Rialtas na hÉireann
Government of Ireland

Work Safely Protocol

COVID-19 National Protocol for Employers and Workers

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Contents

1. Introduction

A. Context

The COVID-19 pandemic has affected every part of Ireland's society and economy. In the face of this, the biggest challenge we have encountered in decades, the people of Ireland have universally stepped up to the plate and adhered to the strict guidelines put in place by the Government, following the advice of the National Public Health Emergency Team (NPHET). We have all contributed to the progress that Ireland has made in containing the spread of COVID-19 and in so doing we have saved lives. However, our continued progress in reducing the spread of the virus remains challenging. We collectively and individually need to continue our efforts to keep the virus under control.

The Work Safely Protocol, which was published in November and updated in December 2020, reflected the Government's Resilience and Recovery 2020-2021: Plan for Living with COVID-19 as well as updating the public health advice available at that time. Since then, the country has faced additional measures brought in nationally to address the continued risks from COVID-19 and in particular the new variants of concern identified. The Government has announced in April a range of new public health measures, under the Recovery and Resilience: The Path Ahead plan and as a result, an update of Work Safely Protocol is required to reflect these and other measures currently in place. The Work Safety Protocol continues to offer advice and guidance for employers and workers to put infection prevention and control (IPC) and other measures in place to prevent the spread of COVID-19 in the workplace' The Work Safely Protocol also covers the measures needed to both ensure the safe operation of workplaces and the re-opening of workplaces following temporary closure due to national, local and regional restrictions.

This update of the Protocol continues to be a collaborative effort by the Health and Safety Authority (HSA), the Department of Enterprise, Trade and Employment (DETE), the Health Services Executive (HSE) and the Department of Health. The update also follows discussion and agreement at the Labour Employer Economic Forum (LEEF), which is the forum for high-level dialogue between Government, Trade Union and Employer representatives on matters

related to the labour force. This work has also been overseen by the Department of the Taoiseach and the Department of Enterprise, Trade and Employment.

The Protocol incorporates current advice about measures to reduce the spread of COVID-19 in the community and workplaces issued by the National Public Health Emergency Team (NPHET) and Government. As the advice issued by Government and NPHET continues to evolve, the Work Safely Protocol and the measures employers and workers need to address will also evolve. The details included in this document are therefore non-exhaustive and are subject to change. This Protocol is a general document applicable to all sectors. It is not designed to prohibit the introduction of further specific measures in particular sectors or workplaces. Further specific measures can be introduced as long as they enhance the measures set out in this Protocol. On foot of this Work Safely Protocol, all businesses and sectors who have specific guidance are required to review and update their guidance in line with the advice contained in this document.

B. Working together to suppress COVID-19 in the workplace

The key to a safe workplace remains strong communication and a shared collaborative approach between employers and workers. It is also essential to achieve success and maximum buy-in. Employers, workers and/or their recognised Trade Union or other representatives need to continue to have regular engagement about COVID-19 infection prevention and control (IPC) measures in the workplace.

Employers should provide up to date information and guidance to workers. The type of information should include:
- the signs and symptoms of COVID-19,
- how COVID-19 spreads,
- advice about hand and respiratory hygiene, physical distancing and ventilation,
- the importance of not going to work if displaying signs or symptoms of COVID-19 or feeling unwell,
- use of face coverings/masks, Personal Protection Equipment (PPE),
- cleaning routines and waste disposal.

Procedures and steps to be taken in the event of a suspected or positive case or outbreak in the workplace and the role of public health authorities in managing an outbreak should also be made clear. Employers will also need to provide COVID-19 induction training for all workers, after the re-opening of the workplace following a closure.

In addition, given the fact that COVID-19 is equally an issue in the wider community, general advice in relation to measures the worker should follow when not at work, including safe travel to and from work and living accommodation are also useful to provide (see section below on Worker Role).

Adherence to this Protocol will only be achieved if employers and workers have a shared responsibility to implement the measures contained in the Protocol in their place of work. A key role in each workplace is that of the Lead Worker Representative (LWR). Each workplace will appoint at least one LWR charged with ensuring that COVID-19 measures are strictly adhered to in their place of work. Further details on this role are provided in the section below.

Employers will also communicate with safety representatives selected or appointed under Occupational Health and Safety legislation and consult with workers on safety measures to be implemented in the workplace. For further information on the role of Safety Representative, visit the HSA website.

The employer can also use a competent person responsible for managing health and safety (internally or externally) as required to ensure the effective implementation of changes to work activities and the implementation of IPC measures at the place of work.

In addition to this Protocol, a range of COVID-19 templates checklists and resources are also available. These have been prepared and are kept updated by the HSA to help business owners, employers and workers to keep businesses up and running and/or to facilitate their reopening after a period of closure. These resources are also available in Irish and other languages.

As the roll-out of the National Vaccination Programme continues, employers and employees are encouraged to maintain their adherence to all the Public Health advice and recommendations. The best ways to prevent the spread of COVID-19 in a workplace or any

setting is still to practice physical distancing, adopt proper hand hygiene, follow respiratory etiquette and increase ventilation.

C. Lead Worker Representative (LWR)

Each workplace will appoint at least one Lead Worker Representative (LWR). Their role is to work together with the employer to assist in the implementation of and monitor adherence to the IPC measures in this Protocol to prevent the spread of COVID-19 in their workplace. The number of representatives appointed will ideally be proportionate to the number of workers. The LWR, together with the COVID-19 response management team, should support the implementation of the IPC measures identified in the Protocol. The identity of the person or persons appointed should be clearly communicated within the workplace. They should also receive the relevant and necessary training by their employer. Further information and a short online course on the role of Lead Worker Representative can be found on the HSA website.

2. General Information on COVID-19

A. Introduction

The Government's Resilience and Recovery 2020-2021: Plan for Living with Covid-19 and Resilience and Recovery: the Path Ahead plan, both put in place a framework to manage the risk of spread of the virus. The controls escalate as infection levels and other public health COVID-19 indicators change on a regional and national basis.

Exposure to COVID-19 is a public health risk, which affects all citizens. The COVID-19 pandemic also has implications for all workplaces as it may present a health risk to workers. Ensuring that the economy remains open and operating goes hand-in-hand with the provision of both public health measures and occupational health and safety requirements to reduce the risk of spread of COVID-19. Managing the risk of spread of COVID-19 in the workplace is important in relation to the health of workers and is also important as part of general efforts to control the spread in the wider community and protect the most vulnerable.

The sections below provide details on the symptoms of COVID-19 and on how current evidence shows how it spreads in general and in the workplace. Employers and workers should keep up to date with public health advice as knowledge about COVID-19 continues to evolve.

B. Symptoms of COVID-19

Infection with the virus that causes COVID-19 can cause illness, ranging from mild to severe, and, in some cases, can be fatal. It can take up to 14 days for symptoms to show. They can be similar to symptoms of cold and flu.

Common symptoms of coronavirus include:
- a fever (high temperature - 38 degrees Celsius or above).
- a new cough - this can be any kind of cough, not just dry.

- shortness of breath or breathing difficulties.
- loss or change in your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

If you have any common symptoms of COVID-19 (coronavirus), self-isolate (stay in your room) and phone your GP straight away to see if you need a free COVID-19 test. Other people in your household will need to restrict their movements (stay at home).

Getting an early diagnosis means, you can get the help you need and take steps to avoid spreading the virus, if you have it.

For the complete list of symptoms please refer to the HSE Website. If you **do not** have symptoms, you can get a free COVID-19 (coronavirus) test at a COVID-19 walk-in test centre.

C. How COVID-19 Spreads

The disease is caused by the SARS-CoV-2 virus, which spreads between people in several different ways.

The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. These particles range from larger respiratory droplets to smaller aerosols.

Current evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 metre (short-range). A person can be infected when aerosols or droplets containing the virus are inhaled or come directly into contact with the eyes, nose, or mouth. That is why keeping a 2-metre distance and wearing masks are effective in reducing the spread of the virus.

The virus can also spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. This is because aerosols remain suspended in the air or travel farther than 1 metre (long-range). That is why it is important to ensure a) that workers who have symptoms of COVID-19 or are feeling unwell remain out of work, b) that occupancy

levels remain low (i.e., working from home where possible) and c) that indoor spaces are kept well ventilated (aired out) by opening windows and doors if possible.

People may also become infected by touching surfaces that have been contaminated by the virus when touching their eyes, nose or mouth without cleaning their hands.

Common household disinfectants will kill the virus on surfaces. Clean the surface first and then use a disinfectant. A system of thorough and regular cleaning of frequently touched surfaces in the workplace is essential. For example, vending machines, coffee machines and door handles should all be cleaned frequently, as they can be particular sources of transmission. If disinfection is required, it must be performed in addition to cleaning, never as a substitute for cleaning. Please refer to section on Cleaning below for further details.

Current information suggests that infected people can transmit the virus both when they are symptomatic (showing symptoms) and asymptomatic (showing no symptoms). This is why it is essential that anyone who is showing symptoms suggestive of COVID-19, or anyone who has been in close contact with a confirmed case, should be tested.

Research has also now identified specific types of working environments where the spread of COVID-19 is more likely to occur, often due to environmental factors. For example, there have been reported outbreaks of COVID-19 in some closed space settings, such as meat processing plants, nightclubs, places of worship, restaurants, and workplaces where people may be shouting or talking loudly. In these outbreaks, airborne transmission (specifically in indoor locations that are densely populated and inadequately ventilated) cannot be ruled out. In these high-risk environments, a greater level of adherence by employers and workers to the specific public health advice for such settings is required. Further research is ongoing to better understand the spread of the virus and which settings are most risky and why. Research is also under way to study virus variants that are emerging and why some are more transmissible.

Further information is available from the WHO here. Also refer to the section below on Ventilation.

3. Steps for Employers and Workers to Reduce Risk of Exposure to COVID-19 in the Workplace

The Government's Resilience and Recovery: the Path Ahead plan, provides details on which workplaces can be open and operating at any given time. Therefore, at different times, a business may be open or may reopen following localised or national restrictions.

In this regard, employers, in consultation with the LWR(s), must take the following steps either for the first time or as part of a need to keep their response to COVID-19 up to date.

