





Disclaimer

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DOCUMENT CONTROL			
Version	Date of Revision	Detail of Amendments (Section; Description)	
2	11.05.2020	Added reference to Covid 19 Specific National Protocol for Employers and Workers Added reference to Site Safety Representative Added reference to instruction in hand hygiene Added reference to disposable gloves Revised requirement for return to work declaration Added reference to recording of site attendees Added reference to vertical social distancing Updated close working Updated sample declaration form	
3	20.05.2020	Added link to HSA templates / checklists	
4	August 2020	Update Introduction Amended symptoms - smell / taste Updated info on travel Added promotion of HSE COVID Tracker app Updated links to cleaning information Updated face mask information Updated temp testing info Updated travel to /from work Added info a training - C 19 Officer / Lead Worker Revised guidance on Hi Viz for C19 Officer Updated symptoms comparison chart Added HSA advice on meetings Added guidance on contact tracing Added HSE guidance on case management Updated additional reading Updated C19 Questionaire	

Abstract: This document has been developed by the CIF Safety and Health Subcommittee mindful of the best available guidance, nationally and internationally, and serves as a guide for the management of COVID-19 on a construction site for the duration of the pandemic. The actions set out in this document should be implemented in tandem with an amended Construction Stage Health and Safety Plan. The purpose of this document is to protect workers, their families and the community, whilst also recognising the need to protect livelihoods.





Table of Contents

1	Introduction	5	
2	What is Coronavirus / Key Control Measures?	6	
3	Role of the Client	7	
4	Health and Safety Documentation	8	
5	Site Management	9	
6	Hygiene	10	
7	Return to Work Process - Sites	12	
8	Travel to / from Work	13	
9	Prevention of Cross Contamination	15	
10	Social Distancing	18	
11	C-19 Compliance Officer & Site Safety Representative	19	
12	Communal and Welfare Areas	21	
13	Site Walkways and General Access	23	
14	First Aid Responder Guidance	24	
15	Management of Meetings	26	
16	Management of Deliveries	26	
17	Close Working	27	
18	COVID-19 Suspect / Confirmed Cases	29	
19	Return to Work Process - Worker	32	
20	Cleaning Spaces following Suspected / Confirmed Cases	33	
21	Statutory Training Updates	35	
22	Additional Reading	36	
23	Reference Documents	37	





Introduction

At the time of writing, the construction sector has been back at work for twelve weeks and this updated Standard Operating Procedure (SOP) includes the most up to date public health guidance and learnings by the sector in the period since re-opening.

We recognise that this has been very challenging period for all stakeholders in the industry and we commend the herculean efforts to keep people safe and maintain livelihoods in the sector.

As time has moved on and society in general has begun to open, cases of C 19 have emerged and been detected in personnel in the workplace. This indicates that the substantial procedures are working and identifying issues as they arise.



CIF have engaged with HSE to provide clarity in the event of cases arising on site and guidance can be found in this document. I encourage all the in the sector to reinforce the message of social distancing, hygiene etiquette and particularly to highlight the importance of addressing C19 symptoms immediately and not turning up for work if displaying any symptoms. Also, I urge members to promote the HSE Contact tracing ap to workers and encourage them to download to assist with contact tracing.

Tom Parlon

Director General Construction Industry Federation







2 What is Coronavirus / Key Control Measures?

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

Key Control Measures

The following are key control measures required for managing the spread of the virus on construction projects:

Symptoms

- ensuring no person with symptom attends site - fever (high temperature), cough, shortness of breath, breathing, loss or change to their sense of smell or taste. Persons displaying symptoms must self-isolate and not attend site or work for 14 days. Also, any person living with someone who is self-isolating or waiting a COVID-19 test must restrict their movements for 14 days. It should be noted that recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

General Health

 personnel living with "at risk groups" as defined by the Health Services Executive (HSE), must consider if there is a heightened risk from attending work.

Travel

– persons returning to the island of Ireland should refer to national advice issued by the HSE: https://www2.hse.ie/conditions/coronavirus/travel.html and the Department of Foreign Affairs: www.dfa.ie.

HSE COVID Tracker App

– persons should download the HSE's free Covid-19 tracker app for mobiles phones, by visiting Apple's App Store or the Google Play Store. The mobile app uses Bluetooth to alert subscribers if they have been in close contact with another registered app user who has tested positive for Covid-19.

Hand Hygiene

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

Social Distancing

ensuring workers maintain a minimum of 2
metre separation insofar as possible while
working, when using toilets, canteens, drying
rooms etc. Also, to promote social distancing
when travelling to and from work (public
transport, vans etc.), and in their daily lives, in order
to limit exposure.

Cough Etiquette / Respiratory Hygiene

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

Cleaning

 ensuring that all frequently touched objects and surfaces are regularly cleaned and disinfected.
 Further details and advice on cleaning and waste disposal are available in NSAI guidelines for COVID-19: https://www.nsai.ie/images/uploads/general/NSAI-Guidelines-COVID-19-20200525.pdf

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





3 Role of the Client

The construction industry is largely a service industry. Contractors work for clients under a construction contract. In most instances, compliance with these Standard Operating Procedures (SOP) involves changes to the schedule or delivery programme for construction projects. Therefore, the implementation of these SOP's must have the support of the client and be implemented in accordance with the necessary contractual instructions from clients. A contractor cannot operate unilaterally and each site and project is unique in terms of its design and the tasks associated with its construction. Clients must therefore accept that adapting and complying with the good practice illustrated in this SOP has productivity and cost

implications. It is therefore recommended that before construction resumes on any site, a revised risk assessment is conducted by the client and contractor to ensure the project can recommence, revised delivery schedules are agreed, revised work programmes are agreed and/or any necessary contractual instructions are issued by the client which make it possible to comply with these SOP's.

On certain projects where the client and the builder are the same entity (such as housing projects) it is still recommended that a revised risk assessment is carried out before implementing these SOP's.





4 Health and Safety Documentation

Prior to construction projects commencing project health and safety documentation should be reviewed to ensure that the documentation is aligned with the measures as outlined in this "Construction Sector C-19 Pandemic SOP" and the COVID-19 Specific National Protocol for Employers and Workers, general / standard health and safety requirements, considering the constraints of COVID-19.

