workplace?

Any worker who has displays symptoms consistent with COVID-19 must stay away from work, self-isolate and contact their GP by phone as part of the triage process.

- They must also notify their line manager.
- An individual will be classified as either a suspected or confirmed case, based on HSE decision to test /outcome of test.
- An individual who is a known close contact with a confirmed or suspected case will be contacted by the HSE through its contact tracing process. Advice regarding self-isolation for a period of 14 days since their last “close contact” with a confirmed/suspected case must be followed.
- An individual must only return to work if deemed fit to do so and upon approval of their medical advisor and having coordinated with their line manager.

COVID-19 SUSPECT/ CONFIRMED CASES (CONTINUED)

When an individual is symptom-free and are deemed fit to return to work, the key criteria are:

1. 14 days since their last “close contact” with a confirmed/suspected case and have not developed symptoms in that time, or
2. 14 days since the onset of their symptoms and 5 days since their last fever (high temperature), or
3. They have been advised by a GP / healthcare provider to return to work.

The Line Manager should confirm the relevant criteria above with the individual and write down their responses.

[1] Individual must self-declare their fitness for work in the absence of having a fitness for work certificate from their GP/healthcare provider. This is in acknowledgement that GP's don't currently have capacity to be issuing return to work certificates.

[2] Close contact is defined by the HSE as spending more than 15 minutes face-to-face contact within 2 metres of an infected person / living in the same house or shared accommodation as an infected person. [This is only a guide].

AN INDIVIDUAL IS DEEMED FIT TO RETURN TO WORK WHEN IT'S BEEN **14 DAYS** SINCE THEIR LAST “CLOSE CONTACT” AND **14 DAYS** SINCE THE ONSET OF THEIR SYMPTOMS



CLEANING SPACES WITH SUSPECTED/ CONFIRMED CASES

- It is recommended that cleaning an area with normal household disinfectant after a suspected coronavirus (COVID-19) case has left will reduce the risk of passing the infection on to other people
- If an area can be kept closed and secure for 72 hours, wait until this time has passed before cleaning as the amount of virus living on surfaces will have reduced significantly by 72 hours
- For cleaning purposes, wear a face mask, disposable or washing up gloves. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), consider using protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Principles of cleaning after the case has left the area

Personal Protective Equipment (PPE)

- The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.
- If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary.

THE MINIMUM PPE TO BE WORN FOR CLEANING AN AREA WHERE A PERSON WITH POSSIBLE OR CONFIRMED CORONAVIRUS (COVID-19) IS **DISPOSABLE GLOVES AND AN APRON.**



CLEANING SPACES WITH SUSPECTED/ CONFIRMED CASES (CONTINUED)

Cleaning and Disinfection

- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:
 - Objects which are visibly contaminated with body fluids
 - All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

1

A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

2

A household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

3

Or if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses.

Additionally:

- Avoid creating splashes and spray when cleaning.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.
- If possible, keep an area closed off and secure for 72 hours. After this time the amount of virus contamination will have decreased substantially, and you can clean as normal with your usual products.

CLEANING SPACES WITH SUSPECTED/ CONFIRMED CASES (CONTINUED)

Laundry

- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste Management

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- If the individual tests negative, this can be put in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal waste.

YOU SHOULD NOT PUT YOUR WASTE IN COMMUNAL WASTE AREAS UNTIL NEGATIVE TEST RESULTS ARE KNOWN OR THE WASTE HAS BEEN STORED FOR AT LEAST 72 HOURS.



ADDITIONAL READING

- **LATEST INFORMATION FROM HEALTH SERVICES EXECUTIVE**
For the most up to date information, from health care professionals, you are advised to monitor the HSE website:
www2.hse.ie/conditions/coronavirus/coronavirus.html
- **NSAI COVID-19 WORKPLACE PROTECTION AND IMPROVEMENT GUIDE**
www.nsaie.ie/images/uploads/general/Covid-19_Workplace_Protection_and_Improvement_Guide.pdf
- **POSTERS**
The HSE has prepared a package of resource materials that may be displayed in all workplaces and sites. See:
www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/
- **TRAVEL ADVICE**
Travel advice is available on the website of the Department of Foreign Affairs at:
www.dfa.ie/travel/travel-advice/coronavirus
- **HEALTH PROTECTION SURVEILLANCE CENTRE (HPSC)**
The HPSC provide advice for the general public and for specific groups and settings including employers, healthcare professionals, education settings and religious settings at:
www.hpsc.ie
- **WORLD HEALTH ORGANISATION (WHO)**
www.who.int
- **CENTRE FOR DISEASE CONTROL (CDC)**
www.cdc.gov
- **VOLUNTEERING**
Volunteering Safely during COVID-19:
www.volunteer.ie/wp-content/uploads/2020/03/Volunteering-Safely-During-COVID-19.pdf
- **VIDEO HOW TO WASH YOUR HANDS PROPERLY**
youtu.be/lsgLivAD2FE
- **RETURN TO WORK PROTOCOLS**
www.hsa.ie/eng/topics/covid-19/
- **INDUCTION SESSION**
www.learning.youth.ie/courses/covid-19-induction-session-for-youth-sector/

SAMPLE RISK ASSESSMENT TEMPLATE

Name of Service	
Assessment Date	
Assessment completed by	
Review Date	
Hazard Identified in Work Activity	COVID-19 staff / volunteers working on site among other staff and service members. Risk of contagion to staff, young people, volunteers and community.
<hr/>	
Hazard and Risk Description Identify the hazard and describe who might be harmed, and how, where and when	
Risk Rating High/Medium/Low	
Existing Control Measures What is already in place to help manage this risk?	
Additional Controls Required Detail the measures necessary to control or further reduce the risk	
Action Owner Name/s of person/s responsible for implementation of each control measure	
Due Date The date by which the implementation of these controls is completed	
<hr/>	
Version	
(This is a living document which will be reviewed on a regular basis in line with Government guidance and ongoing monitoring of risk within the organisation)	

SAMPLE RISK ASSESSMENT TEMPLATE (CONTINUED)

Completing the Risk Assessment:

In order to complete the risk assessment, you need to identify what work activity or situations might cause transmission of the virus; think about who could be at risk; decide how likely it is that someone could be exposed; act to remove the activity or situation, or if this isn't possible, control the risk.

Think about:

- Communicating with staff and volunteers
- Communicating with young people and parents
- Who needs to go onsite and who can continue working from home?
- How will staff / volunteer health and wellbeing be supported?
- Protecting people who are at higher risk
- Getting to and from work
- Physical work areas and social distancing
- Moving through buildings
- Cleaning practices
- Hygiene etiquette
- First Aid
- Use of service vehicles
- Communal areas, including toilets, kitchens, stairs, corridors, offices etc.
- Information and guidance in line with Government directives
- PPE (where necessary)
- How will suspected/confirmed cases of COVID-19 be managed?
- Safe practices in work with young people – How many young people can you work with, How will you prioritise them? What kinds of work will you engage in? How many staff are required, Where and when will this work take place? How will it be organised, e.g. by appointment? What are the aims/objectives of this work?
- How will breaches of protocol be managed?
- Other

*The HSE Website – Safety Statements and Risk Assessments has numerous risk assessment prompt sheets addressing areas such as returning to work safely, travelling to and from work, stress risk assessment, home working risk assessment etc. Please refer to the below links:

- www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html
- www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/return_to_work_safely_templates_and_checklists.html



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