A. Keep their COVID-19 Response Plan up to date

E**mployers will continue to**:

- develop and/or update their COVID-19 Response Plan.
- develop plans in consultation with workers and communicate once finalised.
- facilitate the appointment of at least one lead worker representative for the workplace, which shall be done in consultation with the workers and/or representatives.
- review and update their occupational health and safety (OSH) risk assessments and safety statement.
- address the level(s) of risk associated with various workplaces and work activities in their COVID-19 business plans and OSH risk assessments. For example, where, how and from what sources might workers be exposed to COVID-19? Consider also exposure to/from the public, customers, co-workers etc. In this regard, particular locations (canteens, washroom facilities, access/egress points), where staff congregate can be particular hotspots for transmission.
- ensure that where work practices have been changed or modified to prevent the spread of COVID-19, workers are not inadvertently exposed to additional occupational health and safety hazards and risks.
- take into account workers' individual risk factors (e.g. older workers, whether a worker is considered very high risk or high risk due to the presence of underlying medical conditions).
- include measures to deal with a suspected case of COVID-19 in the workplace.

- include the controls necessary to address the risks identified.
- include contingency measures to address increased rates of worker absenteeism, implementation of the measures necessary to reduce the spread of COVID-19, changing work patterns, etc.
- include in the plan any specific communication measures that are required for workers whose first language may not be English. In such workplaces, employers should identify leads who can act as communicators to particular groups. Such leads may also be nominated as the lead worker representative. The HSE have provided [translations](#) of their COVID-19 Resources as have the HSA [here](#).
- include in the plan any specific measures or response for dealing with an outbreak of COVID-19 (refer to HPSC guidance on management of outbreaks [here](#)).

B. Implement and maintain policies and procedures for prompt identification and isolation of workers who may have symptoms of COVID-19

The prompt identification and isolation of potentially infectious individuals is a crucial step in protecting the worker involved, their colleagues, customers or others at the workplace. It is also a crucial step in preventing an outbreak in a workplace from moving into the wider community and also to prevent cases in the community causing an outbreak in the workplace too.

Employers will:
- keep a log of contacts to facilitate contact tracing.
- inform workers and others of the purpose of the log (i.e. to be used by Public Health in the event of an outbreak).
- maintain up-to-date information on all workers (full-time, part-time, contract and agency) in the workplace. Such information should include at a minimum the name, address and contact phone number of the individual worker. This information will be needed by the Department of Public Health in the event there is a case or outbreak.
- display information on signs and symptoms of COVID-19 and not working if displaying signs or symptoms of COVID-19 or if feeling unwell.

- provide information on how to receive illness benefits or other Government COVID-19 supports.
- provide up to date information on public health advice issued by the HSE and Gov.ie.
- provide public health advice and information in languages other than English as required. Consideration should also be given to providing a variety of information on TV monitors in prominent locations (canteens, access/egress points) to enhance uptake of key messages.
- provide instruction for workers to follow if they develop signs and symptoms of COVID-19 during work.
- cooperate with the local Department of Public Health if a case of COVID-19 and/or an outbreak is confirmed in their workplace and implement any follow up actions required.
- maintain personal information collected in line with GDPR requirements.

Workers will:
- make themselves aware of the signs and symptoms of COVID-19 and monitor their own wellbeing.
- not go to work if they are displaying signs or symptoms of COVID-19 or if feeling unwell.
- immediately self-isolate or restrict their movements at home if they display any signs or symptoms of COVID-19 and contact their family doctor to arrange a test.
- stay at home, if identified as a close contact of a confirmed case of COVID-19, and not go to work.
- report to managers immediately if any symptoms develop during work.
- cooperate with any public health personnel and their employer for contact tracing purposes and follow any public health advice given in the event of a case or outbreak in their workplace.

Employers and workers must keep themselves up to date on all Public Health information as the information can change on a regular basis.

C. Develop, Update, Consult, Communicate and Implement Workplace Changes or Policies

Employers will continue to:

- review and revise existing sick leave policies and amend as appropriate and in line with normal procedures. In so doing, employers will consult with and communicate to workers, in line with normal procedures, any changes that are introduced to reduce the spread of COVID-19.
- make available the necessary public health advice from the HSE and other sources as appropriate to their workers. The LWR(s) appointed should be involved in communicating the health advice around COVID-19 in the workplace.
- provide information on how to receive illness benefits or other Government COVID-19 supports.
- agree through negotiation with workers/Trades Unions any temporary restructuring of work patterns that may be required to implement the COVID-19 prevention measures in the workplace. In so doing, any existing sectoral agreements must be taken into account.
- ensure that conditions, including the employment of staff via agency contracts, support the prevention and spread of COVID-19.
- minimise rotation of staff across multiple settings and workplaces, particularly in relation to staff employed under agency contracts.

Note: for some workplaces, there may be an occupational health service provided. However, this is unlikely to be available in the majority of workplaces. In situations where the employer has put in place an occupational health service, the service can be used to address any worker concerns and communicate the messages about good hand hygiene, respiratory etiquette and physical distancing. An organisation's occupational health service may also provide training and advice on the measures recommended in this Protocol to reduce the spread as well as advice on case or outbreak management and on fitness to return to work.

Note: The HSA has introduced interim guidance to assist employers and workers manage a return to work following COVID-19 testing or infection. The Fitness for Work interim guidance and related checklists are available here.

D. Implement the COVID-19 Infection Prevention and Control (IPC) Measures

The best ways to prevent the spread of COVID-19 in a workplace or any setting is to practice physical distancing, adopt proper hand hygiene, follow respiratory etiquette and increase ventilation.

D1. Hand Hygiene

Regular hand washing with soap and water is effective for the removal of COVID-19.

Employers must:

- ensure that appropriate hygiene facilities and materials are in place to accommodate workers adhering to hand hygiene measures.
- make available advice and training on how to perform hand hygiene effectively.
- display posters on how to wash hands in appropriate locations throughout the workplace.
- provide hand sanitisers (alcohol or non-alcohol based) where washing facilities cannot be accessed. In choosing an alcohol-based sanitiser, a minimum of 60% alcohol is required. **Note:** alcohol-based hand sanitisers are highly flammable and must not be stored or used near heat or a naked flame. Refer to the Appendix for advice on choosing a hand sanitiser.

Workers must:

- be familiar with and follow hand hygiene guidance and advice.
- wash their hands with soap and water or with hand sanitiser for at least 20 seconds and in particular:
    - after coughing and sneezing,
    - before and after eating,
    - before and after preparing food,
    - before and after removing their face covering,
    - if in contact with someone who is displaying any COVID-19 symptoms,
    - before and after being on public transport,
    - before and after being in a crowd,

- when arriving and leaving the workplace/other sites,
- when entering and exiting vehicles,
- before having a cigarette or vaping,
- when hands are dirty. If visibly dirty, wash hands with soap and water, and
- after toilet use.
- avoid touching their eyes, mouth, or nose.
- have access to facilities to support hand hygiene (for example hand sanitiser/hand wipes/hand washing facilities).
- not share objects that touch their mouth, for example, bottles or cups.
- use own pens for signing in/out.

D2. Respiratory Hygiene

In addition to hand hygiene, good respiratory hygiene and etiquette is also necessary.

Employers must:
- provide tissues as well as bins/bags for their disposal.
- empty bins at regular intervals.
- provide advice on good respiratory practice including the safe use, storage and disposal of face masks/coverings and the safe cleaning of face coverings.

Workers must:
- adopt good respiratory hygiene and cough etiquette.
- be familiar with and follow respiratory hygiene guidance.
- follow good practice on the safe use, storage, disposal and cleaning of face masks/coverings.

D3. Physical Distancing

Physical distancing is one of the most important measures in reducing the spread of COVID-19. The current recommended distance to be maintained between people to minimise risk of transmission is 2 metres.

Employers must:

- provide for physical distancing across all work activities. This may be achieved in a number of ways:
  - implement a no hand shaking policy.
  - where office work is essential, free office capacity must be used as much as is reasonably practicable and work organised in such a way that multiple occupancy of office premises is avoided and physical distances maintained. **Note:** Government advice under the Resilience and Recovery: the Path Ahead Plan continues to recommend that working from home continues as much as possible.
  - organise workers into teams or pods who consistently work and take breaks together. The teams should be as small as is reasonably practicable in the context of the work to be done, Refer to the Appendix for general advice on the use of teams/pods.
  - organise breaks in such a way as to facilitate maintenance of physical distancing during breaks.
  - reorganise and rearrange working and break areas. For example, placing tables and chairs far enough apart in canteens.
  - consider closing canteen facilities if public health measures including social distancing cannot be facilitated. If closing, provide information on alternative delivery options. **Note**: by providing canteen facilities in the workplace in a controlled manner, this can reduce the need for workers to congregate in other less well-controlled locations outside the workplace (i.e., cars and shops).
  - stagger canteen use and extend serving times.
  - implement a queue management system with correct distance markings to avoid queues at food counters, tray return points and checkouts.
  - put in place card payment methods where practicable.
  - allocate specific times for collections, appointments and deliveries.
  - conduct meetings as much as possible using online remote means. Where face-to-face meetings are necessary, these must be arranged in line with the Government advice that is in place at the time of holding the meeting. Furthermore, the length of the meeting and the numbers attending should be kept to a minimum and participants must maintain physical distancing at all times. Proper ventilation, for example open windows, should also be in place.

Attendance in a meeting room for a prolonged period may result in attendees being considered close contacts should an outbreak occur.

- o provide one-way systems for access/egress routes in the workplace/canteen where practicable.
- o adapt existing sign-in/sign-out measures and systems, for example, biometrics/turnstiles.
- o ensure that workers sharing collective accommodation at a place of work are grouped in fixed teams or pods that are as small as is reasonably practicable and consist of individuals who also work together. As far as is reasonably practicable:
  - each team or pod should, where reasonably practicable, be provided with their own communal facilities (washrooms, kitchens and communal rooms) in order to avoid the additional burden of shift-wise use and the necessity to clean between occupancy by different teams. If this is not possible, employers should implement phased use and an enhanced cleaning regime.
  - accommodation must be regularly cleaned and ventilated either manually (by opening windows and doors) or mechanically.
  - sleeping accommodation should normally be occupied singly.
  - additional rooms must be provided for early isolation of infected persons.
- o prevent gatherings of workers in the workplace at the beginning and end of working hours, such as, at time recording terminals and in changing rooms, washrooms, locker rooms and showers.
- o implement physical distancing during any outdoor work activity. For outdoor work activities, facilities for frequent hand hygiene should be provided and should be located close to where workers are working. Outdoor toilet facilities, if reasonably practicable, should also be considered.