It is recommended that each PSCS / Contractor / Developer should document a specific COVID-19 Plan in line with this document and in consultation with the Client. The resulting plan should consider and address the level(s) of risk associated with the project and tasks that workers perform on site. On each project, the PSCS, in consultation with other contractors, will appoint COVID-19 Compliance Officer(s) and workers Safety Representative as necessary depending on the size, scale and complexity of the project.

Insurance

Before commencing activities onsite, contractors are advised to contact their insurance broker or insurance advisor for direction.

Safety Statement

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

Risk Assessments / Method Statement (RAMS)

Risk assessments and method statements for all work on site should be reviewed to address the risk of COVID-19 and the associated control measures required. Particular emphasis will be required on 'close working', i.e. where persons work within 2m of each other (2m being the HSE recommended separation for social distancing).

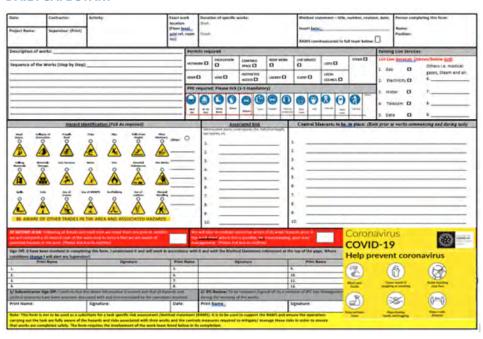
Section 17 of this document deals with 'close working'.

Daily Briefings Documents

To ensure consultation with workers, it is recommended that daily briefing documents such as SSWP's, SPA's, Daily Safe Starts, Task Briefings or equivalent should be updated to reference COVID-19 and specifically social distancing and hand hygiene.

Basic COVID-19 control measures to be highlighted on all such documents, as per illustrated example.

DAILY SAFE START







5 Site Management

Site Management and Supervision

For the purposes of the document, anyone with supervisory responsibilities is classified as site management.

Responsibilities of Site Management for COVID-19

Site management must risk assess and manage safety and health hazards in the workplace. In the context of the application of the requirements of this C-19 SOP, responsibilities include managing and instructing site workers on the various control measures and compliance. This SOP identifies a number of key management responsibilities during the implementation of this Plan. These responsibilities are elucidated hereafter.

Note: Project teams must stay agile as new information comes available that may change approach in procedures, processes or PPE.

Pre-Planning for works

Site management are responsible for ensuring that all personnel on site, including sub-contractor management/ staff have been made aware of the specific requirements of the site-specific Construction Stage Health and Safety Plan. Specifically:

- To ensure that a member(s) of the management team is appointed as the C-19 Compliance Officer.
- ► To ensure that appropriate personnel from the PSCS/Contractor and the sub-contractors are appointed as C-19 Compliance Officer(s).
- ► To ensure that Safety Representative(s) / Lead Workers Representative(s) have been selected.
- ► CIF Online C-19 Induction has been undertaken by all site personnel prior to coming to site. Ensuring that non-compliant personnel are not permitted on site.
- ► The inclusion of COVID-19 as a hazard in their Risk Assessment and Method Statement (RAMS) for their work activities.
- ► To ensure that this RAMS is effectively reviewed, approved and communicated.
- ➤ To ensure that all site facilities are sufficient to allow for the social distancing and hygiene requirements of this SOP and to take appropriate immediate action where they are not.

On-Site

Site management responsibility includes assessing various work scenarios to ensure that the key requirements such as worker distancing and hygiene/PPE controls are being implemented. This may involve discussions with client and PSDP. It will involve conducting regular site walks and inspections. Continuity of work crews to be encouraged for ease of contact tracing purposes.

Site Workers

It is vital that each worker knows how to work safely during this COVID-19 pandemic and understands the requirements of their task specific RAMS. Site management should coach and guide workers during the workday to ensure that they are fully compliant with the requirements.

Management Approach

Site management's main priority is ensuring that their plan is implemented at all levels and at all times with the cooperation of all stakeholders – Clients, PSDP, Contractors, Workers and Suppliers.

Note: Based on the level of communication involved and requirement to implement social distancing, each site should consider a phased return to work, advance communication and online briefings as appropriate.

General Site Work Activities

- 1. **Reduce** the number of persons-in any work area to comply with the 2-metre social distancing guideline recommended by the HSE (e.g. relocate workers to other tasks, review work schedule and task sequence, consider staggered starting and finishing times etc.).
- Review work practices, mindful of close working arrangements. Coach site personnel to self-assess their task for social distancing and transmission points.
- **3. Supervise** or mentor appointment of C-19 Compliance Officer to specifically monitor adherence to social social distancing and hygiene etiquette.





6 Hygiene

Good hygiene and hand washing

All site personnel should follow this advice and encourage others to follow this advice too. Site management should provide toolbox talks on how to perform hand hygiene effectively - see https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html

DO:

Wash your hands properly and often. Hands should be washed:

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

DON'T:

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







Disposable gloves

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

Disposable gloves are worn in medical settings. They are not as effective in daily life. Wearing disposable gloves can give a false sense of security. Disposable gloves are generally not required for infection prevention and control purposes

A person might potentially:

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

Face Masks / Face Coverings

HSE advice in the general wearing of facemask / face coverings has changed since the original SOP was published - current guidance can be found at https://www2.hse.ie/conditions/coronavirus/face-masks-disposable-gloves.html.

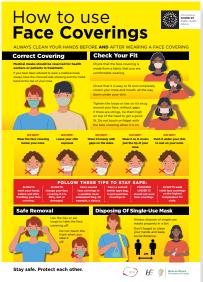
Detailed advice on ppe requirements for close working can be found under the "Close Working" section of this document. Note, the general wearing of face masks / face coverings on site should be subject to a site specific risk assessment.

The Return to Work Safely Protocol makes provision for implementing temperature testing in line with Public Health advice. Currently, there is no public health requirement to undertake temperature testing/screening in the workplace. The preference is to ensure social distancing and good hygiene measures. However, some employers may have included provisions for temperature screening as part of their return to work measures.

