



SOP V9

Construction
Sector
C-19 Pandemic
**Standard
Operating
Procedures**

Version 9 : October 2021

(Users should refer to CIF website to ensure
they are referring to the most current edition)

The Lighthouse Construction Industry Charity

The Lighthouse Construction Industry Charity is the only charity that is 100% dedicated to the mental, physical and financial wellbeing of construction workers and their families in Ireland and in the UK. The mission of the charity is that no construction worker or their family should feel alone in a crisis. The charity achieves that mission through the delivery of a variety of free and easily accessible resources to support our construction community, including:

FREE 24/7 Construction Industry Helpline – Call 1800 939 122

The charity's 24/7 Construction Industry Helpline provides free and confidential support on a huge variety of mental, physical and financial wellbeing issues for all construction workers and their families.

FREE Construction Industry Helpline app

The free Construction Industry Helpline app is a preventative tool and helps to build resilience in the areas of mental, physical, and financial wellbeing. Each section of the app offers learnings about a variety of conditions and issues, self-assessment tools, coping strategies and referral pathways to access expert advice and support in your locality. Search for '**Construction Industry Helpline**' and download for free from the Apple and Google Play app stores.

Alternatively, visit the webpage:

<https://www.constructionindustryhelpline.com/app.html>

For full details, visit:

<https://www.lighthouseclub.org/>



Construction Industry Helpline and Wellbeing App

1800 939 122

CONFIDENTIAL 24/7 SUPPORT

**Construction
Industry Helpline**
App

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DOCUMENT CONTROL

Version	Date of Revision	Detail of Amendments (Section; Description)
2	11.05.2020	<p>Added reference to Covid 19 Specific National Protocol for Employers and Workers</p> <p>Added reference to Site Safety Representative</p> <p>Added reference to instruction in hand hygiene</p> <p>Added reference to disposable gloves</p> <p>Revised requirement for return to work declaration</p> <p>Added reference to recording of site attendees</p> <p>Added reference to vertical social distancing</p> <p>Updated close working</p> <p>Updated sample declaration form</p>
3	20.05.2020	<p>Added link to HSA templates / checklists</p>
4	August 2020	<p>Update Introduction</p> <p>Amended symptoms - smell / taste</p> <p>Updated info on travel</p> <p>Added promotion of HSE COVID Tracker app</p> <p>Updated links to cleaning information</p> <p>Updated face mask information</p> <p>Updated temp testing info</p> <p>Updated travel to /from work</p> <p>Added info a training - C 19 Officer / Lead Worker</p> <p>Revised guidance on Hi Viz for C19 Officer</p> <p>Updated symptoms comparison chart</p> <p>Added HSA advice on meetings</p> <p>Added guidance on contact tracing</p> <p>Added HSE guidance on case management</p> <p>Updated additional reading</p> <p>Updated C19 Questionnaire</p>
5	November 2020	<p>Generally updated links</p> <p>Section 7 renamed</p> <p>Introduction updated</p> <p>Updated symptoms</p> <p>Updated control measures</p> <p>Additions to Site Management Section</p> <p>Updated guidance on face coverings in Sec 6</p> <p>Added ESB induction as equivalent to CIF Induction</p> <p>Added bullet point to Travel to and from work</p> <p>Added advice against sharing computer equipment</p> <p>Updated advice on managing cases</p> <p>Updated return to work process</p> <p>Updated site awareness poster</p> <p>Sample - Site Response to Covid 19 Case action plan</p>

