

# COVID -19

## Standard Operating Procedure

For

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# 1. What is Coronavirus?

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

Protect Yourself from COVID HSE Short Video:  
<https://www.youtube.com/watch?v=ztj7JhMt3Wc>

## 1.2 Purpose and Scope

This procedure has been compiled to provide an action plan for the return to work activities and continued precautions for the current Covid-19 (Corona) virus situation currently existing in the workplace.

The information referred to in this S.O.P has been extracted and interpreted from the current guidance documents circulated from the

- H.S.E (Health Service Executive)
- H.S.A. (Health and Safety Authority of Ireland)
- W.H.O. (World Health Organisation)
- IBEC
- NSAI (National Standards Authority of Ireland)
- C.I.F. (Construction Industry Federation)

It is intended to provide Covid-19 compliance by combining the expert advice, with the safety precautions provided by safe operating procedures, and P.P.E. for all of our personnel.

**The general scope of this procedure applies to all of our operations until further notice.**

**Each Project/Work Scope will be assessed individually, and procedures implemented in accordance with site rules.**

### **1.3 Responsibility**

- It is the responsibility of all our employees for the strict monitoring, maintenance, and compliance of this procedure.
- All of our employees will be advised that these requirements are mandatory without exception.
- Management will agree the corrective action required for any non-compliance by any person in the workplace to ensure that the action taken is decisive, effective, and definitive, including dismissal.

### **1.4 Procedure Key Control Measures**

- Symptoms
- Fever (temperature)
- Cough
- Shortness of breath/breathing difficulties.

Persons displaying symptoms must self-isolate and not attend 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 (asymptomatic).

#### **General Health**

Personnel living with “at risk groups” as defined by the 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/the Department of Foreign Affairs.

#### **Hand Hygiene**

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

#### **Video on Hand Washing**

<https://youtu.be/IsgLivAD2FE>

#### **Cleaning**

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

**Social Distancing**

Ensuring workers maintain 2-metre (2m) separation insofar as possible while working, when using toilets, canteens, offices 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.

## 2. Health and Safety Documentation

Prior to construction projects commencing after the COVID-19 shutdown period, all project health and safety documentation has been reviewed to ensure that the documentation is aligned with the measures as outlined in this S.O.P and general/standard health and safety requirements, considering the constraints of COVID-19.

Prior to commencing works onsite **Big H the Plumber Ltd** will consult with the Client's/PSCS/Main Contractor's specific COVID-19 Plan and implement procedures as required.

Documentation Reviewed includes:

- Insurance
- Safety Statement
- Risk Assessments / Method Statement
- Standard Operating Procedures
- SPA
- Safety Forms etc.

### 2.1 Site Management for COVID-19

**Big H the Plumber Ltd** main priority is ensuring that the plan is always implemented at all levels and with the cooperation of all stakeholders – Clients, PSDP, Contractors, Workers and Suppliers.

### 2.2 Pre-Planning for works

**Big H the Plumber Ltd** are responsible for ensuring that all personnel on site, including sub-contractor management/staff have been made aware of the site-specific requirements.

Specifically:

- Ensuring appropriate personnel are appointed as C-19 Compliance Co-ordinators.
- C-19 Induction has been undertaken by all site personnel prior to coming to site.
- All persons returning to site must complete a COVID-19 Questionnaire/self-declaration at least 3 days in advance of returning to work.
- Close Contact tracing form to be completed on a daily basis.
- Ensuring that non-compliant personnel are not permitted on site.
- 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.

### **2.3 On-Site**

**Big H the Plumber Ltd** will continuously assess 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 the client. It will involve conducting regular site walks and inspections. Continuity of work crews to be encouraged for ease of contact tracing purposes.

### **2.4 Site Workers**

**Big H the Plumber Ltd** will coach and guide workers during the workday to ensure that they are fully compliant with the requirements. It is vital that each worker knows how to work safely during COVID-19 pandemic and understands the requirements of their task specific MSRA.

### **2.5 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.
2. **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 Coordinator to specifically monitor adherence to social distancing and hygiene etiquette.

### 3. Good hygiene and hand washing

Regular toolbox talks should be organised by management on good hygiene and hand washing – <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html> . All site personnel should follow this advice and encourage others to follow this advice too.