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

The Health Services Executive (HSE) has prepared a selection of posters which can be displayed in all workplaces and sites. A link to these posters is provided in Section 22.











7 Return to Work Requirements - Sites

In advance of sites commencing, all construction companies must consider the following, in conjunction with communications and briefings that will be required:

- Updates to Safety and Health Plans, Safety Statement and other relevant documents will have to be communicated to all staff members
- ► The revised site Construction Stage Health and Safety Plan must be communicated to all Site Management
- All site personnel must complete the 'CIF Online C-19 Induction'.
- All persons returning to site must complete a COVID-19 Questionnaire / self declaration. It is recommended that this be completed and submitted by each main contractor / contractor / developer at least 3 days in advance of persons returning to site if conditions change at any time, resulting in a re-appearance of symptoms workers should be advised not to come to work!
- The questionnaire / self declaration (see template in Section 23) is designed to seek confirmation that the individual has no symtoms of COVID-19 and is not waiting a COVID-19 diagnosis.



Example of toolbox talk while applying social distancing





8 Travel to / from Work

Where a worker exhibits any signs of COVID-19 or has been exposed to a confirmed case, they should not travel to work.

Wherever possible, workers should travel to site alone using their company vehicle or their own means of transport.

Where public transport is the only option for workers, face masks must be worn, then regular toolbox talks outlining how to reduce the possibility of infection should be considered.

Site management must consider the following:

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

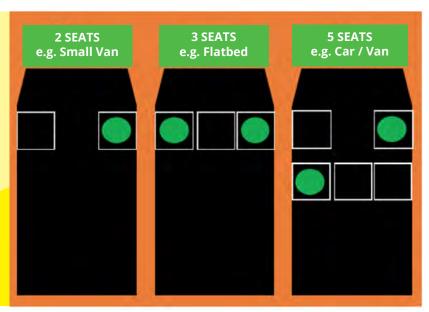
Social Distancing in Vehicles

Social distancing is advised when travelling in vehicles to/from work and when in site vehicles and operating mobile plant.

Suggested arrangements are as follows:

- Single occupancy of vehicles is preferable.
- Sit as far apart as the vehicle allows.
- In circumstances where it is impractical to limit occupancy to one or two persons, additional control measures should be adopted (e.g. use of face masks, face shields, use of screens between occupants, provision of good ventilation).

RECOMMENDED ROAD VEHICLE OCCUPANCY







Other Control Measures for Vehicle Use Workers should not enter a work vehicle with others if they have any symptoms or have had contact with a confirmed case of COVID-19.

General guidance for minimising the potential transmission of COVID-19 are:

- Employers should consider requesting personnel to use personal transport to reduce numbers travelling in work vehicles.
- It is advisable to limit the "churn" of people travelling together (i.e. try to ensure the same crew members travel and work together day after day).
- When entering (and leaving) all vehicles the driver should clean all common areas that are liable to be touched including the external door handles, keys and other internal furnishings.
- Keep windows at least partially open.
- Keep personal items (PPE, clothes, lunch boxes etc.) separate.

- Wiping/cleaning down of contact points should be done using antibacterial wipes or a wet cloth with soap application, or equivalent.
- Dispose of used wipes/cleaning materials in a designated bin/sealed bag and wash hands 'with soap' for at least 20 seconds.
- If availing of public transport, sit down to minimise contact with frequently touched surfaces, handles, roof straps, isolation bars etc.
- Carry hand sanitiser (at least 60% alcohol) and use it regularly throughout your journey.

Note: It is noted that it is commonplace in the construction sector for family members to travel together or workers, who lodge together, to travel together (i.e. essentially a "family unit").

Recommended Road Vehicle Seating Arrangements			
No. of seats	Max no. of occupants	Seating arrangement	
2	1	1 driver	
3	2	1 in the driving seat 1 in the far passenger seat	
5	2	1 in the driving seat 1 in the far passenger seat	





CONTROLLED SITE ACCESS

2 Metres

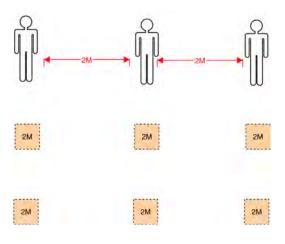
FOR COVID-19

9 Prevention of Cross Contamination

Site Entry

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

SITE SIGN-IN



Recommended Control Measures

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

- Record details of entrants to site to assist with contact tracing further detail in Section 18
- Turnstiles to be by-passed with open door access to site
- Thumb access devices should be by-passed / turned-off
- Stagger site start times / finishing times to reduce queues
- Multiple entry points depending on site numbers
- Security guards to record all names rather than having multiple persons signing-in using shared pen/booklet
- Restrict entry to workers and essential visitors only.
- Sanitising stations in position at all site entry points
- Regularly clean common contact surfaces in reception, office, access control and delivery areas (e.g. scanners, turnstiles, screens, telephone handsets, desks, particularly during peak flow times)

- ► Reduce the number of people in attendance at site inductions and consider holding them outdoors wherever possible
- Delivery drivers should remain in their vehicles if the load will allow it and must wash or clean their hands before unloading goods and materials
- All persons entering site must be directed to wash their hands and additional hand washing stations should be provided where possible
- Touch points should be minimised with a "handsfree" approach where possible
- On access routes throughout site, one-way systems should be implemented where possible, barrier gates should be wedged open, and touch points should be cleaned regularly.







Cleaning to Prevent Contamination

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

- ► Taps and washing facilities
- Toilet flush and seats
- Door handles and push plates
- ► Handrails on staircases and corridors
- Lift and hoist controls
- Machinery and equipment controls
- Food preparation and eating surfaces

- Communications equipment
- Keyboards, photocopiers and other office equipment
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day
- Regular cleaning of site welfare facilities, handrails and touch points should be undertaken.