In settings where 2-metre worker separation cannot be ensured by organisational means, alternative protective measures should be put in place, for example:

- o Maintain a distance of at least 1 metre or as much distance as is reasonably practicable.

- o Minimise any direct worker contact and provide hand washing facilities, and other hand hygiene aids, such as hand sanitisers, wipes etc. that are readily accessible so workers can perform hand hygiene as soon as the work task is complete.
- o Install physical barriers, such as clear plastic sneeze guards between workers.
- o Provide PPE as appropriate (see section below).
- o Provide face coverings in line with public health advice.

Note: It is recommended that face coverings are used in crowded workplaces, which the employer can determine as part of the risk assessment of the workplace. Wearing of masks is not a substitute for the IPC measures outlined above but they may be used in addition to these measures especially where maintaining physical/social distancing is difficult. If masks are worn, they should be clean and they should not be shared or handled by other colleagues. Refer to the Appendix for further general advice regarding face coverings.

Note: Screens do not need to be floor to ceiling but should be of an adequate height (e.g., cover a person in a standing position) and width to block the pathway from the nose and mouth to the face and workspace of the other persons. Screens may be fixed or mobile depending on requirements including emergency access. Screens should be regularly cleaned with detergent and water. Further advice on screens is given by the Health Protection Surveillance Centre (HPSC) and the National Collaborating Centre for Environmental Health (NCCEH).

D4. Pre-Return to Work Measures

Before returning to work for the first time after a workplace closure, the following steps should be put in place and completed by both employers and workers.

Employers must:

- establish and issue a Pre-Return to Work form, or equivalent, for workers to complete in advance of returning to work. This form should seek confirmation that the worker, to the best of their knowledge:
    - has no symptoms of COVID-19.
    - is not awaiting the results of a COVID-19 test.
    - is not self-isolating or restricting their movements.
    - has not returned from travel abroad.
      Note: The current advice from Government remains that there should be no overseas travel for non-essential purposes. For up to-date information on travel overseas, please refer to the Government website. A range of new measures and requirements, including mandatory quarantine for travel from certain countries, for those travelling to Ireland is available at It is important for employers and workers to keep up to-date on travel restrictions and requirements in and out of the country as these may be subject to change on a regular basis.
- include the following questions on the form. If a worker answers **Yes** to any of them, they are required to follow the medical advice they receive or seek medical advice before returning to work:
    - Do you have symptoms of cough, fever/high temperature, difficulty breathing, loss or change in your sense of smell or taste now or in the past 14 days? Yes/No
    - Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? Yes/No
    - Are you awaiting the results of a COVID-19 test? Yes/No
    - In the past 14 days, have you been in contact with a person who is a confirmed or suspected case of COVID-19? Yes/No
    - Have you been advised to self-isolate at this time? Yes/No
    - Have you been advised to restrict your movements at this time? Yes/No

- o Have you been advised to cocoon at this time? Yes/No. **Note**: if you're at very high risk (extremely vulnerable) from COVID-19 you may be advised to cocoon.
- provide an induction training for all workers on their return to work. This training should at a minimum include the latest up to-date advice and guidance on public health. The HSA has a free online course, Work Safely Induction, which employers can use. Specific items to be covered include:
    - o what a worker should do if they develop symptoms of COVID-19 at home or at work.
    - o details of the IPC measures at the workplace to address the risk from COVID-19.
    - o an outline of the COVID-19 response plan.
    - o identification of points of contact for the employer and the Lead Worker Representative.
    - o any other sector specific advice that is relevant.
- put in place the necessary controls identified in the risk assessment to prevent the spread of COVID-19 in the workplace.
- implement temperature testing as advised by Public Health. Currently there is no public health requirement to undertake temperature testing/screening in the workplace. However, in certain sectors and workplaces, Public Health may have advised the employer to put in place temperature check, for example on entry to the facility or during shift work, and in such sectors, the employer will implement this requirement as it is advised by Public Health.
- implement any voluntary COVID-19 testing that may be required as part of mass or serial testing requirements as advised by Public Health. Put in place an agreed process for workers who may not wish to take part in the testing.

Workers must:
- complete and submit the Pre-Return to Work form before they return to work.
- inform their employer if there are any other circumstances relating to COVID-19, not included in the form, which may need to be disclosed to allow their safe return to work. For example, if they are in the very high-risk category.
- stay at home if displaying any signs or symptoms of COVID-19 or feeling unwell.

- self-isolate or restrict their movements at home in line with their family doctor and/or public health advice.
- contact their family doctor promptly if they have any COVID-19 symptoms.
- undergo, as agreed, any voluntary COVID-19 testing that may be required in their workplace as part of mass or serial testing as advised by Public Health and implemented by their employer
- participate in any induction training provided by the employer on their return to the workplace.
- cooperate with their employer in relation to prevention measures including physical distancing, hand hygiene and wearing of Personal Protective Equipment (PPE) where required.
- complete any temperature testing implemented by their employer on foot of public health advice.

Note: **Employers and workers must keep themselves up to date on Public Health information as this can be updated on a regular basis.** Public Health information on close contacts, casual contacts and testing is available from the HSE website. Note there is also different advice if you a) have arrived in Ireland from abroad (here) or b) are a close contact of a person who has tested positive for a variant of concern (here). In addition, if you are a close contact and you have received a COVID-19 vaccine, refer to advice here.

Completed Pre-Return to Work forms should only be retained for as long as necessary by the employer and in line with the advice from the Data Protection Commission.

Employers can provide the Pre-Return to Work Form in a range of ways: paper copy, electronic copy, through apps or other online facilities. In using electronic or online formats, the same questions should be asked and the same approach regarding keeping these forms will apply.

While the form itself does not need to be resubmitted, employers may request workers to reconfirm that the details in the Pre-Return to Work form remain the same following an extended period of absence from a workplace (e.g., following annual leave) or where the worker may only access the workplace infrequently.

D5. Dealing with a Suspected Case of COVID-19 in the Workplace

The key message remains that a worker should not attend work if they are displaying any signs or symptoms of COVID-19 or are feeling unwell.

However, while a worker should not attend work if displaying any symptoms of COVID-19, the following outlines the steps employers should put in place to deal with a suspected case that may arise during the course of work.

Employers must:
- include a defined response structure that identifies the team(s) responsible for responding to a suspected case in the COVID-19 response plan.
- appoint a case manager/designated contact person(s) for dealing with suspected cases.
- identify a designated isolation area in advance. 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.
- take into account the possibility of one or more persons displaying the signs of COVID-19 and have additional isolation areas available or another contingency plan for dealing with same.
- ensure the designated area has the ability to isolate the person behind a closed door. Where a closed-door area is not possible, the employer must provide for an area away from other workers.
- provide as is reasonably practicable:
  - o Ventilation, i.e. by opening a window.
  - o Tissues, hand sanitiser, disinfectant and/or wipes.
  - o PPE, gloves, masks.
  - o Waste bags/bins.

If a worker displays symptoms of COVID-19 during work, the case manager/designated contact person and the response team must:
- isolate the worker and have a procedure in place to accompany the individual to the 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.

- provide a mask for the person presenting with symptoms. The worker should wear the mask if in a common area with other people or while exiting the premises.
- assess whether the unwell individual can immediately be directed to go home to call their family doctor and continue treatment and self-isolation at home.
- facilitate the person presenting with symptoms remaining in isolation if they cannot immediately go home and facilitate them calling their family doctor. The worker should avoid touching people, surfaces and objects. Advice should be given to the person presenting with symptoms to cover their mouth and nose with the disposable tissue provided when they cough or sneeze and to put the tissue in the waste bag provided.
- arrange transport home or to hospital for medical assessment if required. Public transport of any kind should not be used.
- carry out an assessment of the incident, which will form part of determining follow-up actions and recovery.
- arrange for appropriate cleaning of the isolation area and work areas involved (refer to section below on Cleaning).
- provide advice and assistance if contacted by the Department of Public Health or HSE in relation to contact tracing.

Note: if the employer has in place a designated occupational health service, this service may be used by the employer to respond and support measures dealing with a confirmed or suspected case of COVID-19 as set out above.

Further information on [close contacts, casual contacts and testing](#) is available from the HSE website.

D6. At Risk Workers

Infection with the virus that causes COVID-19 can cause illness, ranging from mild to severe, and, in some cases, can be fatal. For some people and workers, the risks are higher. There are two levels of higher risk – very high risk (extremely vulnerable) and high risk.

There is different public health advice for each of these groups and employers should follow and adopt this advice. If you are at very high risk (extremely vulnerable) from COVID-19 you may be advised to cocoon.

If a worker in the very high risk or high-risk categories cannot work from home and must be in the workplace, employers must make sure that they are supported to maintain a physical distance of 2 metres from others at the workplace. In planning a return to the workplace for workers in the very high risk (extremely vulnerable) category, a fitness for work medical risk assessment may need to be completed with the worker and Occupational Health practitioner (where available) and/or the worker's family doctor. However, employers should enable such workers to work from home where possible.

D7. Working from home

All staff should continue to work from home to the greatest extent possible. The employer should develop and consult on any working from home policy in conjunction with workers and/or Trades Unions. Guidance on Working from Home is available from the HSA. Resilience and Recovery: the Path Ahead plan, continues to recommend that only essential workers or other designated workers should attend the workplace.

D8. Business Travel

- Business trips and face-to-face interactions should be reduced to the absolute minimum and, as far as is reasonably practicable, online or other alternatives should be made available (e.g., telephone or video conferencing).
- For necessary work-related trips, the use of the same vehicles by multiple workers is not encouraged. The number of workers who share a vehicle – at the same time or

one after the other – should be kept to a minimum as far is as reasonably practicable, for example by assigning a vehicle to a fixed team or pod.

- Workers should be provided with hand sanitisers and cleaning equipment for their work vehicle, with cleaning taking place before and after each shift. Workers should be encouraged to keep windows in work vehicles open. Vehicle heating and ventilation systems should not be set to recirculate air. In cars, partially opening two windows on opposite sides greatly improves ventilation.
- Workers should be encouraged to travel alone to/from and for work. If using their personal cars for work, they should be accompanied by a maximum of one passenger who shall be seated in adherence with physical distancing guidance. Where workers need to share a work vehicle, or where travelling to work with others in a vehicle, a face covering or mask should be worn in line with public health advice. In addition, advice on improving ventilation as set out above should also be provided.
- Businesses should refer to the latest Government advice in relation to essential inbound and outbound (overseas) travel for workers and citizens. Advice on travel will change as the levels within the Resilience and Recovery: the Path Ahead plan increase or decrease nationally or regionally.