#### ***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.

***DO:*** Wash your hands properly and often.

- Hands must be washed:
  - After coughing or sneezing
  - Before and after eating
  - Before and after preparing food
  - Before having a cigarette or vaping
  - If you're hands are dirty
  - After toilet use
  - 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
- Cover your mouth and nose with a tissue or your sleeve when you cough and sneeze
- Clean and disinfect frequently touched objects and surfaces.
- Put used tissues into a bin and wash your hands.

**Big H the Plumber Ltd** to ensure poster campaign in place to advise workers of the hazards associated with COVID-19 and the measures to be taken to prevent the spread of the disease.



### **3.1 Disposable gloves**

Disposable gloves will not be used in place of washing hands.

The virus can get on gloves in the same way it gets on hands. Also, hands can become contaminated when gloves are taken off. Disposable gloves can give a false sense of security. Infection prevention and control generally do not require disposable gloves.

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.

### **3.2 Face Masks**

- Using masks is unlikely to be of any benefit if the wearer is not sick.
- Current guidelines from the HSE do not recommend the wearing of face masks and/or the undertaking of temperature testing at work; the preferred approach is to ensure social distancing and good hygiene measures.

## 4. Travel to / from Work

Workers must not enter a work vehicle with others if they have any symptoms or have had contact with a confirmed case of COVID-19.

Wherever possible, workers must travel to site alone using their company vehicle or their own means of transport. Where public transport is the only option for workers, then regular toolbox talks outlining how to reduce the possibility of infection should be considered. Where a worker exhibits any signs of COVID-19 or has been exposed to a confirmed case, they must not travel to work.

**Big H the Plumber Ltd** is to ensure, with the agreement of the client, the following at each site:

- 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.

### 4.1 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



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

- Where possible, personnel to use personal transport to reduce numbers travelling in work vehicles.
- Limit the “churn” of people travelling together (i.e. try to ensure the same crew members travel and work together day after day after day).
- When entering (and leaving) all vehicles the driver must 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 must be done using antibacterial wipes or a wet cloth with soap application, or equivalent.
- Dispose of used wipes/cleaning materials in a designated bin/sealed bag and wash hands for at least 20 seconds.
- Carry hand sanitiser (at least 60% alcohol) and use it regularly throughout your journey.

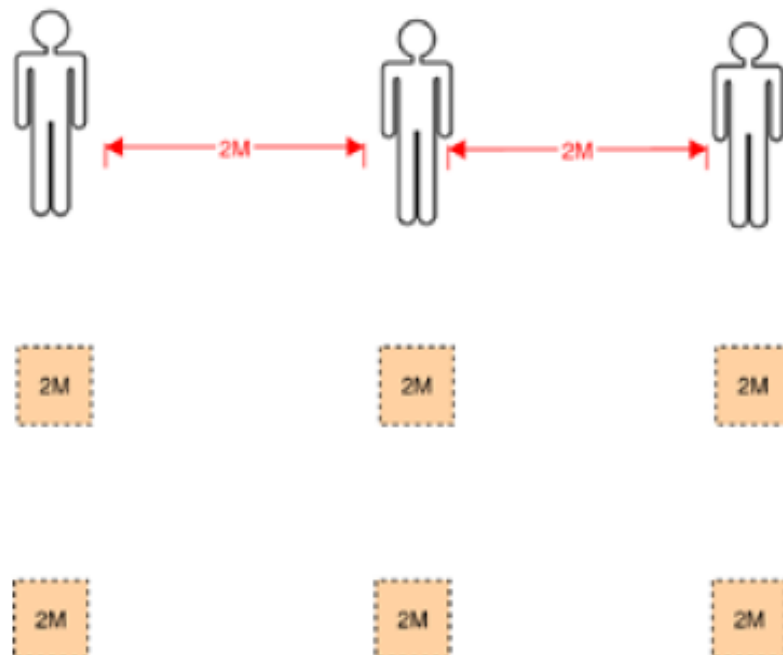
## 5. Prevention of Cross Contamination

### 5.1 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.

**Big H the Plumber Ltd** will work with each site and follow procedures in place such as:

- 2 Metre Rule
- Reduce the number of people in attendance at site inductions and consider holding them outdoors wherever possible
- Delivery drivers must 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 must be provided where possible
- Touch points should be minimised with a “handsfree” approach where possible
- On access routes throughout site, one-way systems must be implemented where possible, barrier gates should be wedged open, and touch points must be cleaned regularly.