Continued next page

DOCUMENT CONTROL *continued*

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6	11.05.2020	<p>Added reference to Covid 19 Specific National Protocol for Employers and Workers</p> <p>Added reference to Site Safety Representative</p> <p>Added reference to instruction in hand hygiene</p> <p>Added reference to disposable gloves</p> <p>Revised requirement for return to work declaration</p> <p>Added reference to recording of site attendees</p> <p>Added reference to vertical social distancing</p> <p>Updated close working</p> <p>Updated sample declaration form</p>
7	13.01.2021	<p>CIF President's Message</p> <p>Expanded section on mental health and wellbeing supports</p> <p>Updated advice on close contacts</p> <p>Inclusion of international travel restrictions</p> <p>Recommendation that sites require the wearing of face coverings/masks at all times</p> <p>Explanation provided of COVID-19 testing regimes</p> <p>Temperature testing on site entry is recommended</p> <p>Single occupancy of vehicles is recommended</p> <p>Offices should be regularly ventilated by opening windows</p> <p>Updated advice for meetings</p> <p>Link to Statutory Instruments related to the COVID-19 pandemic</p>
8	1.06.2021	<p>Updated President's Message</p> <p>HSA findings from COVID-19 inspections (Section 25)</p> <p>Details provided for Vaccinations</p> <p>Expanded section on Rapid Antigen Testing</p> <p>CIF and Trade Union Federation Agreement (Section 24)</p> <p>Amended guidance for international travel</p> <p>Updated advice on close contacts relating to new variants and vaccines</p>
9	22.10.2021	<p>FAQ's on changes from 22nd October 2021</p> <p>Amended symptoms of COVID-19</p> <p>Changes to arrangements for close contacts / removal of casual contacts</p> <p>CIF Online C-19 Induction to cease as of 31st January 2021</p> <p>Removal of recommended road vehicle occupancy</p> <p>SI No. 102 of 2020 (dispensation for Safe Pass) to be replaced</p> <p>Amended arrangements for First Aid Responders</p>

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.

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1 Introduction

This Version 9 of the Standard Operating Procedure (SOP) has been updated to reflect lessons learned from the ongoing management of the health and safety risks associated with COVID-19.

As outlined in the government's latest plan for COVID-19, which is entitled '*Reframing the Challenge: Continuing our Recovery and Reconnecting*', important and necessary public health guidance will remain in place for the foreseeable, however the Government has indicated that it will remove further statutory restrictions from the 22nd October 2021, subject to the incidence of the virus at that time". So whilst we may conclude that the pandemic is not yet over, we should rightly reflect (with pride) on our perseverance with safety and health protocols thus far. I would urge you to review the FAQs section provided to familiarize yourself with the industry's approach for COVID-19 prevention.



It is genuinely heartening to witness the resilience and extra effort demonstrated by those within the sector in addressing this pandemic. Whilst the safety protocols implemented on construction sites have proven to be effective in combating the virus, we must not lose heart or focus and instead continue to take the appropriate precautions to tackle this virus. As one of our members put it, *"As the vaccine program is rolled-out, we must continue to remain vigilant and compliant inside and outside work to enable a return to normality and to keep ourselves and our loved ones safe"*.

The vaccine is not mandatory but is strongly recommended that all in the sector get the vaccine as soon as it is available to protect family and colleagues.

I would urge all in the construction sector to continue to follow public health guidance, and together, we will suppress COVID-19.

Tom Parlon

Director General

Construction Industry Federation



1 **CIF President's Message**

On 31st August 2021, the Government agreed Ireland's plan for the next phase of our response to the COVID-19 pandemic; this was entitled "*COVID-19: Reframing the Challenge, Continuing Our Recovery and Reconnecting*".

It was expected that much of the C19 restrictions would be removed. Recent advice from NPHET has slowed down the removal of these restriction.

Some key control measures will remain, such as self-isolation when we have symptoms, mask wearing in indoor settings, indoor retail and on public transport.

For full details, please refer to the government's press release: <https://www.gov.ie/en/press-release/f5291-post-cabinet-statement-covid-19-reframing-the-challenge-continuing-our-recovery-and-reconnecting/> .

This SOP has been updated to reflect the updated Work Safety Protocol and other pertinent updates, to ensure the sector keeps abreast of best practice measures for addressing COVID-19.

According to public health guidance (HSE and HSPC), the best means to protect ourselves, our co-workers, our family and our community is to get vaccinated against COVID-19. If you have not already been vaccinated against COVID-19, I would urge you to consider doing so.

Despite the planned relaxation of certain restrictions by the government, the CIF advocates that all persons working in construction should continue to follow the protective measures put in place by employers/site management teams to address COVID-19.

Additionally, no persons should attend a workplace if displaying symptoms of COVID-19. We should all be familiar with the symptoms and if unsure, don't take a chance. Do not travel to work and instead seek medical advice.