The HSA advises that contact/touch surfaces such as table tops, work equipment, door handles and handrails should be cleaned at least twice daily, with modified cleaning intervals for rooms and work areas. For washroom facilities and communal spaces, cleaning should be performed at least twice per day. For further advice on cleaning and waste disposal, refer to the NSAI guidelines for COVID-19: https://www.nsai.ie/images/uploads/general/NSAI-Guidelines-COVID-19-20200525.pdf

CONTACT POINTS WITHIN A VEHICLE



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





Tools, Equipment and Plant

- All tools and equipment should be properly sanitised to prevent cross contamination.
- Arrangements for one individual to use the same tool, equipment and plant as much as possible. Make available cleaning material for all tools to be wiped down with disinfectant between each user. Organise work practices to reduce eliminate or reduce transmission points and coach site personnel on the same.
- Cabs and touch points of site vehicles and plant (MEWPS, Excavators, Cranes, etc.) to be thoroughly cleaned and a cleaning regime by plant operatives should be maintained daily thereafter.
- Consider provision of stickers for tools, equipment and mobile plant to encourage disinfection.

EXAMPLES OF STICKERS TO PROMOTE CONTROLLED USE OF MOBILE PLANT/EQUIPMENT



Coronavirus COVID-19

DO NOT SWITCH DRIVERS

CLEAN TOUCH POINTS

CONTACT POINTS
WITHIN A MINI DIGGER







10 Social Distancing

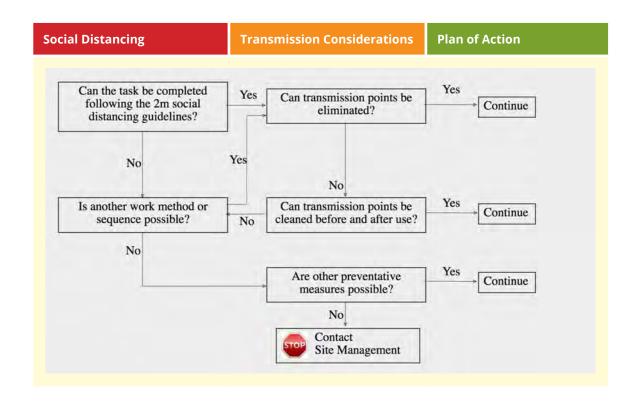
What is social distancing?

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

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

Note: Social distancing should be considered in the vertical as well as horizontal when planning works e.g.: when working on scaffold.

The flow chart below is provided to assist in the review of work processes with social distancing in mind.







11 **C-19 Compliance Officer**

This section is intended to outline the role and duties of a COVID-19 Compliance Officer ('C-19 Compliance Officer') for sites of all sizes in line with the Government's recommendations to monitor Social Distancing.

Projects should also facilitate the selection of at least one Site Safety Representative / Lead Worker Representative to assist with ensuring that Covid-19 measures are strictly adhered to.

Note: Role of the Lead Workers Representative is as outlined in the National Return to Work Protocol.

Note 2: Free, online training for the Lead Worker Representative is available at https://www.hsa.ie/eng/topics/covid-19/hsa_return_to_work_safely_online_courses.html

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

Projects must assess how many C-19 Compliance Officers are required depending on size, environment, number of personnel and the work activity to be monitored. C-19 Compliance Officer's duties should be shared among all contracting companies on a project.

Social distancing compliance is the responsibility of everyone.

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



EXAMPLE OF
HIGH VISIBILITY
VESTS TO IDENTIFY
C-19 COMPLIANCE
OFFICER / SITE SAFETY
REPRESENTATIVE(S)

Details of the assigned C-19 Compliance Officer and Site Safety Representative(s) to be communicated on site safety notice boards.

Role of a C-19 Compliance Officer

- ▶ The role of a C-19 Compliance Officer is to monitor day to the site activities to ensure social distancing and hygiene rules are being maintained to protect health and reduce the spread of the C-19 virus. This individual may have other responsibilities.
- These key personnel should be clearly identifiable onsite with a high viz vest noting C-19 Compliance Officer written on them. The class of hi viz provided should be appropriate to the location that the worker will be working - readers should consult ISO 20471:2013+A1:2016
- The persons undertaking the role of C-19
 Compliance officer and the Site Safety
 Representative(s) must receive training (inhouse /
 CIF webinar) in what the roles entail.
- ► Ensuring compliance to the 2m social distancing rule and good hygiene is not the sole responsibility of the C-19 Compliance Officer. Their role is supported by all site management, Site Safety Representative(s) and workers.
- Site Management must communicate to all onsite details of the appointed C-19 Compliance Officer(s).
- ➤ A C-19 Compliance Officer must not put themselves at risk while carrying out their duties.
- C-19 Compliance Officers must have a structure or framework to follow within the organisation to to be effective in preventing the spread of COVID-19. This structure must be regularly audited and managed to ensure it works and protects all onsite. Failure to take it seriously could result in an outbreak of COVID-19 onsite.

Note: The C-19 Compliance Officer should be suitably knowledgeable in terms of Covid-19 prevention measures; no formal training is required, and in-house training would be acceptable. The CIF has provided free access to a recorded webinar, accessible here: https://ciftraining.ie/cpd-courses/c-19-compliance-officer/





Responsibilities of a C-19 Compliance Officer

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

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

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

- Ensure personnel onsite complete relevant COVID-19 Questionnaires / Declarations.
- ▶ Being a constant onsite presence to monitor compliance with social distancing of 2 metres between all personnel onsite (with the exception of planned close working). In instances where there is non-conformance with social distancing the C-19 Compliance Officer is to intervene.
- Maintain a log of regular monitoring of COVID-19 controls on site.
- ► Ensure there is sufficient up to date signage erected onsite to educate all personnel about the COVID-19 controls on site.
- At all times promote and coach good hygiene practices to all personnel onsite.
- Ensure regular cleaning of welfare facilities, handrails, door handles, etc. is undertaken.
- Ensure hand wash liquid/soap and hand sanitisers are replenished as required.
- Check hot water and hand drying facilities are available onsite.
- ► Make representations to site management with regards any COVID-19 concerns raised by site personnel to the C-19 Compliance Officer.

- Ensure site personnel are adhering to staggered break time schedules and limiting numbers in canteens, drying rooms and smoking areas cognisant of the 2-metre social distancing guideline.
- Ensure site personnel leaving site at designated breaks remove their site PPE and continue to adhere to social distancing guidelines.
- Report any areas of non-compliance to site management and ensure these are addressed.
- Consider provision of additional controls for exceptional circumstances
- Keep up to date on HSE guidelines.