## **5.2 Expected Control Measures at Entry Points**

- The details of every entrant to site must be recorded to help with contact tracing
- Turnstiles to be by-passed with open door access to site
- Thumb access devices must be by-passed / turned-off
- Stagger site start times / finishing times to reduce queues
- Multiple entry points depending on site numbers
- Sanitising stations in position at all site entry points
- Restrict entry to workers and essential visitors only.
- Security guards/Site Management to record all names rather than having multiple persons signing-in using shared pen/booklet
- Regularly clean common contact surfaces in offices, canteens, access control and delivery areas (e.g. scanners, screens, telephone handsets, desks)

## **5.3 Cleaning to Prevent Contamination**

Enhanced cleaning procedures to 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
- 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.
- Communications equipment

## **5.4 Tools, Equipment and Plant**

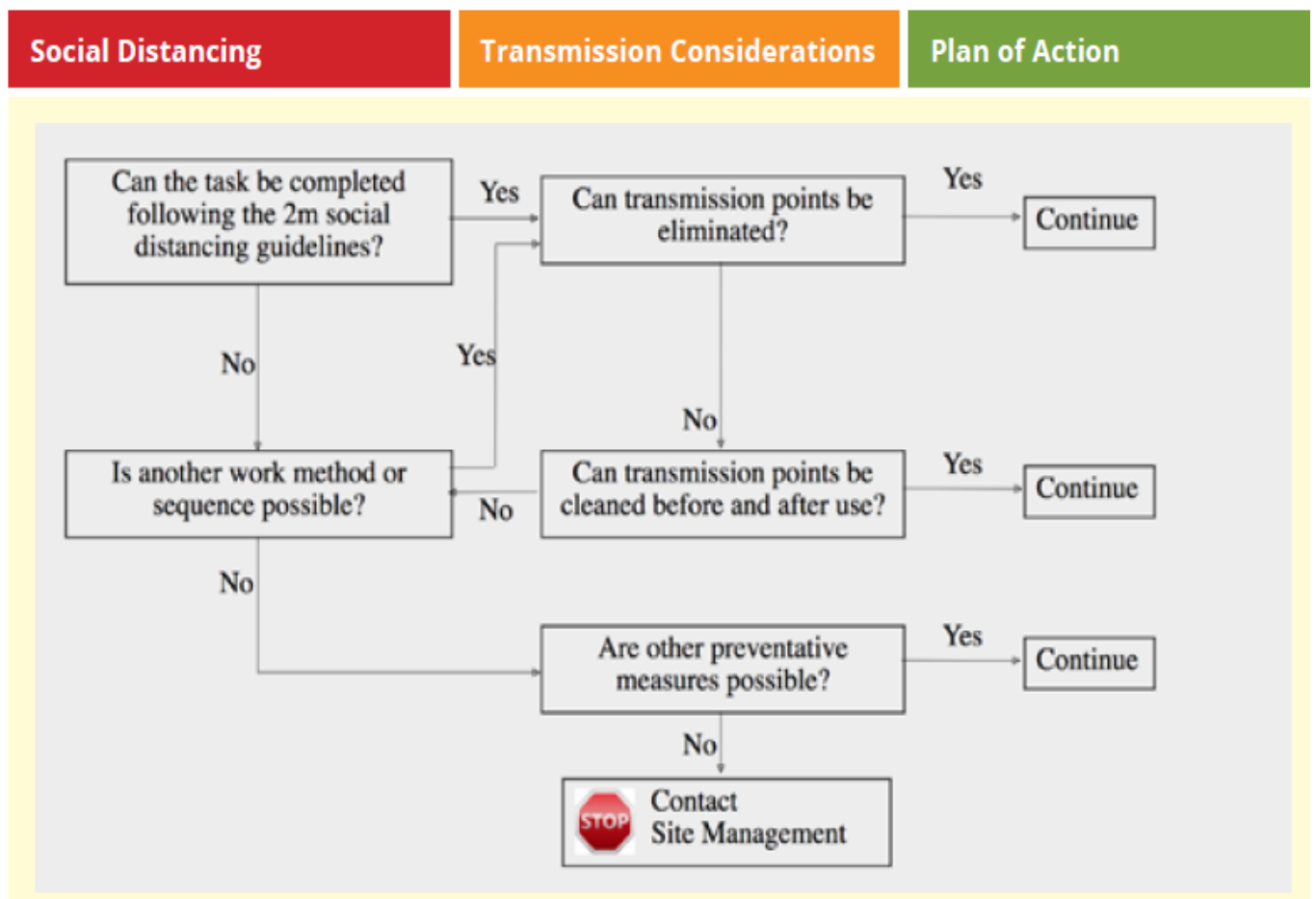
- All tools and equipment to be properly sanitised to prevent cross contamination.
- Arrangements for one individual to use the same tool, equipment and plant as much as possible.
- Make cleaning material available for all tools to be wiped down with disinfectant between each user.
- Cabs and touch points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