Note: The current advice from Government remains that there should be no overseas travel for non-essential purposes. For up to-date information on travel overseas, please refer to the Government website here. A range of new measures and requirements, including mandatory quarantine for travel from certain countries, for those travelling to Ireland is available here. Travel within the island of Ireland can continue as normal, subject to domestic public health restrictions on gov.ie.

It is important for employers and workers to keep up to-date on travel restrictions and requirements in and out of the country as these may be subject to change on a regular basis.

D9. Contractors and Visitors

- Workers, contractors or visitors visiting workplaces where there are restrictions arising from the risk of COVID-19 should follow the onsite IPC measures and take into account public health advice around preventing the spread of COVID-19. A system for recording visits to the site(s) by workers/others as well as visits by workers to other workplaces should be put in place by employers and completed by workers as required (contact log).

- Induction training for contractors and visitors to the workplace should be provided. The Health and Safety free online Work Safely Protocol induction course can also be used. The employer should also provide specific advice related to the workplace in addition to this general induction.

- Refer to **Note** in Business Travel section above regarding requirements for travel.

D10. Cleaning

Cleaning of work areas must be conducted at regular intervals. Further information on cleaning in non-healthcare settings is available from the European Centre for Disease Prevention and Control (ECDC).

Employers must:

- implement thorough and regular cleaning of frequently touched surfaces. If disinfection of an area is required, it must be performed in addition to cleaning, never as a substitute for cleaning.

- ensure contact/touch surfaces such as table tops, work equipment, door handles and handrails are visibly clean at all times and are cleaned at least twice daily.

- implement modified cleaning intervals for rooms and work areas. This applies especially for washroom facilities, lockers and communal spaces. Cleaning should be performed at least twice per day and whenever facilities are visibly dirty.

- provide workers with essential cleaning materials to keep their own workspace clean (for example wipes/disinfection products, paper towels and waste bins/bags).

- provide workers with hand sanitisers and cleaning equipment for their work vehicle, with cleaning taking place before and after each shift.

- increase number of waste collection points and ensure these are emptied regularly throughout and at the end of each day.
- modify use of hot desks to ensure that these are made available to identified staff and have appropriate cleaning materials in place for workers to clean the area before and after using.

Note: In relation to routine disposal of waste in the workplace, waste such as used tissues, wipes and cleaning material should be disposed of in the regular domestic waste stream. Hands should be cleaned immediately after disposal of these items.

In relation to disposal of waste from a worker who becomes symptomatic while at work, this waste should be disposed of in a disposable refuse bag. When the waste bag is three quarters full, it should be tied securely and placed into a second refuse bag and tied again. The bag should then be left in a safe location for three days (72 hours) before putting out for collection.

For further advice, please contact your relevant Local Authority.

D11. Use of PPE – Personal Protective Equipment

While correctly using PPE can help prevent some exposures, it should not take the place of other preventative measures as outlined above. Examples of PPE include gloves, goggles and respiratory protection. Use of PPE may already be required in many workplaces to address occupational health and safety risks, for example, exposure to hazardous chemicals.

In the context of COVID-19 risk, employers should check the HPSC website regularly for updates regarding use of recommended PPE.

- All IPC measures and hygiene compliance as set out above should be applied and maintained in all circumstances.
- PPE must be selected based on the hazard and risk to the worker.
- Employers must provide PPE and protective clothing to workers in accordance with identified COVID-19 exposure risks and in line with public health advice.

- Workers should be trained in the proper use, donning/doffing, cleaning, storing and disposal of PPE. The HPSC has produced posters and videos on the correct donning and doffing of PPE and these are available on the HPSC website as well as the HSA.
- Gloves are generally not required for IPC purposes. Where gloves are necessary, they must not be considered a substitute for hand hygiene and hands must be cleaned whenever gloves are removed. Gloves should not create an additional occupational hazard (such as gloves getting caught in rotating parts). Limitations on wearing time and workers' individual susceptibilities (allergies, etc.) must also be considered.
- For particular PPE, such as disposable respirators, these must be correctly selected for the wearer and properly fitted (fit checked) each time the respirator is put on. It is recommended that fit testing by a competent person is carried out initially to ensure the chosen respirator provides an adequate face seal for the wearer. Further information on the selection and use of respirators is available from the HSA.
- PPE needs to be consistently and properly worn when required. In addition, it must be regularly inspected, cleaned, maintained and replaced as necessary. Hands should be sanitised before donning and after doffing PPE.
- Further information on PPE is available from the HSA.
- Advice for manufacturers and importers who wish to introduce PPE onto the market in response to the current COVID-19 emergency is available from the HSA.

Note: Face Shields designed and authorised as PPE against respiratory droplets should not be mistaken or used as a substitute for impact protection PPE in the workplace, for example, where standard CE marked Face Visor/Face protection PPE is required for work activities such as welding, grinding or to protect against chemical splashes.

D12. Customer Facing Roles

Many of the measures noted above for workers can and should equally be applied for work activity that involves direct customer or client contacts.

Employers must:

- eliminate physical interaction between workers and customers as much as is reasonably practicable through revised working arrangements, for example through provision of online or phone orders, contactless delivery or managed entry.
- provide hand sanitisers at entry/exit points.
- install physical barriers and clear markings to ensure that contact between workers and customers is kept to a minimum and to ensure that queues do not form between customers as they wait to be served.
- implement a cleaning regime to ensure that contact points for workers and customers are kept visibly cleaned at all times.
- display the advice on the COVID-19 measures in visible locations to ensure that customers are also adhering to what is required.
- implement and adopt public health regulations in relation to use of face coverings in shops, shopping centres and other indoor settings.
- provide face coverings to workers who need to interact with customers/others where a physical distance of 2 metres cannot be maintained.

D13. Antigen Diagnostic Tests (ADTs) and Rapid Antigen Diagnostic Tests (RADTs)

Introduction

As previously noted, the best way to prevent the spread of COVID-19 in a workplace or any setting is to practice physical distancing, adopt proper hand hygiene, follow respiratory etiquette and increase ventilation. Some employers, with the agreement of their workers, have sought to implement additional checks as a way of strengthening their COVID-19 response and providing reassurance to their workers and customers. This is not an easy decision and requires careful consideration on a range of issues, both from a technical perspective and in terms of maintaining good workplace relations. The information set out below seeks to assist and inform the employer, the workers and their representatives as well as the Lead Worker

Representative, on the range of issues that need to be considered in advance of any decision or investment being made.

RADTs are tests that detect the presence or absence of specific antigens or proteins on the surface of the virus. The key reason to use such tests is as an aid to public health in "finding" cases of COVID-19; they should not be used to give a "green" light for a workplace to operate or an individual to behave in a particular way. More importantly, if such tests are being used in any setting, be it the workplace or other location, public health advice regarding hand washing, mask wearing, respiratory etiquette, physical distancing and ventilation, all still need to be adhered to in full. Notwithstanding any local antigen diagnostic testing arrangements it is essential that symptomatic individuals contact their GP to arrange for a free SARS-CoV-2 PCR test.

Further information on Rapid Antigen Diagnostic Tests (RADTs) and useful references and websites can be found in the Appendix.

Setting up a RADT Testing Regime in a Workplace Setting

There are a number of points to consider regarding the use of RADTs and these should be weighed up in advance of setting up any RADT testing programme (refer to Appendix for further detail on these). In addition, before establishing a RADT testing regime in a workplace setting, the employer must discuss and agree its implementation and administration with their workers and their representatives. This can be done as part of the implementation of the COVID-19 Response Plan and should include involvement of the Lead Worker Representative(s) and the Safety Representative(s) too. The decision to roll-out a voluntary testing regime, including RADT testing, should only be done through engagement and consultation between the employer, the workers and their representatives as well as the Lead Worker Representative.

Employers should:
- consult with workers and their representatives as well as the Lead Worker Representative and the Safety Representative before introducing a RADT testing regime.

- establish whether an internal or external run programme of RADT testing is most suited to your business, based on the resources available to manage the programme and the administrative burden (e.g. swabbing, recording, reporting, communications, testing).
- check the manufacturer's product information to ensure that the RADT test selected is appropriate for the testing programme being considered.
- determine the RADT testing regime that is most appropriate based on the needs of the business (for example, twice a week; daily etc.), the workers and that any risk assessments are completed.
- agree process for workers who do not wish to take part in the RADT testing.
- amend the COVID-19 Response plan to take account of the agreed testing policy and approach taken and communicate to all workers.
- review and revise any other existing policies and procedures as necessary and consult with workers and their representatives in advance and communicate to all once in place.
- complete a written occupational health and safety risk assessment to take account of this new work activity and specific risks associated with use of RADT in the workplace. In implementing control measures, take account of public health recommendations and the test manufacturer's instructions for use.
- train all staff who are engaged in the RADT testing so they can undertake the tests safely and correctly and put in place appropriate supervision to ensure competency.
- ensure retraining is also put in place to ensure quality assurance and competency is maintained if RADT is self-administered.
- establish quality assurance process for batch acceptance of RADT tests.
- put in place appropriate procedures for disinfection and waste disposal.
- make use of the occupational health service or other medical advice, where available, to support the roll-out, training and implementation of any agreed RADT testing regime.
- agree clear protocols for management of positive cases, including access to a confirmatory PCR test and provide instructions to workers on what to do when they get either a negative or positive test result. Note that workers must remain at home if they are displaying any symptoms of COVID-19 or are feeling unwell, even if the worker has had a negative RADT result.

- take account of existing and emerging public health information in relation to use of RADTs.
- maintain personal information collected in line with GDPR requirements.
- consider if the testing regime should also be implemented for contractors and other visitors to the workplace.
- continue to implement all Public Health advice, particularly in relation to hand washing, physical distancing, respiratory etiquette, mask wearing, ventilation and working from home.
- establish procedures for monitoring the use of RADT activity in the workplace (e.g. tests performed, positive, negative, and invalid results).
- develop a policy on how to determine the conclusion of any RADT testing programme.

If a company proposes using self-test RADTs in the future (i.e., once these are CE-Marked for use on the EU and Irish market), the employer will need to consider if the worker will complete the test at home and if agreed, what additional measures may be needed. For example, how the worker should be trained and how to dispose of any biological waste.

