

COVID-19 - Good Practice Checklist

Dealing with a Suspected Case of COVID-19

These checklists have been prepared to help employers, business owners and managers to run their business in a way that will help prevent the spread of COVID-19. This checklist provides guidance on dealing with a suspected case of COVID-19 in the workplace. Workers should not attend work if they are displaying any signs or symptoms of COVID-19, or if they have had a positive COVID-19 test. Further information can be found at gov.ie, hse.ie, hpsc.ie and hsa.ie.

No.	Control	✓Yes	✓No	Action Required
	Procedures and Information			
1.	Have you policies and procedures ¹ in place to promptly identify and isolate workers or others who start to display symptoms of COVID-19 at work?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Are you keeping a log of contacts to facilitate contact tracing in the event of an outbreak and that details need to be provided to the Dept of Public Health?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have you informed workers and others of the purposes of the log (i.e. to be used by Public Health in the event of an outbreak)?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have you consulted with workers ² about the isolation procedures and when they must be applied?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Have you displayed COVID-19 posters in suitable locations highlighting key information for workers and visitors?	<input type="checkbox"/>	<input type="checkbox"/>	
	Instructions if a person(s) displays signs or symptoms of COVID-19 at work			
6.	Have you instructed workers about what they need to do if they develop signs or symptoms of COVID-19 at work, and the importance of early isolation in preventing the spread of the virus?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Have you provided your workers with up to date Public Health information and advice on COVID-19 issued by the hse , hpsc and gov.ie ?	<input type="checkbox"/>	<input type="checkbox"/>	
	Reporting			
8.	Have you informed workers about the necessary reporting procedures if they display signs or symptoms of COVID-19 at work? Do they know who to contact and how?	<input type="checkbox"/>	<input type="checkbox"/>	

¹ If there is already an occupational health service in place in the workplace, this service may be used by the employer to respond and support measures in dealing with a suspected or confirmed case of COVID-19.

² and Trades Unions where applicable

No.	Control	✓Yes	✓No	Action Required
	COVID-19 case manager/designated contact and response management team			
9.	Have you appointed a case manager/designated contact person to deal with a suspected case of COVID-19 in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Have you identified the team(s) responsible for responding to a suspected case(s) of COVID-19 in the workplace and trained this team in what actions to take?	<input type="checkbox"/>	<input type="checkbox"/>	
	Isolation area(s)			
11.	Have you identified a place, in advance, that can be used as an isolation area, with a door that can be closed, in the event of a suspected case of COVID-19? Note: Where a closed-door isolation area is not possible, you must provide an area away from other workers.	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Is the isolation area and the route to the area accessible, including for people with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	If more than one person is displaying signs or symptoms of COVID-19, are additional isolation areas available, or is there another contingency plan for dealing with this?	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Are the following available in the isolation area(s)? <ul style="list-style-type: none"> • Ventilation, e.g. by opening a window • Tissues, hand sanitiser, disinfectant and/or wipes • PPE, gloves, medical grade masks / respirator masks, waste bags/bins 	<input type="checkbox"/>	<input type="checkbox"/>	
	Isolating a person(s) displaying COVID-19 symptoms			
15.	Are procedures in place for the case manager/designated contact person or a member of the response team to accompany the affected person to the isolation area, along the isolation route, while maintaining physical distancing of at least 2 metres from them, and ensuring others are at least 2 metres away from them?	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Is the case manager/designated contact and response team familiar with this procedure?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Have others been advised to maintain a distance of at least 2 metres from the affected person at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Is there a disposable mask available for the affected person to wear while in a common area with other people, and when exiting the building?	<input type="checkbox"/>	<input type="checkbox"/>	

No.	Control	✓Yes	✓No	Action Required
	Arranging for the person to leave workplace / Exit Strategy			
19.	Have you established, by asking them, if the affected person feels well enough to travel home?	<input type="checkbox"/>	<input type="checkbox"/>	
20.	If the affected person considers themselves able to travel home, have you directed them to do so, to continue to self-isolate, to get tested and follow public health advice?	<input type="checkbox"/>	<input type="checkbox"/>	
21.	If the affected person feels unable to go home, has the case manager/designated contact / response team let them remain in isolation, and facilitated them to arrange a test?	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Has the affected person been advised to avoid touching other people, surfaces and objects?	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Has the affected person been advised to cover their mouth and nose with the disposable tissue(s) provided when they cough or sneeze, and to put the tissue in the waste bin/bag provided?	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Has transport home or to a hospital for medical assessment been arranged if required?	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Has the affected person been advised not to go to a doctor's surgery or any pharmacy or hospital unless under medical direction?	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Has the affected person been advised they must not use public transport?	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Has the affected person been advised to continue wearing the face mask until they reach home?	<input type="checkbox"/>	<input type="checkbox"/>	
	Follow-up			
28.	Have you carried out an assessment of the incident to identify any follow-up actions needed?	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Are you available to provide advice and assistance if contacted by the HSE?	<input type="checkbox"/>	<input type="checkbox"/>	
30.	If there is an occupational health service in the workplace have you considered using it to help with the measures outlined above?	<input type="checkbox"/>	<input type="checkbox"/>	

No.	Control	✓Yes	✓No	Action Required
Disinfection				
31.	Has the area been thoroughly cleaned followed by decontamination of surfaces using a disinfectant effective against viruses? See Report on 'Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2' at ecdc.europa.eu	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Is personal waste (when dealing with a suspected case of COVID-19) e.g. used tissues, wipes and cleaning material, disposed of. Is personal waste (when dealing with a suspected case of COVID-19) e.g. used tissues, wipes and cleaning material, disposed of safely?	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Note: Further information on close contacts, casual contacts and testing is available from the HSE website. Additional advice and guidance on dealing with a suspected case or managing an outbreak is available from the HPSC website.</p>				
Additional Information				

Name: _____ Signature: _____ Date: _____

The information contained in this checklist is for guidance purposes only and is non-exhaustive. It is not intended to provide legal advice to you, and you should not rely upon the information to provide any such advice. We do not provide any warranty, express or implied, of its accuracy or completeness. The Health and Safety Authority shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this checklist.