You've made a huge effort over the last 2 years to ensure the construction industry operates safely despite COVID-19; on behalf of the CIF, a sincere thank you. We're nearly there in terms of defeating the virus, so let's continue to follow site rules, and if you haven't yet done so, please consider to roll up your sleeves and get vaccinated!

Take care!

Frank Kelly

President CIF / Chair of CIF Health & Safety Committee

2 What is Coronavirus / Key Control Measures

COVID-19 is an illness that can affect your lungs and airways. It's caused by a new (novel) Coronavirus virus called CoronavirusSARS-CoV-2. As we all now know, the virus is more infectious than the flu virus and recent variants are even more infectious.

Viruses can be easily spread to other people and patients are normally infectious until all the symptoms have gone. COVID-19 is mainly spread through close contact and droplets that come from an individual's nose and mouth. This happens when people are within 1 to 2 metres of each other; that's why keeping a 2 metre distance from other people is an important way of reducing the spread of COVID-19.

Getting COVID-19 from surfaces is not as common as getting it through close contact with someone who has the virus. Nonetheless, it is still important to wash your hands properly and often as COVID-19 may survive on surfaces for prolonged periods. See: <https://www2.hse.ie/conditions/coronavirus/how-coronavirus-is-spread.html>

A combination of good personal hygiene and management of social distancing can protect from infection. This is at the core of this document.

As public health advice and interventions are constantly changing due to new and emerging evidence and the implementation of public health interventions such as the vaccination programme, employers and workers should ensure that they keep up to date with and follow the current public health advice available on webpages:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/> and <https://www2.hse.ie/conditions/covid19/>.

Key Control Measures Remaining from 22nd October 2021

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

► Symptoms

The symptoms of COVID-19 include:

- a fever (high temperature - 38 degrees Celsius or above) - including having chills
- a new cough - this can be any kind of cough, not just dry
- shortness of breath or breathing difficulties
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal
- runny or blocked nose
- nausea, vomiting or diarrhoea
- aches and pains or tiredness
- sore throat
- headache

You may not have all of these symptoms or your symptoms may be mild. If you have any symptoms of COVID-19, self-isolate (stay in your room) and get a COVID-19 test - even if you are part or fully vaccinated.

Note: Always refer to current public health guidance; for latest information, refer to:
<https://www2.hse.ie/conditions/covid19/symptoms/>

Personnel should be advised if they have flu like symptoms, (headache, aches and pains), they should assume that this is Covid and act accordingly. Ensure staff have been provided with the following advice:

Call the emergency services on 112 or 999 if you are very short of breath. For example, if you are so short of breath that you cannot complete a sentence.

► Close Contacts

If you are a close contact of a person who tested positive for COVID-19, you may be notified by a text message from the HSE contact tracing team, or through the COVID Tracker app, or by the public health team investigating confirmed cases within a specific setting (e.g. workplace).

If you are a close contact of someone that tests positive for COVID-19, the actions you need to take will depend on the following:

- any symptoms of COVID-19?
- are you fully vaccinated against COVID-19?
- do you have a weak immune system?
- have you had a positive COVID-19 PCR test in the last 9 months?

If you develop symptoms, you should immediately self-isolate to avoid the spread of COVID-19, irrespective of vaccine status or if you previously had COVID-19. Phone your doctor/GP immediately and/or contact

HSE Live: 1800 700 700 (between 8am and 8pm).

If you are a close contact, fully vaccinated and do not have symptoms of COVID-19 - you may not need to restrict your movements or get a test. A contact tracer will tell you what you should do when they phone you.

For full details, please refer to current public health guidance: **<https://www2.hse.ie/conditions/covid19/contact-tracing/close-contact/>**

Check out 'The difference between self-isolating and restricted movements' - HSE.ie:
<https://www2.hse.ie/conditions/covid19/restricted-movements/self-isolating-restricted-movements-differences/>

It should be noted that experience has shown that COVID-19 is spread by people not showing symptoms.

If you come into contact with a person who has tested positive for COVID-19, you may be a close contact and you would need to follow appropriate public health advice.