A list of RADTs with a CE-Marking and which are available on the EU market can be found on the Joint Research Centre (JRC) homepage (https://covid-19-diagnostics.jrc.ec.europa.eu/). There is no central approval system for in vitro diagnostic medical devices in the EU and as such this database does not provide a list of authorised or approved devices in the European Union (refer to the Appendix for more details).

Employees should:
- inform the employer if they do not wish to take part in the RADT testing.
- participate, as agreed, in any training provided by the employer in relation to the roll-out and implementation of a RADT testing regime.
- stay at home and contact their family doctor if displaying any signs or symptoms of COVID-19 or feeling unwell, even if they receive a negative RADT result.
- cooperate with their employer in the implementation of all Public Health advice, particularly in relation to hand washing, physical distancing, respiratory etiquette, mask wearing, ventilation and working from home.
- implement any controls recommended by the employer for risks associated with use of RADT at home (e.g. safe disposal of hazardous fluids).

D14. Vaccination

Introduction

In November 2020, the government established a High-Level Task Force on COVID-19 Vaccination. This group has developed a national vaccination plan for the COVID-19 vaccine in Ireland. The priority from the start of this programme has been to first vaccinate and therefore protect the most vulnerable, in other words those who are most likely to have a poor outcome or die if they contract the virus, which is strongly age-related. The COVID-19 Vaccine Allocation Strategy lists the groups of people who will be the first to access a COVID-19 vaccine in Ireland.

The Strategy was developed by the National Immunisation Advisory Committee (NIAC) and Department of Health, endorsed by the National Public Health Emergency Team (NPHET), and approved by Government on 8 December 2020. On Tuesday 30 March, the government approved an update to the COVID-19 Vaccination Allocation Strategy. The move to an allocation strategy focused largely on evidence of clinical risk – that is age and medical conditions – is intended to make the national vaccination programme more efficient, more transparent and fairer.

The HSE is responsible for the roll out of the vaccination programme and they have specific information and resources available on their webpages. Vaccination should be carried out under the direction of a medical practitioner in line with relevant HSE or Department of Health guidance.

Points to consider – Employers and Workers

Irrespective of the vaccination roll-out, Public Health infection prevention and control measures (such as physical distancing, hand hygiene, face coverings, adequate ventilation), and working from home unless an employee's physical presence in the workplace is necessary, will all need to remain in place. In that regard, employers and workers should continue to adhere to the requirements set out in the Work Safely Protocol and ensure that their COVID-19 response plan and workplace risk assessments are kept up to-date.

In addition, the current Public Health advice is that all existing infection prevention and control measures must also remain in place for individuals even following their vaccination.

The decision to get a vaccination against COVID-19 is voluntary and workers will therefore make their own individual decisions in this regard. However, employers working together with their workers and their representatives, including the Lead Worker Representative(s), may wish to provide advice and information on the vaccination programme so that workers have the necessary information to make an informed decision. As with other Public Health advice provided in relation to COVID-19 in the workplace, employers should consider specific communication measures for those whose first language is not English.

Requirements under Health and Safety Legislation

The Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020 require that where the risk assessment shows there is risk to the health and safety of employees due to working with a biological agent for which an effective vaccine is available, a vaccination should be offered. A worker does not have to accept the offer of a vaccination. However, when offering a vaccination, the employer must inform the worker of the benefits and drawbacks of both vaccination and non-vaccination. The worker can then decide whether to avail of the vaccination or not.

If a worker decides not to avail of the offer of a vaccination, the employer must review their risk assessment and decide whether the worker can carry out the work task without vaccination, and what other protective measures are needed. There may be certain circumstances where it is deemed that an unvaccinated worker is not safe to perform certain work tasks and in such circumstances the employer may have no option but to redeploy the worker to another work task. This decision would need to be agreed between the employer and a medical practitioner in consultation with the worker.

For further information on the application of the Safety, Health and Welfare at Work (Biological Agents) Regulations with respect to COVID-19, please refer to the section below and the HSA website here.

Note: The above is general advice related to the Biological Agents Regulation, however, in the context of the COVID-19 national vaccination programme, the vaccine roll-out is currently a matter for Public Health and not the employer.

COVID-19 vaccination information

Employers and workers are encouraged to read about the COVID-19 vaccine and to get information from a factual, trusted source. Online information resources on the vaccine are available as follows:

- [Information about the vaccination programme and specific vaccines used](#) -
- [Details on how to register to get the COVID-19 vaccine](#) -
- [The COVID-19 Vaccination Strategy](#) -
- [COVID-19 vaccine information for health professionals](#)

4. Worker Role – Workplace and Community Settings

Workers should follow the public health advice and guidance as it relates to workplace and community settings.

Workplace Settings

In the workplace, the worker should follow the requirements set out in this Protocol and with any specific direction from the employer. Workers should also communicate and engage with the Lead Worker Representative as appropriate.

They should also adopt physical distancing and good hygiene practices, such as frequent hand washing, respiratory etiquette to protect themselves and their work colleagues against infection and should seek medical advice if unwell. If a worker has any signs or symptoms of COVID-19 of if feeling unwell, they should not attend work.

Community Settings

Outside of work, workers should be encouraged to travel alone if using their cars to get to and from work. If this is not possible, workers travelling to/from work together should travel as a team/pod and use face coverings and also to keep windows open and turn off recirculated ventilation systems.

Those travelling on public transport to and from work must wear face coverings and follow physical distancing guidelines. In addition, workers who may share accommodation outside of work should be advised to adhere to public health and Government advice.

Workers should avoid congregating in particular settings outside of work. For example, congregating in shops when buying lunch. Similarly, congregating in particular social settings in and out of the home is also something that workers should avoid as such settings (household gatherings, parties) are known areas where COVID-19 transmission is very high.

Outside of work, workers should practice the same IPC measures, physical distancing, hand washing and respiratory etiquette and adhere to the specific requirements of the Resilience

and Recovery: the Path Ahead plan as announced by Government. Workers may also wish to download the HSE COVID-19 tracker app.

Workers should also make themselves aware of and keep up to date with the information in relation to the National Vaccination Programme roll-out.

If travelling for personal reasons, follow the travel and public health advice for domestic, EU and international destinations at gov.ie (refer to the websites on travelling to Ireland; travelling overseas).

5. Occupational Health and Safety Measures and Recommendations

All existing occupational health and safety provisions continue to apply to all workplaces and further information and advice is available on the HSA website including additional occupational health and safety information on the specific COVID-19 webpages.

Where the IPC measures implemented requires changes to work activities, the employer is required to review and update their occupational health and safety risk assessments and safety statement.

As employers implement the above measures in the workplace to reduce the risk of exposure to COVID-19 for workers, specific occupational health and safety measures may also need to be considered and implemented.

Employers should first take into account the most up-to-date official public health advice and guidance from the Department of Health and the HPSC on how to mitigate the health risk including measures advised by the Department of Foreign Affairs and Trade for work related travel.

Where a risk of occupational exposure to COVID-19 is identified, as a result of working with the SARS-CoV-2 virus, an occupational health and safety biological agent risk assessment (BARA) should also be completed. For example, a BARA would be required for employees working directly with infected patients/ service users, laboratories and testing facilities handling the virus and waste companies handling SARs-CoV-2 contaminated waste etc.

All of the public health and occupational health and safety measures should be developed in consultation with workers and/or Trade Unions and ultimately communicated to workers and others at the workplace.

Employers should also communicate with safety representatives selected or appointed under the occupational health and safety legislation and consult with workers on safety measures

to be implemented in the workplace. Further information on the role of Safety Representative is available on the HSA website.

The employer can also use a competent person responsible for managing health and safety (internally or externally) as required to ensure the effective implementation of changes to work activities and the implementation of IPC measures in the workplace.

A. Reporting Requirements if a worker contracts COVID-19

COVID-19 is reportable under the Infectious Diseases (Amendment) Regulations 2020 by a medical practitioner who becomes aware of or suspects an instance of such disease. Such a report should be sent to the Medical Officer of Health/Director of Public Health at the local Public Health Department.

There is a requirement for an employer to notify the HSA if a worker contracts COVID-19 under the Biological Agents Regulations (S.I. No. 572 of 2013) in certain circumstances. Where a risk of occupational exposure to COVID-19 is identified, as a result of working with the SARS-CoV-2 virus, an occupational health and safety biological agent risk assessment (BARA) should also be completed. For example, a BARA would be required for employees working directly with infected patients/ service users, laboratories and testing facilities handling the virus and waste companies handling SARs-CoV-2 contaminated waste etc. Further information on this reporting requirement is available here.

The Biological Agents Regulations (S.I. No. 572 of 2013) and associated Code of Practice have been updated to take account of the addition of the virus, SARS-CoV-2, as a risk group III biological agent to Annex III of the Directive (Commission Directive 2000/54/EC). These Regulations and associated Code of Practice lay down the minimum requirements for protection of workers from risks related to exposure to biological agents at work. Further information on these regulations along with a downloadable version of the new Code of Practice is available here.

B. First Aid

In the event that first aid is required in the workplace, it may not be possible to maintain a distance of 2 metres. Workers with a specific role in acting as first responders should be provided with updated training on infection prevention and control principles including performance of hand hygiene and appropriate use of personal protective equipment when delivering first aid.

Further advice on first aid is available from the Pre Hospital Emergency Care Council (PHECC), who have provided advice in relation to return to work and first aid (Update on FAR Responder Recertification).

Advice is also available on the HSA website.

C. Mental Health and Wellbeing

- Employers should put in place support for workers who may be suffering from anxiety or stress. Workers, when they return to work or as they continue to work, may go 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 or working from home are also 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.
- The HSA has a range of supports, resources and advice such as:
  - dealing with stress as a result of the changes in a worker's personal and/or working life during COVID-19.

- - a free online risk assessment tool for addressing work related stress: WorkPositive.
  - 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.

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D. Heating, Ventilation and Air Conditioning (HVAC)

The details provided in this section are general in nature and primarily relate to non-healthcare settings.

The spread of the virus is most likely when infected people are in close contact so the risk of getting COVID-19 is higher in crowded and poorly ventilated spaces where infected people spend long periods of time together in close proximity. It is important to maximise ventilation in areas where people are in close contact. This applies whether the location is a workplace, a residence or other community setting. While large droplets containing the virus will settle onto the surrounding surfaces within seconds, smaller particles can stay suspended for longer. Dilution of indoor air by opening windows and doors or using mechanical ventilation systems can lower the airborne concentration and remove these smaller particles from the air.

Reoccupying workplaces should not, in most cases, require new ventilation systems but improvements to ventilation will help increase the quantity of clean air and reduce the risk of exposure to airborne concentrations of the virus.