## 6. Social Distancing

### 6.1 What is social distancing?

Social distancing, or physical distancing, is a set of interventions or measures taken to prevent the spread of COVID-19 by maintaining a physical distance between people and reducing the number of times people come into close contact with each other. In order to slow the transmission rate of COVID-19, a social distancing of minimum 2m is recommended by the HSE.

It is important to note that social distancing not only applies horizontally, but vertically too, to allow for people working at staggered heights e.g. scaffolding.



## **7. C-19 Compliance Coordinator**

### **7.1 Role of a C-19 Compliance Coordinator**

**Big H the Plumber Ltd** to appoint a Compliance Coordinator on each site. There should also be at least one Site Safety Representative/Lead Worker appointed to assist with controlling Covid-19 measures.

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

- These key personnel will be clearly identifiable onsite with a distinguishable high viz vest.
- The person undertaking the role will receive training in what the role will entail.
- Ensuring compliance to the 2m social distancing rule and good hygiene is not the sole responsibility of the C-19 Compliance Co-Ordinator. Their role is supported by all site management. Site Safety Representative(s) and workers.
- A C-19 Compliance Coordinator must not put themselves at risk while carrying out their duties.
- C-19 Compliance Coordinator will follow this SOP/Site Specific documentation. These live documents 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.

### **7.2 Responsibilities of a C-19 Compliance Coordinator**

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

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

### **7.3 Proactive day to day duties of a C-19 Compliance Coordinator**

- Ensure personnel onsite complete relevant COVID-19 Questionnaires.
- Ensure contact tracing forms are completed on a daily basis.
- Maintain a log of regular monitoring of COVID-19 controls on site.
- 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 Coordinator is to intervene.



- Ensure there is sufficient up to date signage erected onsite to educate all personnel about the COVID-19 controls on site.
- 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.
- At all times promote and coach good hygiene practises 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 Coordinator .
- 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.
- Consider provision of additional controls for exceptional circumstances
- Keep up to date on HSE guidelines.

#### **7.4 Reactive C-19 Compliance Coordinator duties**

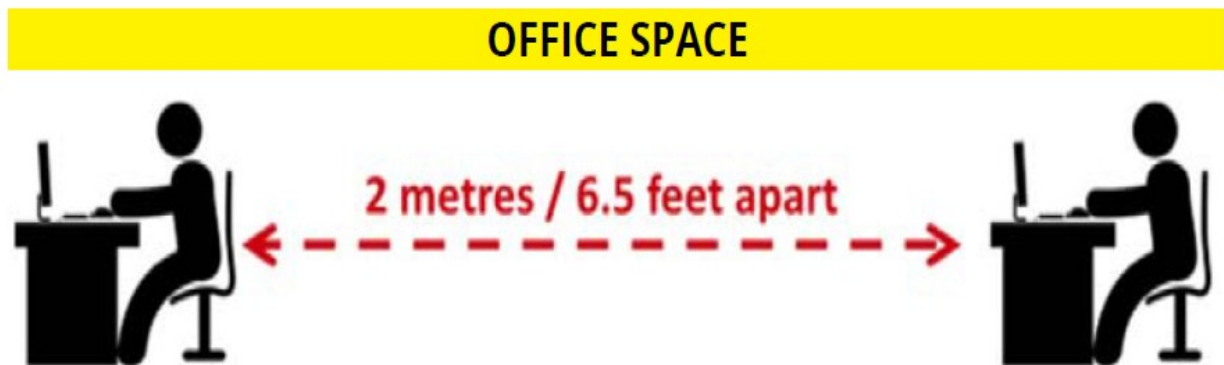
While the main role of the C-19 Compliance Coordinator is to prevent the spread of COVID-19 onsite, there is the potential where an individual onsite may experience COVID-19 symptoms and where the C-19 Compliance Coordinator needs to react. In a reactive position, their responsibilities include:

- 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.