Current HSE advice is available at
<https://www2.hse.ie/conditions/covid19/contact-tracing/close-contact/>

Key Control Measures *continued*

▶ Vaccinations

The COVID-19 vaccine helps your body to protect itself by making antibodies to fight the virus.

Even after you are vaccinated, continue to follow public health advice on how to stop the spread of COVID-19 (e.g. washing your hands properly and often).

The vaccine **ONLY** protects the individual from the disease; there is not yet sufficient evidence to confirm that a vaccinated person cannot carry pass the virus onto others. Current guidance is that individuals are considered fully vaccinated for COVID-19 at the following intervals:

- 15 days after the second AstraZeneca dose
- 7 days after the second Pfizer-BioNTech dose
- 14 days after the second Moderna dose
- 14 days after the single Janssen dose.

▶ International Travel

Arrangements for international travel are subject to regular changes. For the most up-to-date information on international travel, visit the webpage of the Department of Foreign Affairs:

<https://www.dfa.ie/travel/travel-advice/>

coronavirus/ or the Government of Ireland's COVID-19 Travel Advice:

[https://www.gov.ie/en/publication/b4020-](https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/)

travelling-to-ireland-during-the-covid-19-pandemic/

▶ 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

Up until 22nd October, workers should maintain 2-metre separation insofar as possible. After this date, the government will lift restrictions around physical or social distancing. However, social distancing is still recognised as a tool in preventing the spread of COVID-19. Consequently, persons are encouraged to take personal responsibility and ensure social distancing at work (particularly for close working), in public places, when travelling and in their daily lives, to limit their potential exposure to the virus.

▶ 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.

▶ Face Covering / Mask

By law, and until 22nd October 2021, all persons have to wear a face covering (unless a medical condition dictates otherwise) in the following circumstances:

- on public transport
- in shops, shopping centres and other indoor settings, including cinemas and salons
- in banks, posts offices and credit unions

Persons should also wear a face covering when:

- staying 2 metres apart from people is difficult
- in healthcare settings - this includes hospitals, GP surgeries, care settings, nursing homes and dental practices when visiting anyone who is more at risk from COVID-19 (coronavirus) - such as people aged 70 or over or people who are medically vulnerable
- in crowded workplaces, places of worship and in busy outdoor spaces - where a lot of people gather. A face covering is a material you wear that covers the nose and mouth. Wearing a face covering reduces the spread of COVID-19 in the community. It helps to reduce the spread of respiratory droplets from people infected with COVID-19. This helps to stop people who do not know they have the virus from spreading it to others. If a face covering or mask is worn, it should be clean and they should not be shared or handled by other colleagues. 3-ply community (cloth) masks have proven to be effective against the virus.

See <https://www2.hse.ie/conditions/covid19/preventing-the-spread/when-to-wear-face-covering/> for more information.

Key Control Measures *continued*

► Testing

The Health Services Executive, HSE **utilises Swab PCR testing** for diagnosis of COVID-19. This test method looks at the genetic material of the virus, is undertaken in a laboratory environment and is a very reliable way of knowing if you are currently infected with COVID-19.

As of 29th January 2021, notifications of positive results from Antigen Detection Tests (ADTs) undertaken in the public health system also satisfy the definition of a COVID-19 interim case.

The CIF and the Trade Union Federation signed an agreement to ensure worker safety on site; this agreement is industry-specific and supports the Work Safely Protocol. An updated agreement was reached in February 2021 and facilitates COVID-19 testing (temperature, PCR testing and antigen testing) provided by employers.

Private companies may also offer two other types of tests, including an on-site testing service, which are **not** recommended or endorsed by the HSE at this time; these are:

Saliva PCR testing

This may be self-administered (with training) and is generally less expensive than the swab PCR test, when arranged privately. For information only, the CIF recorded a webinar with HealthWatch, which is accessible here: <https://ciftraining.ie/cpd-courses/rapid-affordable-and-convenient-saliva-based-rt-qpcr-testing-for-covid-19/>

Antigen testing

Antigen testing is quicker but less reliable than swab PCR testing.