Ventilation, refers to the movement of outdoor air into a building, and the circulation of that air within the building or room while removing stale air to improve the air quality. This can be achieved through natural means (e.g. opening a window) or by mechanical means e.g. HVAC systems. While ventilation reduces the amount of virus in the air and the aerosol risk, it will have minimal impact on droplet transmission where people are within 2 metres of each other, or contact transmission (touching surfaces), which is why it is not a standalone measure and continued adherence to other public health advice is absolutely essential.

Ventilation should therefore not be seen as a replacement for the other infection prevention and control measures advised such as hand-washing, surface cleaning, respiratory etiquette, physical distancing, mask wearing and the continued advice to work from home where possible. In addition, the continued need for workers to stay at home if they have any symptoms of COVID-19 or are feeling unwell is crucial too. Employers can also seek to reduce the risk of transmission by limiting the numbers of workers in a given area and paying particular attention to work activities that increase deeper breathing (including singing, physical exertion and shouting). All of these infection and prevention control and other measures should continue to be adhered to and implemented.

The primary principle for improving ventilation is to minimise transmission, so that the level of "fresh" outside air should be maximised therefore reducing the level of recirculated air in the workspace, unless high-efficiency particulate filters (HEPA) are installed in the ventilation system.

Regulatory requirements in the Workplace

The Safety, Health and Welfare at Work (General Application) Regulations 2007, requires employers to make sure there's an adequate supply of fresh air (ventilation) in enclosed areas of the workplace. This can be done by:

- natural ventilation which relies on passive air flow through windows, doors and air vents that can be fully or partially opened. This is the simplest way to ensure adequate air quality in poorly ventilated areas.
- mechanical ventilation using fans and ducts including window fans to bring in fresh air from outside, or
- a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air.

Any planned changes to ventilation should consider regulatory requirements under building, food and/or health and safety regulations along with other consequences such as cost, energy use, noise and security.

Assessing ventilation in the workplace

Determining ventilation of enclosed workplace settings should be considered as part of the workplace risk assessment. The priority for the risk assessment is to identify areas of the workplace that are usually occupied and are poorly ventilated. These are also the areas that should be prioritised for improvement to reduce the risk of aerosol transmission of the virus. A poorly ventilated area may include:

- Areas where people work and where there is no mechanical ventilation or natural ventilation such as open windows, doors or vents etc.
- Areas that use mechanical ventilation if the system recirculates air and has no outdoor air supply in place.
- Areas that are stuffy or smell bad.

There are various recommendations made for what the appropriate air changes per hour (ACH) could be for different indoor settings. However, the overall objective should be to increase the ventilation in the workspace thereby improving the existing ventilation without impacting on the workers'/occupants' comfort.

Risk Assessment

The following should be considered when developing a workplace risk assessment:

- *How do you currently provide ventilation (fresh air) in your workplace?* Most ventilation is provided by natural or mechanical means or a combination of both of these.
- *How many workers occupy or use the area(s)?* The more people who use or occupy an area the greater the risk that an infected person is there, increasing possible exposure to aerosol transmission. Ensuring that workers who have symptoms of COVID-19 or are feeling unwell remain at home is key here. In addition, reducing the number of people who use or occupy an area can also reduce this risk.
- *How much time do workers spend in the area(s)?* The longer workers spend in an area, the greater the risk. This risk can be minimised by encouraging working from home where possible.

- *What work activities take place in the area(s)?* Activities that make you breathe deeper, for example physical exertion or shouting, may increase generation of aerosols and increase the risk of transmission.
- *How large is the area(s)?* The larger the area, the lower the risk as the virus droplets will be diluted and less likely to build up.
- *Are there any features in the workplace which might affect ventilation?* For example, is there large machinery in use which might impact cross ventilation air flow?
- *Do you use open windows?*
    - Cross-ventilation is a good option for window ventilation as it facilitates the quick exchange of room air for fresh air through widely opened windows opposite to each other, where possible.
    - Propping open internal doors may increase air movement and ventilation rate
    - Fire doors should not be propped open unless fitted with approved automatic closers so that they function as fire doors in the event of an alarm or fire.
    - Airing rooms as frequently as you can improves ventilation. Open all the doors and windows fully to maximise the ventilation in a room. This may be best done when the room or area is unoccupied.
- *Do you use desk or ceiling fans?* Desk or ceiling fans should not be used in poorly ventilated areas as they may only recirculate the virus droplets rather than remove them from the area. Fans should only be used in areas where there is a single occupant.
- *Does the workplace have Local Exhaust Ventilation (LEV)?* Where workplaces have Local Exhaust Ventilation, the make-up air should ideally come from outdoor air rather than from adjacent rooms. The Health and Safety Authority guidance on LEV is a useful resource for advice and guidance and it is available here.
- *Does the workplace have multiple or complex ventilation systems in place?* For example, different systems on different floors or areas. In such cases, the CIBSE Ventilation Guidance can provide additional information. In addition, it may be necessary to retain the services of a ventilation engineer to provide expert advice on what modifications are needed to the mechanical system to reduce any potential transmission risks. Before embarking on use of a service engineer, all other mitigation factors such as reducing occupancy etc., should be considered first.

The employer should also consider the ventilation systems in vehicles used by workers who may travel for work. In addition to the advice in Section 3 above regarding vehicle use, the employer should advise that windows in work vehicles are kept open and that ventilation systems are not set to recirculate air. In cars, partially opening two windows on opposite sides greatly improves ventilation.

Once the risk assessment is completed, the employer should communicate the mitigation and control measures to the workers so they know how to further prevent the spread of COVID-19 in the workplace.

General advice in relation to mechanical ventilation

While the use of HVAC systems can provide comfortable environmental conditions (temperature and humidity) and clean air in indoor settings such as buildings and vehicles, it is important to check ventilation systems to ensure that there is an adequate supply of fresh air (from a clean source) and that recirculation of untreated air is avoided. There is no need to switch off air conditioning to manage the risk of COVID-19.

It is advised to speak to the building engineer or system manufacturer before implementing any of the changes or recommendations below relating to mechanical ventilation.

- Disable air recirculation system settings where possible.
- Keep ventilation running all the time regardless of building occupancy, even if on a low setting when building unoccupied. Ensure that demand controlled ventilation settings are turned off where necessary.
- Use the correct filters as per the manufacturer's specifications.
- Ensure regular maintenance of HVAC systems.
- Ensure those who are responsible for maintaining and servicing are trained and competent.
- Avoid the use of ceiling mounted, desk and portable fans where possible as they may only recirculate the virus droplets rather than removing them.
- Extend the hours of nominal HVAC operations particularly in relation to before the building is occupied.

- Avoid directing air flow directly onto individuals or across groups of individuals as this may facilitate transmission.
- Ensure extractor fans in bathrooms are functional and running when in use. Ensure that such fans are not recirculating air to other poorly ventilated areas of the workplace where workers are exposed.
- Ensure that any changes to ventilation systems introduced do not have negative impacts on worker's comfort levels or do not result in non-compliance with occupational health and safety or building regulations.

Use of carbon dioxide (CO2) monitors as a proxy to identify poorly ventilated areas

Checking CO_2 levels may also help determine if ventilation is poor in an area where people work. For example, where there is no mechanical ventilation or natural ventilation in place or for areas that are stuffy or smell bad. However, while checking CO_2 levels may be useful in a number of limited settings, they are less effective in work areas used by few people or in large work spaces. The use of CO_2 measurements as an indicator of building ventilation when there are CO_2 sources other than people, such as fuel combustion (fires and stoves) and cooking is also not recommended.

Checking CO_2 levels is also not a good proxy for transmission risk in spaces where there is additional air cleaning (e.g., HEPA filtration) as these remove the virus but not exhaled CO_2. Additional research is needed to determine overall how levels of CO_2 can provide a more reliable indicator to show that ventilation is adequate to mitigate transmission risks.

Always follow the sensor manufacturer's advice and instructions on care and use of the sensor at all times and ensure adequate training is in place on their use and maintenance.

CO_2 monitors should never be used as a means to avoid adherence to the infection prevention and control measures recommended by Public Health.

Other equipment and systems

Local air cleaning may be beneficial in reducing risks in some spaces, particularly where it is not possible to increase ventilation using natural or mechanical means as set out above. Such

devices typically use HEPA filters. These devices are usually either stand-alone and they can be deployed in any space or installed in a manner similar to a local air conditioning unit.

While these devices can increase the air flow, their effectiveness will depend on the volume of the room/area and the flow rate through the device. Therefore, it is important that if considering this as an option the device should be of a suitable specification for the relevant area. Their introduction and use in the workplace should be done as part of an overall assessment of the existing ventilation systems in place to show that their use is necessary. There are also drawbacks in using these devices – noise emissions are likely and these impacts need to be risk assessed before using them. In addition, operators need to be properly trained to use and maintain them.

As with CO_2 monitors, use of such systems are supplementary in nature and should not be seen as a substitute for Public Health advice or ventilation.

Guidance and Information

Further information on ventilation is available at:

- HPSC – Guidance on non-healthcare settings
- WHO - A roadmap to improve and ensure good ventilation in the context of COVID-19 across healthcare, non-healthcare and residential settings. Provides useful flow charts to assist in decision making about ventilation.
- ECDC
- Safety, Health and Welfare at Work (General Application) Regulations 2007, S.I. No. 299 of 2007
- Federal Environment Agency, Indoor Air Hygiene Commission (IRK)
- CIBSE Ventilation Guidance
- UK Sage Group – guidance on role of ventilation in controlling SARS-CoV-2 transmission.

E. Legionella

For some places of work such as hotels, leisure facilities, offices, dental clinics and hairdressers, the employer needs to put in place control measures to avoid the potential for Legionnaires' disease. As buildings and places of work re-open, employers need to consider whether they have adequately controlled the risk of Legionella. An appropriate plan must be put in place to enable safe reopening of the building. Further advice on the prevention of Legionnaires' disease is available from HSA.

6. Advice for Employers and Workers

- **The Health and Safety Authority Workplace Contact Unit** can be contacted at
  - **Tel**: 1890 289 389 and **Email** - wcu@hsa.ie
  - An online complaint form is also available and this should be used where possible.