Reactive C-19 Compliance Officer duties

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

In a reactive position, their responsibilities include:

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





12 Communal and Welfare Areas

Office arrangements

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

Toilet Facilities

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

OFFICE SPACE 2 metres / 6.5 feet apart The space of the





Canteens and Eating Arrangements

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

- Whilst there is a requirement for construction sites to provide a means of heating food and making hot drinks, a pandemic is an exceptional circumstance and workers attending site canteens should be advised where possible to bring a packed lunch and flask to help eliminate transmission points on microwaves and water pour points etc.
- Break times should always be staggered to reduce congestion and contact.
- Site personnel must be encouraged to wash their hands before eating.
- Hand cleaning facilities or hand sanitiser should be available at the entrance and exit of any room where people eat and should be used by all personnel when entering and leaving the area.
- Ensure a seating arrangement where workers sit 2 metres apart from each other whilst eating and avoid all physical contact with co-workers.
- Where catering is provided on site, consider the provision pre-prepared and wrapped food only.
- Payments should be taken by contactless card wherever possible.
- Tables should be cleaned between each use and sitting based on rota.

- All rubbish should be disposed in a suitable bin.
- Tables should be clear when finished eating.
- ► All areas used for eating must be thoroughly cleaned after each use, including chairs, door handles, vending machines and payment devices etc.
- Provide illustrations of 2 metre spacing to clearly demonstrate social distancing.

Drying Rooms

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

- Introduce staggered start and finish times to reduce congestion and contact at all times
- Introduce enhanced cleaning of all facilities throughout the day and at the end of each day.
- Consider increasing the number or size of facilities available on site if possible
- ▶ Based on the size of each facility, determine how many people can use it at any one time to maintain a distance of 2 metres.
- Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal.
- ldentify 2-metre social distancing areas.
- Remove all unnecessary items.





13 Site Walkways and General Access

To assist with social distancing, consider the following:

- A one-way system on access routes throughout the site where possible. Increasing access points can help establish a one-way system. (e.g. An additional HAKI stair to allow for one-way traffic up and down).
- ▶ Where a one-way system is not possible consider widening pedestrian routes so social distancing can be maintained on main site walkways.
- Marked up walkways can help give an indication of what 2-metre spacing looks like.

SOCIAL DISTANCING ONSITE









14 First Aid Responder Guidance

- COVID-19 infects people through contact with the mucous membranes. First Aid Responders must think of these as being the mouth, nose and eyes. It does not infect through the skin.
- The greatest element of risk for a First Aid Responder is transfer of the virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth.
- The key interventions to manage this risk are to minimise hand contamination, avoid touching your face and clean your hands frequently with soap and water or alcohol-based hand gel.
- There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the person's respiratory tract landing directly in your eyes, nose or mouth. This risk is managed by use of appropriate PPE (mask and eye protection) and by providing the ill person with a mask to cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).
- If, as a First Aid Responder, you can avoid close contact with a person who may require some level of first aid, do so. This, of course, will not be possible in the event of having to provide emergency lifesaving measures such as an incident of cardiac arrest, heart attack, choking, stroke.
- First Aid Responders should be familiar with the symptoms of COVID-19, as per graphic below. You will need to perform a "dynamic risk assessment" based on the scenario you are presented with.

Symptoms	CORONAVIRUS Symptoms range from mild to severe	FLU Abrupt onset of symptoms	COLD Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Shortness of breath	Common	No	No
Lost or changed sense of smell or taste	Common	Rare	Rare
Fatigue	Common	Common	Sometimes
Aches and pains	Common	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Runny or Stuffy Nose	Sometimes	Sometimes	Common
Feeling sick or vomiting	Rare	Sometimes	No
Diarrhoea	Rare	Sometimes in children	No
Sneezing	No	No	Common





Key Control Measures

- Standard infection control precautions to be applied when responding to any first aid incident in the workplace. Hand washing with warm water and soap or an alcohol-based hand gel must be performed before and after providing any first aid treatment.
- Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case.
- In such cases, move individual to a first aid room / isolated room to minimise risk of infection to others.
- Only one First Aid Responder to provide support/ treatment, where practical.
- Additional PPE (enclosed eye protection and FFP3 mask if available) should be worn by First Aid Responders when responding to all first aid incidents where close contact cannot be avoided. Please also have a mask available to give to person if they are displaying symptoms consistent with COVID-19 to limit droplet dispersion.
- If you suspect a person has experienced a cardiac arrest, do not listen or feel for breathing by placing your ear and cheek close to the person's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions only until help arrives. To iterate the point, a person in cardiac arrest should have compression only CPR applied.
- Persons with minor injuries (cuts, abrasions, minor burns) - where practical, a First Aid Responder should avoid close contact and advise the injured party what steps to take in treating their injury.
- No reusable equipment should be returned to service without being cleaned/disinfected appropriately.

PPE Requirements

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

- 1. Disposable gloves (nitrile/latex)
- 2. FFP3 or FFP2 Face masks
- 3. Disposable plastic aprons
- 4. Enclosed eye protection

First Aid Responder must ensure that the mask covers both the mouth and nose and is fitted correctly to create an adequate seal to the face.

Following first aid treatment, disposable PPE and any waste should be disposed of appropriately and reusable PPE cleaned/disinfected thoroughly.

Wash hands thoroughly with warm water and soap before putting on and after taking off PPE.

Replenish PPE stock as appropriate. Liaise with your Project Lead or designated person to ensure any issues with first aid PPE are resolved in as timely a manner as possible.





15 **Management of Meetings**

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

According to the HSA, there is no time restriction on how long workers can be in the same room observing physical distancing advice, however HPSC Guidelines in the identification of contacts for contact tracing purposes states that "For those contacts who have shared a closed space with a case for longer than two hours, a risk assessment should be undertaken taking into consideration the size of the room, ventilation and the distance from the case. This may include office and school settings and any sort of large conveyance.