Antigen Detection Tests (ADTs)

ADTs for COVID-19 are immunoassays that detect the presence (or absence) of specific antigens on the surface of the virus. ADTs can identify people who are at the peak of infection, when virus levels in the body are likely to be high. ADTs generally involve the taking of nasopharyngeal or nasal swab specimens, by trained persons, with results available within 15-30 minutes of commencement.

A significant difference between ADTs and swab PCR testing is that thousands of virus particles per microlitre would be required to produce a positive result under ADTs for COVID-19, whereas swab-PCR tests can detect very small amounts. ADTs may thus be considered as less sensitive in detecting COVID-19; nonetheless, ADTs possess other characteristics, such as shorter turnaround times and lower reagent costs, which may assist the public health response to COVID-19 through early detection of highly infectious cases. Furthermore, antigen tests are best used to identify people who are the peak of infection, when virus levels in the body are likely to be high.

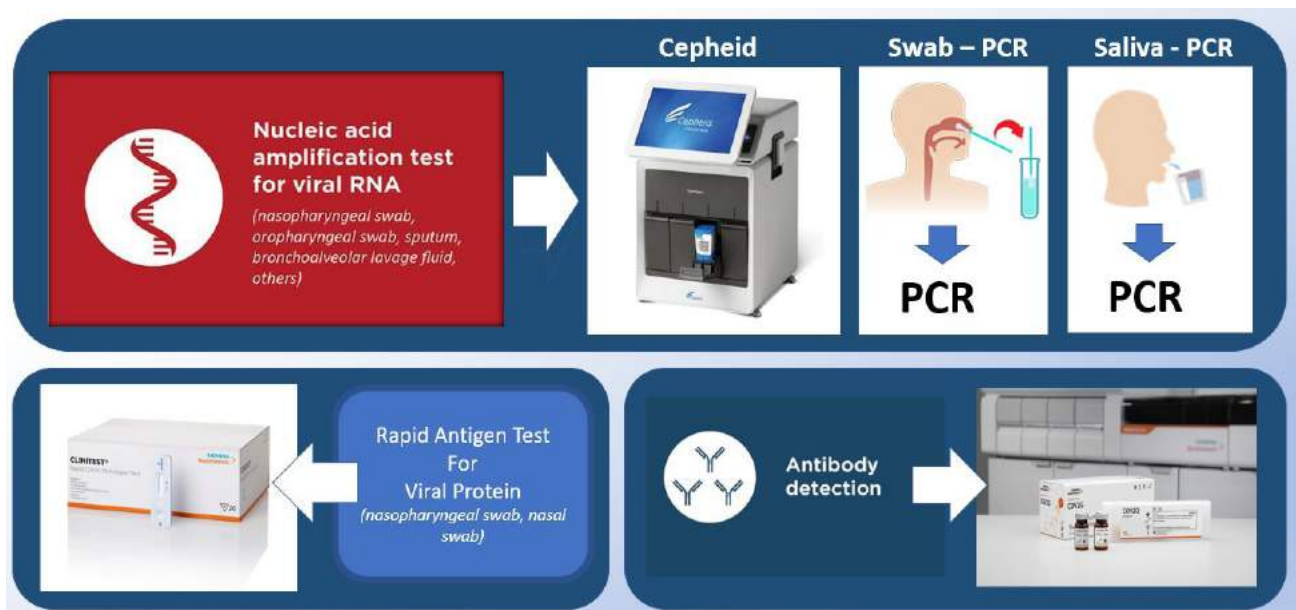
Late January 2021, the Health Protection Surveillance Centre (HPSC) published 'Interim Guidance on the use of Antigen Detection Tests (ADTs) in the public health system in Ireland'. This guidance acknowledged and effectively endorsed the use of such tests, subject to certain criteria.

Setting up a Rapid ADT Testing Regime in a Workplace Setting

Before establishing a RADT testing regime in a workplace setting, the employer must discuss and agree its implementation and administration with workers and their representatives.

Note: If you test positive through either a Saliva PCR test or an Antigen test, you must self-isolate and contact your GP to arrange for a Swab PCR test which will either validate or reject the earlier test result.