- **The Health Service Executive**, HSElive.
  - **Tel**: 1850 241850

- **Department of Enterprise, Trade and Employment** COVID-19 Business Support Call Centre - for information on the Government supports available to businesses impacted by COVID-19.
  - **Tel**: 01 631 2002 and **Email**: infobusinesssupport@enterprise.gov.ie

- **Workplace Relations Commission (WRC) Information and Customer Service:**
  - **Tel:** 059 9178 990

- **National Standards Authority of Ireland (NSAI)**
  - **Tel:** 01 807 3800 and **Email: COVID**-19-support@nsai.ie

7. Information on Public Health and Occupational Health and Safety

- Health and Safety Authority (HSA)

- Health Service Executive (HSE)

- Health Protection Surveillance Centre (HPSC)

- European Commission: COVID-19: Back to the workplace - Adapting workplaces and protecting workers

- EU OSHA: COVID-19: back to the workplace in safe and healthy conditions

- World Health Organization (WHO): Coronavirus

- World Health Organisation (WHO) Getting Your Workplace Ready guide

- European Centre for Disease Prevention and Control (ECDC): COVID-19 pandemic

- International Labour Organisation (ILO): In the face of a pandemic: Ensuring Safety and Health at Work

- Canadian Centre for Occupational Health and Safety: Controlling COVID-19 in the Workplace

8. Information on Business Continuity and Supports

- Information on a wide range of Government supports for COVID-19 impacted businesses can be found on Gov.ie. This includes information on financial supports, sectoral specific supports, and training.

- Business Continuity Guides and resources are available from the NSAI. See NSAI Business Guides and Technical Resources.

- Key supports and resources available to help businesses impacted by COVID-19 can be found on the Department of Enterprise, Trade and Employment website.

9. Appendix – Further Public Health Advice and Information

MANAGEMENT OF A CASE OR CASES (OUTBREAK) IN THE WORKPLACE

An outbreak of COVID-19 is when two or more cases of the disease are linked by time, place or person. The management of an outbreak is managed by the local Departments of Public Health to enable the outbreak to be brought under control as quickly as possible. It also requires close engagement and cooperation between the employer, the LWR, the staff, representatives and in particular with the worker(s) affected. Outbreaks in a single workplace, which are not managed and brought under control quickly, can rapidly spread to other workplaces and/or the wider community. Continuous and effective communication between all parties is essential.

While the Departments of Public Health are responsible for managing an outbreak, employers and/or workers may, for example, need to:

- co-operate with their local Department of Public Health if there is a case or number of cases in their workplace.
- continue to strictly follow all IPC measures and the steps advised in response to an individual case of COVID-19 during an outbreak.
- assign a designated manager/HR staff member to liaise with staff on COVID-19 issues and liaise directly with the local Department of Public Health for advice and support during an outbreak.
- communicate and liaise with staff, Lead Worker Representative and others as required.
- encourage workers to download the HSE COVID-19 tracker app. This can assist Public Health in relation to for example completing risk assessments and contact tracing.

Additional advice on dealing with a suspected case or managing an outbreak are available from the HPSC website.

CHOOSING A HAND SANITISER

Hand sanitising gels are biocides and fall under the Biocidal Products Regulation (BPR) – Regulation (EU) 528/2012. The Pesticide Registration and Control Division (PRCD) of the Department of Agriculture, Food and the Marine (DAFM) is the competent authority for biocides in Ireland. Only biocidal products listed on the DAFM biocide product register are legal to market and use in Ireland. Employers should ensure that all sanitisers and disinfectants they have in the workplace carry a PCS 9xxxx, PCS 1xxxxx, IE/BPA 7xxxx or an EU-000xxx-xx registration number on the label. Each product registered by DAFM will carry a unique registration number specific to that particular product. If the product label does not contain any of these number formats, the employer should not purchase or use the product. To confirm the biocide can be used on the Irish market, the employer can check the registers of products online at Biocidal Product Registers. Further information from DAFM on Sanitisers and Disinfectants is available by contacting them at biocide-enforcement@agriculture.gov.ie or at the Department of Agriculture, Food and the Marine website.

Hand sanitisers for use against COVID-19 must contain a minimum of 60% alcohol. Non-alcohol based hand sanitiser may also be used. However, in choosing a hand sanitiser, it is important to ensure that it is effective against Coronavirus.

USE OF IDENTIFIED TEAMS OR PODS

As noted above, workers should be organised into pods or groups, where possible. Pod members should work together, take their breaks together, change together and as far as possible even travel to work together, etc. If one person then becomes a suspected or confirmed case only members of their pod are contacts and the pod can be excluded together. This will allow the appropriate skill mix to always be available and facilitate the smoother running of the workplace preventing key workers being excluded together.

Workers travelling in pods should wear face masks/face coverings and wash their hands before and after travelling together. Where possible, the canteen should be split into zones and specific zones then assigned to specific pods in the production area. Break times and subsequent cleaning should be staggered along zone/pod lines too.

FACE COVERINGS – FACE MASK - VISORS

By law (S.I. No. 296 of 2020), you have to wear a face covering on public transport and a range of other locations. The wearing of face coverings or masks in general is not a substitute for other measures outlined above (physical distancing, hand hygiene, respiratory etiquette, adequate ventilation, minimising contacts) but they may be used in addition to these protective measures, especially where maintaining physical/social distancing is difficult.

A face covering is a material you wear that covers the nose and mouth. Wearing a face covering reduces the spread of COVID-19 in the community. It helps to reduce the spread of respiratory droplets from people infected with COVID-19. This helps to stop people who do not know they have the virus from spreading it to others. If a face covering or mask is worn, it should be clean and they should not be shared or handled by other colleagues. Further information on the handling and care of cloth face coverings can be found here.

Visors are not the best option for protecting yourself and others from COVID-19. Visors may stop some spread of droplets from your nose or mouth. This is better than not wearing any face covering. Visors should only be worn if you have an illness or impairment that makes wearing a face covering difficult or if you are dealing with people with particular needs (e.g., hard of hearing). Where visors are used, they should cover the entire face (above the eyes to below the chin and wrap around from ear to ear) and be correctly applied. Reusable visors should be cleaned after each use and then stored in a clean place until needed.

By law (S.I. No. 296 of 2020), you have to wear a face covering on public transport, and in the following locations. **Note**: this Regulation is now in place until 9 June 2021 (The Health Act 1947 (Section 31A – Temporary Restrictions) (Covid-19) (Face Coverings in Certain Premises and Businesses) (Amendment) (No 2) Regulations 2020 (S.I. No. 511 of 2020)).

- shops, including pharmacies
- shopping centres
- libraries
- cinemas and cinema complexes
- theatres

- concert halls
- bingo halls
- museums
- nail salons
- hair salons and barbers
- tattoo and piercing parlours
- travel agents and tour operators
- laundries and dry cleaners
- bookmakers

It is generally recommended that in public settings, cloth face coverings should be worn especially where the wearer is at a high level (standing) than those potentially exposed at a lower level (sitting).

The National Standards Authority of Ireland (NSAI) advise that face coverings made to the SWiFT 19 or CEN/CWA 17553 specifications should be the preferred option for masks and coverings used by consumers in public settings such as public transport, supermarkets and shops, and other enclosed areas where it may be difficult to maintain social distancing guidelines.

It is recommended that face coverings be used in crowded workplaces. In addition to this recommendation, consideration may be given to wearing face coverings in places or situations where it may also be difficult to achieve or maintain 2m physical/social distancing. This might include:
- When entering and exiting buildings
- Public access areas in buildings, including receptions/foyers
- When moving throughout buildings to toilets, photocopiers, on stairwells etc.
- Canteens and kitchen areas (prior to and after eating) or when using facilities such as boilers, toasters.

Employers and workers should keep up to date with the latest public health advice and regulations in relation to use of face coverings. The HPSC have published general advice around the use of face masks by the general public as well as on the efficacy of visors

compared with masks in the prevention of transmission of COVID-19 in non healthcare settings (refer to the HPSC website).

SECTORAL SPECIFIC ADVICE AND GUIDANCE

As the Work Safely Protocol, forms the basis for many of the specific sectoral guidance documents further developed by individual sectors in conjunction with Public Health, sectors are now required to review their existing advice and guidance to ensure it is line with this update.

In addition to specific advice prepared by sectors, The HSE Departments of Public Health and the HPSC may also provide specific advice to sectors in response to outbreaks or other evidence and data. In such cases, the employers and workers in the particular sector should adopt the specific public health advice provided.

A non-exhaustive list of sectors where specific public health advice has been provided is given below and employers and workers should keep up to-date as this guidance advice is subject to change:

- Healthcare
- Social care
- Retail
- Meat Processing
- Food Processing
- Construction
- Childcare
- Education
- Bars
- Restaurants
- Funeral directors

See HSPC Guidance on COVID-19 in Ireland.

RAPID ANTIGEN DIAGNOSTIC TESTS (RADTS)

Background

The PCR test, more formally known as the reverse transcription real-time polymerase chain reaction (RT-PCR) assay is considered the "gold standard" for COVID-19 diagnosis and it is the test which is used by Public Health in Ireland for its test and trace programme. Antigen Diagnostic Tests (ADTs) are also being increasingly used by public health systems worldwide and nationally as a way of further strengthening a country's overall testing capacity. The key reason to use such tests is as an aid to public health in "finding" cases of COVID-19; they should not be used to give a "green" light for a workplace to operate or an individual to behave in a particular way. More importantly, if such tests are being used in any setting, be it the workplace or other location, public health advice regarding hand washing, mask wearing, respiratory etiquette, physical distancing and ventilation, all still need to be adhered to in full. **Notwithstanding any local antigen diagnostic testing arrangements it is essential that symptomatic individuals contact their GP to arrange for a free SARS-CoV-2 PCR test.**

ADTs for SARS-CoV-2 detection are carried out either at the point of care (e.g., in the workplace), where they are known as Rapid Antigen Detection Tests (RADTs) or they can be laboratory based. RADTs are immunoassays that detect the presence or absence of specific antigens or proteins on the surface of the virus. Therefore, unlike nucleic acid based tests such as PCR, which detect the presence of genetic material (RNA), antigen tests detect proteins and they require the presence of higher viral load to give a correct positive result than is necessary for PCR tests. This means antigen tests are best used to identify people who are the peak of infection, when virus levels in the body are likely to be high.

Antigen tests are designed to be performed on nasopharyngeal (upper part of the throat) or nasal (nose) swab specimens placed directly into the assay, with tests taking 15 to 30 minutes to perform and provide a result. There are also RADTs designed for use on saliva samples. However, according to the ECDC, the current limited evidence does not support the use of saliva as an alternative sample material for rapid antigen or antibody tests with further clinical validation studies on the different available tests are needed (see ECDC reference below).