Site Meetings

- Only 'absolutely necessary' meeting participants should attend.
- Attendees should be 2m apart from each other.
- Rooms should be well ventilated/windows open to allow fresh air circulation.
- Consideration to be given to hold meetings in open areas where possible.

16 Management of Deliveries

Site Management should:

- ensure that all delivery transactions enforce physical distancing.
- agree a delivery protocol with suppliers and hauliers.
- all deliveries must be planned with allocated times for collections/appointments/deliveries.
- make arrangements for paperless delivery acceptance and acknowledgements with suppliers to ensure materials management and material reconciliations are accurate.
- ensure that hand washing facilities are available convenient to set down and goods inward locations.
- ensure there are appropriate sanitising arrangements at points of site access, egress and set down areas for raw materials and stock.



DRIVERS

Stay in your vehicle Follow instructions to set down area





17 Close Working

This section outlines guidance relating to COVID-19 Particular Risks for short-term work that must be completed where workers are less than 2 metres apart (<2m).

Elimination of Close Working:

Elimination of close working is preferable and should be investigated.

For all companies and management putting personnel to work, it is critical that you explore every available option possible before putting personnel to work in < 2m close contact tasks.

Stages of the construction process where <2m tasks can be eliminated /mitigated: (including a non-exhaustive list of examples)

- Design sections of materials are:
 - A) 2.5m long or longer OR
 - B) Materials can be installed by an individual (lightweight/ fixings are simplified
 - C) Mechanical means for lifting and access can be used while keeping construction personnel >2m apart
- Planning for work: RAMS / Planning / Sequencing / Coordination / Communication – All tasks planned via a pre-planned safe system of work shall consider eliminating <2m work.</p>
- RAMS must consider elimination of work within 2m as the first priority. Where this is not possible the RAMS must detail the control measures for persons working <2m on the task.</p>

Why tasks where personnel are <2m apart require additional focus and daily oversight?

In Ireland, the Health Service Executive (HSE) has recommend a 2 metre safe distance between individuals to avoid transmission hazards. Where a risk assessment identifies work where 2 m separation cannot be maintained, additional safety precautions are required to manage the risk.

Requirements for personnel working within 2m of each other:

- No worker has symptoms of COVID-19.
- The close contact work cannot be avoided.
- PPE is present in line with the RAMS / Risk Assessment (full face shield etc).
- An exclusion zone for <2m work will be set up pre task commencement.
- Prior to donning appropriate gloves, personnel shall wash / sanitise their hands thoroughly.





- There are 2 types of work in the <2m transmission zone,
 - A) no physical contact between colleagues
 - B) physical contact will occur (manual handling / pushing – pulling side by side, shared tools and equipment).
- Scenario B is of higher risk than scenario A.
- A task specific risk assessment is required to identify the appropriate PPE / combination of PPE e.g. faceshield / mask (surgical type / FFP3/FFP2 / other), eye protection / disposable suit / gloves*.
 - *note previous comments regarding disposable gloves (p.10).
- ▶ If it is possible to erect a physical barrier / safety signage that does not impede the work between colleagues and does not increase work safety hazards (lack of communication / visibility), please consider your options. (e.g. hanging clear plastic / mobile frame with plexiglass).

Note: The full-face visor replaces plexiglass as a physical airborne barrier between colleagues provided there is adequate air circulation.

- At the end of the task, all tools and equipment for scenario A & B work must be sanitized properly - as should any surfaces safe to wipe down.
- Forced ventilation internally could be considered for restricted confined spaces.

Oversight:

Following assessment that the task has to be completed within the 2 m zone, and review of controls, the contractor's supervisor may issue a permit, which could be in the form of a checklist or other agreed format.

Risk assessment / other documentation for close working should be retained for contact tracing purposes.





18 COVID-19 Suspect / Confirmed Cases

Suspect COVID-19 Case at Work

What to do if an employee becomes unwell and you believe they have been exposed to COVID-19:

- If someone becomes unwell in the workplace with symptoms such as cough, fever, difficulty breathing, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a closed door, such as a staff office. If it is possible to open a window, do so for ventilation. Request individual to wear face mask to prevent contamination of area and close by personnel.
- The individual who is unwell should call their doctor and should outline their current symptoms. Whilst they wait advice, ideally they should be in isolation or as a minimum remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag or pocket then throw the tissue in the bin. If they don't have any

- tissues available, they should cough and sneeze into the crook of their elbow. If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.
- Closure of the workplace is not recommended.
- The management team of the office or workplace will be contacted by the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.
- A risk assessment of each setting will be undertaken by HSE with the lead responsible person. Advice on the management of staff and members of the public will be based on this assessment. The HSE will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.
- Advice on cleaning of communal areas such as offices or toilets is outlined later in this document.

Contact Tracing Log

The Return to Work Safely Protocol advises employers to keep a log of contact/group work to facilitate contact tracing.

A close contact is anyone who has spent more than 15 minutes, face-to-face, within two meters of a person with COVID-19 in any setting, including a workplace, or someone who has shared a closed space with a confirmed case for more than two hours. Any incidences that meet these criteria should be logged by employers.

Should an employee become COVID-19 positive, public health officials may request the log as part of the contact tracing process. According to the HSA, the log should include details such as date / names of participants / duration of contact to help contact tracing teams determine who might qualify as a close contact. Logs should be held for 28 days, after which time they can be discarded.









Confirmed COVID-19 Case at Work

HSE have provided the guidance below on the management of positive cases in the construction sector.

Key points for construction industry in responding to a case of COVID-19

Response to an isolated case of COVID-19 on a site:

- When a case of COVID-19 is identified, the case will be contacted by the Public Health Contact Tracing team who will:
 - Inform the case of their diagnosis.
 - Identify and collect contact details of all close contacts from the case, including community contacts and workplace contacts.
 - Collect details of any congregate settings identified which may be contacts; this would include any building sites a construction worker may have worked on during the time period that they would be considered infectious. The case will be asked to provide contact details for their line manager.
- ▶ The contact tracing team will then contact all close contacts and organise testing for them according to guidelines, and advise them to restrict their movements for 14 days from the date of last contact with the case. This will include not attending the workplace during this 14 day period, regardless of the result of their test.
- In the case of a workplace, the line manager will receive a call from Public Health, who will discuss work place practices, undertake a risk assessment and provide advice.