COVID-19 Testing Solutions



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

Note: The Health and Safety Authority (HSA) has produced a series of checklists and templates covering ventilation, rapid antigen testing and returning to the office, which may be accessed here:

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

► Ventilation and Air Conditioning (HVAC)

Provision of adequate ventilation is an important consideration for preventing the spread of COVID-19. The Work Safety Protocol: <https://enterprise.gov.ie/en/Publications/Work-Safely-Protocol.html> provides advice for employers in terms of assessing ventilation within a workplace. It is important to maximise ventilation in areas where people are in close contact.

While large droplets containing the virus will settle onto the surrounding surfaces within seconds, smaller particles can stay suspended for longer. Dilution of indoor air by opening windows and doors or using mechanical ventilation systems can lower the airborne concentration and remove these smaller particles from the air.

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 a risk assessment is conducted by the client and contractor to ensure that the project can operate safely, that work programmes are agreed and/or any necessary contractual instructions are issued by the client to facilitate compliance 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 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 Government's Work Safety Protocol, 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 up until 22nd October 2021).

Section 16 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.

DAILY SAFE START

Date:	Contract:	Activity:	Event work location (Phase 1 only, go if ref, room no.)	Duration of specific works: Start: _____ Finish: _____	Method statement - title, number, revision, date: Insert here: _____ RAMS communicated to full team below: <input type="checkbox"/>	Person completing this form: Name: _____ Position: _____
Project Name: _____			Supervisor (Print): _____			
Description of works: _____						
Sequence of the Works (Step by Step): _____						
Permits required ACTIVATION <input type="checkbox"/> EXCAVATION <input type="checkbox"/> CLOSERED SPACE <input type="checkbox"/> WORK WITH LIVE SERVICES <input type="checkbox"/> LIFTING <input type="checkbox"/> OTHER <input type="checkbox"/> HIGH <input type="checkbox"/> VIBRO <input type="checkbox"/> RESTRICTED ACCESS <input type="checkbox"/> UNDERSEA <input type="checkbox"/> CLIMB <input type="checkbox"/> WORKING CONFINED <input type="checkbox"/>			Existing live Services: List live services (above/below go if) Others i.e. medical gas, steam and air: 1. Gas <input type="checkbox"/> _____ 2. Electricity <input type="checkbox"/> _____ 3. Water <input type="checkbox"/> _____ 4. Telecom <input type="checkbox"/> _____ 5. Data <input type="checkbox"/> _____			
PPE required, please tick (3 is mandatory) <div style="display: flex; justify-content: space-around;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>						
Hazard Identification (Tick As required) <div style="display: grid; grid-template-columns: repeat(4, 1fr); gap: 5px;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			Associated Risk Identification, describe, estimate the risk, can be kept, can be avoided, etc. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____			
Control Measures to be in place (tick prior to works commencing and during work) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____						

BE AWARE OF OTHER TRADES IN THE AREA AND ASSOCIATED HAZARDS:

10. RETURN SIGN: Following all tests and work time we agree front and back to another we will communicate 20 minutes prior to the work area to ensure that we are aware of associated hazards in the area. (Please tick box to confirm)

Sign OFF: I have been involved in completing this form, I understand it and will work in accordance with it and with the Method Statement referenced on the top of the page. Where conditions change I will alert my Supervisor.

Print Name	Signature	Print Name	Signature	Print Name
1. _____	_____	5. _____	_____	_____
2. _____	_____	6. _____	_____	_____
3. _____	_____	7. _____	_____	_____
4. _____	_____	8. _____	_____	_____

11. SUPERVISOR SIGN OFF: I confirm that the above information is correct and that all hazards and control measures have been assessed, discussed with and communicated to the operators involved.

12. JPC Review: To be received (signed off by) a member of JPC Site Management during the morning of the works.

Print Name	Date	Print Name	Signature
_____	_____	_____	_____

Note: This form is not to be used as a substitute for a task specific risk assessment (method statement / RAMS). It is to be used to support the RAMS and ensure the operators carrying out the task are fully aware of the hazards and risks associated with their work and the controls measures required to mitigate/manage these risks in order to ensure

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.
- ▶ 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. Experience has shown that keeping workers in “pods” can assist in reducing virus transfer and reduce possible contacts.