## 8. Communal and Welfare Areas

### 8.1 Office arrangements

- All non-essential site personnel will 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.
- 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.
- Eliminate non-essential visitors attending offices.



### 8.2 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.
- 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.
- Implement appropriate COVID-19 hygiene regime.

### **8.3 Canteens and Eating Arrangements**

Workers attending site canteens are advised where possible to bring a packed lunch and flask to help eliminate transmission points on microwaves and water pour points etc.

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

- Break times must always be staggered to reduce congestion and contact.
- Site personnel must wash their hands before and after eating.
- Hand cleaning facilities or hand sanitiser must 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 of pre-prepared and wrapped food only.
- Tables must be cleaned between each use and sitting based on rota.
- All rubbish must be disposed in a suitable bin.
- Tables must be clear when finished eating.
- All areas used for eating must be thoroughly cleaned after each use, including chairs, door handles,
- Provide illustrations of 2 metre spacing to clearly demonstrate social distancing.
- Payments should be taken by contactless card wherever possible.

### **8.4 Drying Rooms**

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

- Staggered start and finish times to reduce congestion and contact at all times
- Enhanced cleaning of all facilities throughout the day and at the end of each day.
- 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.
- Identify 2-metre social distancing areas.
- Remove all unnecessary items.

## 9. 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.
- First Aid Responders must be familiar with the symptoms of COVID-19. You will need to perform a “dynamic risk assessment” based on the scenario you are presented with.
- 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.

### 9.1 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.
- In such cases, move individual to a first aid room / isolated room to minimise risk of infection to others.
- 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.
- Only one First Aid Responder to provide support/ treatment, where practical.
- 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.

- Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case.
- 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.

## **9.2 First Aid 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 must 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.

## **10. 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 must be kept as brief as possible.

### **10.1 Site Meetings**

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

## **11. Management of Deliveries**

Drivers Stay in your vehicle and follow instructions to set down area. 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.
- ensure that hand washing facilities are available and 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.
- make arrangements for paperless delivery acceptance and acknowledgements with suppliers to ensure materials management and material reconciliations are accurate.

## 12. 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 is preferable and should be investigated.

Where **Big H the Plumber Ltd** management are putting personnel to work, it is critical that you explore every available option possible before putting personnel to work in < 2m close contact tasks.

Planning for work:

RAMS / Planning / Sequencing / Coordination / Communication

- All tasks must be pre-planned
- Safe system of work shall consider eliminating <2m work.
- 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.

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).

The correct PPE/combination of PPE for Scenario A and B should be identified by a Task Specific Risk Assessment e.g. faceshield/mask (surgical/FFP3/FFP2/other), eye protection/disposable suit/gloves.

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.

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.

## 13. COVID-19 Suspect / Confirmed Cases

### 13.1 Suspect COVID-19 Case at Work

What to do if an employee or a member of the public becomes unwell and believe they have been exposed to COVID-19:

- If someone becomes unwell in the workplace with symptoms such as cough, fever, difficulty breathing, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a closed door, 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 the 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.

### 13.2 Confirmed COVID-19 Case at Work

If a confirmed case is identified in your workplace, the HSE will provide the relevant staff with advice.

These staff include:

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



- Contacts are not considered cases and if they are well, they are very unlikely to have spread the infection to others:
- those who have had close contact will be asked to stay at home for 14 days from the last time they had contact with the confirmed case and follow the home isolation information sheet.
- they will be actively followed up by the HSE
- if they develop new symptoms or their existing symptoms worsen within their 14-day observation period they should call their doctor for reassessment
- if they become unwell with cough and/or fever they will be tested for COVID-19
- if they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case.

Staff who have not had close contact with the original confirmed case do not need to take any precautions and can continue to attend work.

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

## 14. 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.

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?

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 Contract Manager/HSE Dept.

When an individual is symptom-free and is 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.

## 15. 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.

- 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 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
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), consider using protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

### Principles of cleaning after the case has left the area

#### Personal Protective Equipment (PPE)

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

#### 15.1 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

## **16. 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.

## **17. References:**

- CIF Covid-19 Operating Procedure Report (16.4.20) (002)
- NSAI
- IBEC
- H.S.E (Health Service Executive)
- H.S.A. (Health and Safety Authority of Ireland)
- W.H.O. (World Health Organisation)
- IBEC
- NSAI (National Standards Authority of Ireland)