What to do if an employee informs you that they have tested positive for COVID-19:

- If a line manager is informed by their employee that they have tested positive for COVID-19, the line manager should proceed as follows:
 - Reassure workers that all close contacts will be contacted by Public Health and appropriate follow up arranged.

- If any workers at the site are displaying symptoms of COVID-19 they should be advised to self-isolate and to contact their GP to arrange testing, however testing of asymptomatic co-workers is not required unless they have been identified as close contacts by Public Health.
- It is not necessary to close a site or part of a site in response to an isolated case of COVID-19, unless it is not possible to continue operating - for example in a situation where an entire team have been deemed to be close contacts and therefore will need to restrict their movements, thus necessitating closure due to insufficient staffing levels.
- The line manager of the case should expect to receive a call from the Public Health contact tracing team if their work place is deemed to have been exposed to the case during their infectious period.

What to do if you have been informed of multiple cases of COVID-19 amongst your workers:

- ▶ If a line manager is informed of multiple confirmed cases of COVID-19 on their site and has concerns that there may be a cluster of cases linked to the site:
 - The line manager should contact Occupational Health or their local Public Health Department (see attached contacts) in a situation where multiple laboratory-confirmed cases of COVID-19 occur on a site.

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

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



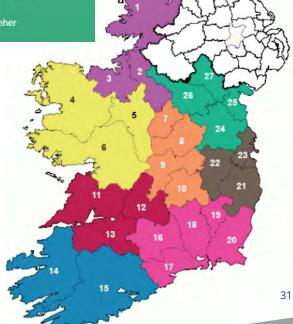






North- West	1 2 3	Donegal Leitrim Sligo	Department of Public Health, Health Service Executive, Iona House, Upper Main Street, Ballyshannon, Co. Donegal. Tel: (071) 9852900; Fax: (071) 9852901 A/Director of Public Health: Dr Anthony Breslin
	4	Mayo	Department of Public Health, Health Service Executive,
West	5	Roscommon	Merlin Park, Galway Tel: (091) 775200: Fax: (091) 758283
YY COL	6	Galway	Email: public.health@hse.ie A/Director of Public Health: Dr Breda Smyth
	7	Longford	
		Westmeath	Department of Public Health, Health Service Executive, HSE Area Office, Arden Road, Tullamore, Co. Offaly.
Midlands		Offaly	Tel: (057) 9359891; Fax: (057) 9359906; ID Fax: (057) 9359907 Email: public-health@hse.ie
		Laois	Director of Public Health: Dr Phil Jennings
	11	Clare	Department of Public Health, Health Service Executive.
Mid-West	12	Tipperary - North	Mount Kennett House, Henry Street, Limerick
	13	Limerick	Tel: (061) 483337; Fax: (061) 464205 Director of Public Health: Dr Mai Mannix
South	14	Кепу	Department of Public Health, Health Service Executive, Floor 2 - Block 8, St. Finbarr's Hospital, Douglas Road, Cork Tel: (021) 4927601; Fax: (021) 4923257
South	15	Cork	ID Fax Cork: (021) 4923257; ID Fax Kerry: (066) 7184542 Email: dph@hse.ie Director of Public Health: Dr Augustine Pereira
	16	Tipperary - South	
	17	Waterford	Department of Public Health, Health Service Executive, Dublin Road, Lacken, Kilkenny
South-East	18	Kilkenny	Tel: (056) 7784124; Fax: (056) 7784393;
	19	Carlow	ID Fax: (056) 7784599 A/Director of Public Health: Dr John Cuddihy
	20	Wexford	
	21	Wicklow	Department of Public Health, Health Service Executive, Dr. Steevens' Hospital, Dublin 8.
East	22	Kildare	Tel: Main Switch (01) 6352000; ID Notifications: 01 6352145
	23	Dublin	Fax: (01) 6352103 Email: dph.east@hse.ie Director of Public Health: Dr Deirdre Mullholland
	24	Meath	
North-Fast	25	Louth	Department of Public Health, Health Service Executive Railway Street, Navan, Co. Meath
North-East	26	Cavan	Tel: (046) 9076412; Fax: (046) 9072325 A/Director of Public Health: Dr Kevin Kelleher
	27	Monaghan	TIBILETON OF ABIIC HEART. BI RETINITIONE

Note: Further information on getting tested for COVID-19 is available on the HSE website: https://www2.hse.ie/conditions/coronavirus/testing/how-to-get-tested.html







19 **Return to Work Process - Worker**

In the event of a worker either being a suspected/ confirmed case of COVID-19 or a known "close contact" with a confirmed or suspected case, this protocol must be followed to ensure they are fit to return to work by means of self-declaration [1].

Fitness for Work should be considered from two perspectives:

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

The following steps should be followed, in line with current public health advice in Ireland:

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

They must also notify their line manager / employer. An individual will be classified as either a suspected or confirmed case, based on HSE decision to test / outcome of test.

An individual who is a known close contact [2] with a confirmed or suspected case will be contacted by the HSE through its contact tracing process. Advice regarding self-isolation for a period of 14 days since their last "close contact" with a confirmed/suspected case must be followed.

An individual must only return to work if deemed fit to do so and upon approval of their medical advisor and having coordinated with their line manager/designated HR/employer contact.

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

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

Line Manager/designated Employer/HR should confirm the relevant criteria above with the individual and write down their responses.

- [1] Individual must self-declare their fitness for work in the absence of having a fitness for work certificate from their GP/healthcare provider. This is in acknowledgement that GP's don't currently have capacity to be issuing return to work certificates.
- [2] Close contact is defined by the HSE as spending more than 15 minutes face-to-face contact within 2 metres of an infected person / living in the same house or shared accommodation as an infected person. [This is only a guide].





20 Cleaning Spaces with Suspected / Confirmed Cases

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

Further details and advice on cleaning and waste disposal are available in NSAI guidelines for COVID-19: https://www.nsai.ie/images/uploads/general/NSAI-Guidelines-COVID-19-20200525.pdf

Principles of cleaning after the case has left the area

Personal Protective Equipment (PPE)

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

Cleaning and Disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:





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

or

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

or

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

Additionally:

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

Laundry

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.