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. Workers should also note that they have a personal responsibility, to their colleagues and family, to follow the guidelines for safe working but also to inform site management of any issue that impacts on site safety - e.g. close contacts / positive cases.

Management Approach

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

General Site Work Activities

1. **Reduce** - the number of persons-in any work area
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 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.

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.



According to the HSE, “there is no persuasive evidence that uniforms / personal clothing pose a significant hazard in terms of spreading infection. Normal household laundry practices can be expected to inactivate the COVID-19 virus and most other common pathogens. A ten-minute wash at 60 degrees Celsius is sufficient to remove most microorganisms”.

6 **Hygiene** *continued*

Face Masks / Face Coverings - General Use

Persons should also wear a face covering when:

- ▶ staying 2 metres apart from people is difficult
- ▶ close working, in crowded workplaces, or busy outdoor spaces - where a lot of people gather.

Wearing a face covering reduces the spread of COVID-19 in the community. It helps to reduce the spread of respiratory droplets from people infected with COVID-19. This helps to stop people who do not know they have the virus from spreading it to others.

7 Commencing Work - Sites

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

- ▶ Safety and Health Plans, Safety Statement and other relevant documents will have to be communicated to all staff members
- ▶ Construction Stage Health and Safety Plan must be communicated to all Site Management

8 Travel to / from Work

Travel by public transport has now returned to 100% occupancy. Commuters should follow public health advice when using public transport.

- ▶ In circumstances where it is impractical to limit occupancy to one or two persons, additional control measures must be adopted (e.g. use of face masks, use of screens between occupants, and open the windows.
- ▶ Sit as far apart as the vehicle allows.

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

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

- ▶ Workers using public transport should follow the current public health advice.
- ▶ 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 and where possible, keep them working in a pod).

- ▶ 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.
- ▶ Where there is more than one person in the vehicle, occupants should consider wearing a face covering based on their assessment.
- ▶ 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 and wear a face covering if you feel it is necessary.
- ▶ Carry hand sanitiser (at least 70% 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”).

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.

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
- ▶ Multiple entry points depending on site numbers
- ▶ Security guards to record all names rather than having multiple persons signing-in using shared pen/booklet
- ▶ 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.

9 Prevention of Cross Contamination *continued*

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.

Cleaning frequency should be based on local risk assessment considering the numbers on site.

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

9 Prevention of Cross Contamination *continued*

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 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.

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.

Up until 22nd October, workers should maintain 2-metre separation insofar as possible. However, social distancing is still recognised as a tool in preventing the spread of COVID-19. Consequently, persons are encouraged to take personal responsibility and ensure social distancing at work, in public places, when travelling and in their daily lives, to limit their potential exposure to the virus".

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.

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 Government's Work Safety 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/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.
- ▶ 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 for members to a recorded webinar, accessible here: <https://ciftraining.ie/cpd-courses/c-19-compliance-officer/>

11 C-19 Compliance Officer *continued*

Responsibilities of a C-19 Compliance Officer

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

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

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

- ▶ 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 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

- ▶ A decision on whether face coverings should be worn should be based on local risk assessment but note that it is recommended that wearing of masks / face coverings should continue in internal situations.
- ▶ Offices should be regularly ventilated by opening windows.
- ▶ Use I.T software to support online meetings where appropriate.
- ▶ 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.
- ▶ Review cleaning regimes.

Toilet Facilities

- ▶ Restrict the number of people using toilet facilities at any one time.
- ▶ 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.

12 **Communal and Welfare Areas** *continued*

Canteens and Eating Arrangements

The following is suggested to assist in reducing likelihood of transmission.

- ▶ Break times should always be staggered to reduce congestion and contact. Where workers decide to eat their lunch in their vehicle, they should be advised to do so on their own to avoid possibility of infection from others.
- ▶ Face coverings should be worn, except when seated at a table to eat or drink. Workers should reduce times in canteens to a minimum and wear face coverings when not eating / drinking
- ▶ 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.
- ▶ 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.

Drying Rooms

The following is suggested to assist with preventing transmission.