Most RADTs that are currently on the market require that the test be completed and interpreted by trained healthcare professionals. RADTs that can be used as self-tests are becoming available on the market, and these require individuals to collect a specimen (nasopharyngeal, nasal or saliva), conduct the test and interpret the results themselves.

In addition to use of RADTs in the public health system, many companies are also turning to RADTs as an additional step in the prevention of COVID-19 outbreaks in the workplace. However, before introducing the use of RADTs in their workplace, employers should take into account a number of factors in determining whether their use will bring added benefit in the prevention of outbreaks in their workplace. These factors and considerations are outlined below.

EU and National Regulatory Framework for RADTs

The tests used for COVID-19 are classified as *in-vitro* diagnostic medical devices (IVDs) that is, they analyse a sample *in-vitro* (outside the body) for the presence of either the virus (e.g. RNA or antigen) or the body's immune response to the virus (e.g. antibody). Currently tests for COVID-19 are regulated under the European *In-Vitro* Diagnostics Directive (IVDD, Directive 98/79/EC), transposed into Irish law by SI 304/2001 as amended, and must be CE-marked and used in accordance with the accompanying product literature called instructions for use (IFU). To place a device on the EU market, the manufacturer must demonstrate compliance with the applicable legal requirements in the IVDD, including demonstrating compliance with the relevant conformity assessment requirements. The national Competent Authority in Ireland for medical devices and IVDs is the Health Products Regulatory Authority (HPRA) and further information on the regulatory framework and conformity assessment requirements is available from the HPRA directly (devices@hpra.ie) and also through the HPRA website.

Under the current legal framework, COVID-19 tests for professional use fall into the 'self-declaration' conformity assessment route. This means that the CE-marking is mostly based on a self-assessment and a self-declaration by the test manufacturer, with supporting data and documentation maintained in the technical documentation. Independent information on the clinical performance of these tests in terms of sensitivity and specificity is often limited, and yet this is critical for accurate interpretation of results. This is especially challenging in the

context of the evolving pandemic and as a result, many Member States carry out validation studies before introducing devices into clinical practice. The choice of tests to be used in national health systems is up to the individual Member States, as part of their national competences for organising and delivering health services and medical care. In Ireland, HIQA has published a number of recommendations on the usage of antigen tests, including proposals that antigen test kits are validated for use in the intended setting/cohort (reference details).

For any devices intended for lay or individual users (i.e., self-tests), the manufacturer must also seek certification from an independent certification body, a designated Notified Body, which will certify the usability of the device as a self-test and issue a corresponding certificate. At present, there are only a very limited number of RADTs available for self-testing on the EU market. A legitimately CE marked self-test will bear a CE mark which includes a 4-digit notified body number.

From 26 May 2022, the IVD Directive will be replaced by Regulation (EU) 2017/746 on *in vitro* diagnostic medical devices. The Regulation will strengthen the requirements for the regulation of IVDs including the implementation of a new risk-based rules system for classification as well as strengthening the requirements for performance data of IVDs. In accordance with the IVDR, Covid-19 tests will be up-classified to a higher risk classification requiring assessment and certification by a Notified Body.

ADTs and RADTs on the EU Market

A list of RADTs with a CE-Marking and which are available on the EU market can be found on the Joint Research Centre (JRC) homepage

According to the website, the objective of the JRC COVID-19 In Vitro Diagnostic Devices and Test Methods Database is to collect in a single place all publicly available information on performance of CE-marked in vitro diagnostic medical devices (IVDs) as well as laboratory-developed devices and related test methods for COVID-19. The database is manually curated and periodically updated.

It is important to note that the conformity of the devices on this list with applicable EU law has not been assessed by either the European Commission or Member State national authorities for the purposes of inclusion in this database. There is no central approval system for in vitro diagnostic medical devices in the EU and as such this database does not provide a list of authorised or approved devices in the European Union.

Use of RADTs – Points to Consider

There are a number of points to consider regarding the use of RADTs and these should be weighed up in advance of setting up any RADT testing programme. As noted already, the key reason to use such tests is as an aid to public health in "finding" cases of COVID-19; they should not be used to give a "green" light for a workplace to operate or an individual to behave in a particular way. More importantly, if such tests are being used in any setting, be it the workplace or other location, public health advice regarding hand washing, mask wearing, respiratory etiquette, physical distancing and ventilation, all still need to be adhered to in full. More importantly, irrespective of any local RADT testing arrangements it is essential that symptomatic individuals contact their GP to arrange for a free SARS-CoV-2 PCR test.

Some of the points to take account of when considering RADT include:
- RADT tests have shorter turnaround times than the RT-PCR gold standard test.
- RADT tests have lower reagent costs.
- RADT tests work best when used in cases with high viral loads, i.e., pre-symptomatic cases before symptoms develop and symptomatic cases within 5 days of onset.
- Repeat testing with RADT (e.g. twice weekly) can offer the largest benefits in terms of increased case detection.
- RADT tests work best when community prevalence levels are highest.
- RADT tests must be used according to the instructions for use provided with the test in order to obtain the performances claimed by the manufacturer for the device.
  - many RADT tests are intended for use only with symptomatic patient samples.
  - current RADT tests generally require that they are conducted by trained healthcare professionals or self-administered under healthcare supervision and done in strict accordance with the manufacturer's instructions.
  - RADT test can only be used as a self-test if it is specifically intended for that use and bears a valid CE mark with a 4-digit number

- RADT testing programmes are most effective if part of, or supported by, the national public health test and trace system, therefore any detected RADT tests must be confirmed via PCR testing which will then be reported to the public health system.
- RADT tests may provide additional reassurance to workers and customers, and enable businesses to open/remain open, even taking into account the limitations on these tests.
- RADT testing programmes require appropriate quality control and clinical governance to be most effective; they will also require appropriate data protection measures to be put in place.
- RADT tests should meet the minimum performance requirements of $\geq$ 90% sensitivity and $\geq$ 99% specificity set at the national level by HIQA (see Report from October 2020 reference below).
- RADT tests should be validated.
- self-swabbing, even if under supervision, can be challenging if it involves nasopharyngeal or nasal swabbing and may result in inconsistent application.
- if virus levels or viral loads are low, the results of such tests may not be sufficient in finding those who are pre-symptomatic.
- there can be both false positives and false negative test results. This is why it is essential that all the public health advice as set out above continues to be followed.
- implementing and maintaining a RADT testing programme will incur costs for employers, which may not be cost-effective especially at times when community levels are low.
- tests used must be CE-marked under the appropriate conformity assessment route and be in compliance with the In Vitro Diagnostic Directive 98/79/EC and any other EU or national requirements.

Further Advice

HSE - Antigen testing guidance: operational guidance and training material for users of RADT.

HPSC: Interim guidance on use of Antigen Diagnostic Tests as part of the Public Health Testing Programme – sets out the clinical recommendations for when Public Health should use these tests.

HIQA: Information on different serial testing possibilities for Public Health to use in general and specifically in relation to meat processing plant workers.

HPRA: Regulatory Information on Medical and In Vitro Diagnostic Devices

Department of Health: Report from the Expert Group on Safe Sustainable Re-opening: The Role of Rapid SARs-CoV-2 testing.

EU Commission: Agreed common list of COVID-19 Rapid Antigen tests, including those of which are mutually recognized and a common set of standardized set of data to include in COVID-19 test result certificates.

Database of RADTs on EU Market - https://covid-19-diagnostics.jrc.ec.europa.eu/

ECDC: Reports on options and considerations for rapid antigen tests, including ones which involve self-testing. Also considerations regarding using saliva samples to test for COVID-19 as well as use of RADTs in an occupational setting.
https://www.ecdc.europa.eu/en/publications-data/considerations-use-rapid-antigen-detection-including-self-tests-sars-cov-2

https://www.ecdc.europa.eu/en/news-events/stop-spread-could-diagnostic-antigen-tests-help-control-covid-19-transmission

https://www.ecdc.europa.eu/en/publications-data/options-use-rapid-antigen-tests-covid-19-eueea-and-uk

https://www.ecdc.europa.eu/en/publications-data/considerations-use-self-tests-covid-19-eueea

https://www.ecdc.europa.eu/en/publications-data/considerations-use-saliva-sample-material-covid-19-testing

UK – General advice on use of COVID-19 tests and testing kits across a range of settings.
https://www.gov.uk/government/publications/how-tests-and-testing-kits-for-coronavirus-covid-19-work/for-patients-the-public-and-professional-users-a-guide-to-covid-19-tests-and-testing-kits

https://www.gov.uk/guidance/covid-19-self-test-help

Other:
https://www.youtube.com/playlist?list=PLvaBZskxS7tzQYlVg7lwH5uxAD9UrSzGJ

10. Glossary

ADT – Antigen Diagnostic Test

Asymptomatic – infected but not having symptoms of illness.

Congregated setting – place where groups of people gather where contact with infected people can happen.

HPSC - Health Protection and Surveillance Centre.

HSE - Health Service Executive.

IPC measures - Infection, Prevention and Control measures.

LEEF – Labour Employer Economic Forum.

LWR - Lead Worker Representative.

NPHET – National Public Health Emergency Team.

Occupational health and safety risk assessment - a term used to describe the overall process or method where you identify hazards and risk factors that have the potential to cause harm to employees and others at the workplace. Refer to HSA website.

Outbreak - An outbreak of COVID-19 is when two or more cases of the disease are linked by time, place or person.

OSH - Occupational Health and Safety.

PPE - Personal Protective Equipment - means any device or appliance designed to be worn or held by an individual for protection against one or more health and safety hazards. Respiratory Protective Equipment Respiratory Protective Equipment (RPE) is a particular type of Personal Protective Equipment, used to protect the individual wearer against inhalation of hazardous substances in the workplace air.

RADT – Rapid Antigen Diagnostic Test

Risk assessment - Risk assessment is a term used to describe the overall process or method where you identify hazards and risk factors that have the potential to cause harm.

Safety Statement - a written document that represents the employer's commitment to the health and safety of their employees in line with workplace health and safety laws and standards. Refer to HSA website.

SARS-CoV-2 - is the virus which causes COVID-19.

Symptomatic – infected and having symptoms of illness.

Department of Enterprise, Trade and Employment
Department of Health
Health and Safety Authority
Health Service Executive

Rialtas na hÉireann
Government of Ireland