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

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste Management

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

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

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

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





21 Statutory Training Updates

Safe Pass

On the 31st of March 2020, the Minister Pat Breen signed a Statutory Instrument that extends the expiry date of Safe Pass cards, that expired since the 1st March 2020 for the duration of the COVID-19 emergency.

Safe Pass courses recommenced on 15th June, with participants limited to 8-10 (min-max), and extended hours to facilitate more breaks and social distancing. For information on Safe Pass courses in operation, email: csuinfo@solas.ie

Please note, site personnel for which there is a mandatory requirement for Safe Pass are – "General Construction Workers / Craft workers and on-site security personnel". It is recommended that companies review their own company policies that might extend beyond this at this time.

Should it be a client requirement that "everyone" on site must have Safe Pass – this requirement should be revisited.

Construction Skills Certification Scheme (CSCS) card renewal

The Safety, Health and Welfare at Work (Construction) Regulations 2013 still apply on construction projects and therefore, the categories of workers carrying out operations listed on Schedule 5 of the Regulations, must be in possession of current cards – the renewal of these cards does not require the attendance at a training / renewal programme and can be achieved by following the instructions below;

Renewal of CSCS Card

To renew a CSCS Experienced Operator Registration Card, complete the online form at:

https://cardrenewals.solas.ie/#/cscs/renew and attach a current passport-quality photograph together with an online payment.

Replacement CSCS Card

If a CSCS Registration Card has been lost, stolen or damaged, the owner can apply for a replacement, attaching a current passport-quality photograph together with an online payment.

See: https://cardrenewals.solas.ie/#/cscs/replace

First Aid Responder Training

The Pre-Hospital Emergency Care Council (PHECC) is responsible for the provision of First Aid certification in Ireland. PHECC have confirmed that if a First Aid Responder's certification has lapsed and they are unable to complete a refresher course, their certification will remain valid until such time that the situation is rescinded. This departure from normal standards shall be limited to the duration of the current COVID-19 outbreak.





22 Additional Reading

CIF GUIDANCE ON COVID-19

https://cif.ie/coronavirus/

COVID-19 (CORONAVIRUS) ADVICE FROM HSA

https://www.hsa.ie/eng/topics/covid-19/

COVID 19 SPECIFIC NATIONAL PROTOCOL FOR EMPLOYERS AND WORKERS

Link to Health and Safety Authority (HSA) checklists and templates:

https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_and_checklists/

LATEST INFORMATION FROM HEALTH SERVICES EXECUTIVE:

For the most up to date information, from health care professionals, members are advised to monitor the HSE website: www2.hse.ie/conditions/coronavirus/coronavirus.html

CONTINUITY PLANNING

On 9th May 2020, the Department of Business, Enterprise and Innovation released a 'Return to Work Safety Protocol.

https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/

NSAI' COVID-19 WORKPLACE PROTECTION AND IMPROVEMENT GUIDE

https://www.nsai.ie/images/uploads/general/Covid-19_Workplace_Protection_and_Improvement_Guide.pdf

POSTERS

The HSE has prepared a package of resource materials that may be displayed in all workplaces and sites. See: https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/

TRAVEL ADVICE

Travel advise is available on the website of the Department of Foreign Affairs at: www.dfa.ie/travel/travel-advice/coronavirus

HEALTH PROTECTION SURVEILLANCE CENTRE (HPSC)

► The HPSC provide advice for the general public and for specific groups and settings including employers, healthcare professionals, education settings and religious settings at:

www.hpsc.ie

WORLD HEALTH ORGANISATION (WHO):

www.who.int

CENTRE FOR DISEASE CONTROL (CDC):

www.cdc.gov

WORKPLACE RELATIONS COMMISSION (WRC):

https://www.workplacerelations.ie/en/





23 Reference Documents

SITE AWARENESS POSTER

Coronavirus (COVID-19)



If you answer 'YES' to one or more of the following,

- 1) Have you been in close contact with a confirmed COVID-19 case?
- 2) Have you travelled to Ireland from another country other than Northern Ireland?
- 3) Are you showing symptoms of the COVID-19 virus (as per HSE guidelines: www.hse.ie)?
 - a. Shortness of breath
 - b. Breathing difficulties
 - c. Fever (high temperature)
 - d. A cough (this can be any kind of cough, not just dry)

Please take the following steps:

- 1) Do not enter site.
- 2) Contact your GP, or HSELive on 1850 24 1850 or email hselive@hse.ie to seek advice.
- 3) Contact Site Management and keep them informed.
- Site Management will take advise from the HSE helpdesk and follow their instructions as necessary.
- Site Management will issue an update to all site personnel on any additional actions to be taken.

Confirmed POSITIVE Case!

Follow advice and instructions of the HSE and advise site of the appropriate action to be taken.

Confirmed NEGATIVE Case!

No further action required with individual and continue to follow HSE guidelines and precautions.





SITE QUESTIONNAIRE / SELF-DECLARATION



Covid-19 Questionnaire / Self-Declaration

In the interests of safety of the people of this site, their families and the community, Site Management ask that you complete the following questionnaire / self-declaration. Your co-operation and support are appreciated. You will be requested to leave the site if you answer 'YES' to Questions 1, 2 or 3.

Question	Yes	No	
1. Have you been in close contact with a confirmed / suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?			
2. Have you been diagnosed with confirmed / suspected COVID-19 infection or been advised , by a doctor to self isolate within the past 14 days?			
3. Do you have any of the following typical COVID-19 symptoms; fever, high temperature, persistent coughing, or breathing difficulties / shortness of breath			
4. Have you been advised by a doctor to cocoon at this time?			
5. Have you returned to the island of Ireland from another country not included on the government's 'green list' within the last 14 days?			
If 'YES', where?			

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the Site Management Team and excluding myself from site if this situation changes, (i.e. if a point in the future, I would answer "Yes" to any of the above questions).

Name	
Company	
Signature	
Date	



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