- ▶ Introduce staggered start and finish times to reduce congestion and contact at all times.
- ▶ Face coverings should be encouraged.
- ▶ Introduce enhanced cleaning of all facilities throughout the day and at the end of each day.
- ▶ Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal.
- ▶ Remove all unnecessary items.

13 **Site Walkways and General Access**

To assist with social distancing, implement 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.

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, (see: <https://www2.hse.ie/conditions/covid19/symptoms/overview/>). You will need to perform a “dynamic risk assessment” based on the scenario you are presented with.

14 First Aid Responder Guidance *continued*

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 or other face coverings providing suitable protection**
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

Conduct meetings as much as possible using online remote means. Where face-to-face meetings are necessary, these must be arranged in line with the Government advice that is in place at the time of holding the meeting. Furthermore, the length of the meeting and the numbers attending should be kept to a minimum and participants must maintain physical distancing at all times. **Proper ventilation, for example open windows, should also be in place.** Attendance in a meeting room for a prolonged period may result in attendees being considered close contacts should an outbreak occur.

Site Meetings

- ▶ Attendees should be 2m apart from each other.
- ▶ Rooms should be well ventilated/windows open to allow fresh air circulation.
- ▶ Experience has shown that sharing of IT equipment etc. at meetings contributes to transmission of the virus. Eliminate where possible - if not, sanitise the equipment between users.

16 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 and prioritised.

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.
- ▶ 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.

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

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.

16 Close Working *continued*

- ▶ 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.

17 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. They should return home and await public health guidance - details are available here: <https://www2.hse.ie/conditions/covid19/testing/>
- ▶ 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. **Experience to date has shown that this can take some days. In an individual case, the HSE will not contact the employer. It is advisable to carry out contact tracing relating to this individual and in the event , they prove positive, advise all close contacts.**
- ▶ A risk assessment of each setting may 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

According to the HSE, “**Close Contact**” can mean:

- (a) spending more than 15 minutes of face-to-face contact within 2 metres of someone who has COVID-19, indoors or outdoors over a 24-hour period
- (b) living in the same house or shared accommodation as someone who has COVID-19. This includes sexual partners
- (c) spending more than 2 hours in an indoor space with someone who has COVID-19, for example, a workplace, classroom, social venue, household or transport.

Various contact tracing systems have been developed that use wearable devices to warning the wearers when in close contact and to electronically log such contacts - this data to be used in the event of a positive case to identify those who were “close contacts” of that positive case - CIF have completed a review of one of these systems and a webinar, explaining how it operates is available at <https://ciftraining.ie/construction-training-courses/?types=cpd>

Persons will usually find out if they are a close contact of a person who tested positive for COVID-19 (coronavirus) from:

- ▶ a text message from the HSE contact tracing team
- ▶ the COVID Tracker app
- ▶ the public health team investigating confirmed cases within a specific setting.

Source: <https://www2.hse.ie/conditions/covid19/contact-tracing/close-contact/>

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.

To ensure rapid response to a situation where workers are close contacts, site management should do on site contact tracing and advise “close contacts” to follow HSE guidance: <https://www2.hse.ie/conditions/covid19/contact-tracing/close-contact/>

18 Return to Work Process - Worker

To return to work following a positive case diagnosis, an employee must follow this protocol and the HSE guidance at <https://www2.hse.ie/conditions/coronavirus/returning-to-work-safely.html>

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 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.

The employee should complete the return to work form: https://www.hsa.ie/eng/topics/covid-19/return_to_work_safely_templates_checklists_and_posters/return_to_work_form.pdf

The Health and Safety Authority has published very useful resources on 'Fitness for Work Guidance and Checklists following COVID-19 Absence'. The guidance details the steps involved in determining/assessing 'Fitness for Work' of any worker, after an absence due to COVID-19 Infection or suspected infection. These are available at: https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_business_supports/business_supports/fitness_for_work_following_covid-19_absence/

19 **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), wear 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, a mask, and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

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:

19 Cleaning Spaces with Suspected / Confirmed Cases *continued*

- ▶ 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

Source: Public Health England - COVID-19: cleaning in non-healthcare settings outside the home. Available at: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

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. HSE recommend washing at 60 degrees 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.



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