Covid-19 Health & Safety Manual for Hotels & Guesthouses

Version 1.3 – 27th June 2020
## Revision History:

<table>
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<tr>
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<th>Date Changes</th>
<th>Changes from previous version*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>22/06/2020</td>
<td>Change to ‘Guest Bedroom Cleaning Record’ checklist: the following reference has been <strong>removed</strong> as it is not deemed a requirement: ‘Guest rooms are to be left for a minimum of 24 hours after check-out before cleaning’</td>
</tr>
</tbody>
</table>
| 1.3     | 27/06/2020   | Update / clarification of terminology: replacing the term ‘sanitise/sanitising’ with ‘disinfect/disinfection’  
Reference to ‘electrostatic sprayer’ and ‘fogging machine’ removed following notification received from the Department of Agriculture ([link](#)).  
Inclusion of further guidance on general cleaning of guest bedrooms (Section 7.2) |

*Key additions to previous version highlighted in grey throughout current version*
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**Introduction**

This manual has been prepared by the Irish Hotels Federation and The Food Safety Company in support of the Guidelines for Re-Opening Hotels and Guesthouses published by Fáilte Ireland on 9th June 2020. The Irish Hotels Federation and The Food Safety Company, their servants or agents, do not assume legal or other liability for any inaccuracy, mistake, misstatement, or any other error of whatsoever nature contained herein. The Irish Hotels Federation and The Food Safety Company hereby formally disclaim liability in respect of such aforesaid matters.

In line with the Guidelines for Re-Opening Hotels and Guesthouses this is a living document which means that as Government restrictions and Public Health guidelines evolve this document will also evolve to reflect new Government advice. The documents and templates are designed to assist in the process of employing new practices and procedures and provide a step by step manual, highlighting the ‘best practice’ measures hotels and guesthouses of any size can introduce in relation to Health & Safety. They are not intended to introduce additional requirements and if in the event of any inconsistency between this manual and the Guidelines for Re-Opening Hotels and Guesthouses or the Governments Return to Work Safety Protocol these latter documents will apply.

The following manual consists of a collection of five types of documents, which when effectively implemented will ensure due diligence throughout. These components include:

1. **Operations**: methods of how the hotel and staff should commence preparations on re-opening. Considerations to be made on the material that staff should be trained on.

2. **Questionnaires**: specific surveys which must be given to various personnel in order to limit the chance of an Individual entering the hotel with the virus.

3. **Policies**: novel principles and guidelines around which day to day activity will be conducted throughout the hotel.

4. **Procedures**: the new and improved methods of working or carrying out specific tasks which have been altered due to the COVID-19 pandemic.

5. **Checklists**: verification tools allowing for reassurance that all policies, procedures, and documentation requirements are being fulfilled continuously.
COVID–19 Health & Safety Manual

The manual and its contents have been devised as a product of regulatory advice and guidance offered by the HSE, HSA, NSAI, FSAI, WHO, IHF and Failte Ireland. It is recommended that management familiarise themselves with the Return to Work Safely Protocol as a prerequisite to this manual, published by the Government of Ireland.

It is important to note that this manual will evolve in line with Governments guidance. Any policies and/or procedures that are implemented will need to be monitored and updated where necessary.

Scope

This document has been designed to facilitate the ease of hotels and guesthouses reopening across Ireland, in lieu of the COVID-19 pandemic. This document shall be used in conjunction with guidance offered by regulatory bodies including the HSE, HSA, Fáilte Ireland, WHO and FSAI, as applicable. By adhering to the advice offered in this document, hotel management, guests, customers, employees, and contractors can help minimise the risk of infection throughout the premises.

Our aim is to ensure:

- Dedication to Safety
- Provide Confidence
- Commitment to Hygiene & Cleanliness Standards

Definitions & Abbreviations

COVID: Coronavirus Disease
FSAI: Food Safety Authority of Ireland
HSA: Health and Safety Authority
HSE: Health Service Executive
IHF: Irish Hotel Federation
WHO: World Health Organisation

Contact Tracing: The procedure used to identify person(s) who may have been in contact with an infected person and subsequent collection of further information about these contacts.

Coronavirus: The broad name for the family of viruses of which the novel COVID-19 belongs to.

COVID-19: Official name for the disease caused by the Severe Acute Respiratory Syndrome - SARS-CoV-2 (2019-nCoV) Coronavirus. (CO = Corona, VI = Virus, D = Disease, 19 as the Virus originated in late 2019.)
Restrict Movements  Avoid un-necessary contact with others as much as possible, a precautionary measure taken if you are considered a close contact of a suspected (not confirmed case).

Risk Assessment  A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking.

Self-Isolation  A period of avoidance of contact with other people usually by remaining in one’s home/room/designated area and includes limited contact, in order to minimise the spread of infection.

1.0 Hotel Requirements - Defending Against the Spread of COVID-19

Hotels must ensure that guidelines are met, the priority is to ensure that employers are fully equipped and prepared in advance of re-opening their doors to the public. The hotel must not act as a vector, facilitating the spread of the virus throughout the premises. Besides health concerns for employees, public, guests, visitors, and contractors, it may permanently damage reputation. In order to defend against the spread of COVID upon reopening, you must consider changes to your hotel’s operation.

1.1 Health Authorities

The first channel of communication the hotel must establish is with the relevant health authorities and guidance bodies. Your primary sources of information for COVID-19 updates and support must be reputable. Before commencing any reopening planning, the management team must familiarise themselves with the most recent advice and guidelines issued by the following (non-exhaustive list).

- Health Service Executive (HSE)
- Health and Safety Authority (HSA)
- Food Safety Authority of Ireland (FSAI)
- World Health Organisation (WHO)
- Other relevant governmental departments

Liaising with the relevant health authorities, keeping up to date with emerging guidance and effectively implementing and/or amending policies and procedures must coincide with regulatory or recommendatory changes, and is the hotel’s (or group’s) individual responsibility.

As new guidance emerges, it is the hotels responsibility to subsequently change the methods of operation accordingly. This includes even the smallest changes, such as the exchange of signage and posters when applicable.
The easiest way to ensure this is never overlooked is to assign “the monitoring of publications” as a responsibility of a specific employee. Their role then involves the communication of such changes back to all relevant personnel.

All relevant information can be accessed through the relevant websites listed in the following communication table. Any relevant changes or updates issued by such bodies must be clearly communicated with employees.

**Table 1.1. Communication Table- Monitoring Publications**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service Executive (HSE)</td>
<td>www2.hse.ie/coronavirus/</td>
</tr>
<tr>
<td>Health and Safety Authority (HSA)</td>
<td>hsa.ie/eng/topics/covid-19/</td>
</tr>
<tr>
<td>Food Safety Authority of Ireland (FSAI)</td>
<td>fsai.ie/faq/coronavirus.html</td>
</tr>
<tr>
<td>World Health Organisation (WHO)</td>
<td>who.int/health-topics/coronavirus#tab=tab_1</td>
</tr>
</tbody>
</table>

*Copy the link into the google search bar and it will redirect you to the relevant page with guidance and information.*

1.2 Symptoms of COVID-19

It is the hotel’s responsibility to ensure all staff are aware of the array of symptoms associated with COVID-19. All staff members must be able to identify the main symptoms of COVID in order to highlight suspected cases, either in themselves or others (guests, customers, colleagues, family members etc.)

The HSE currently declares the following as major symptoms of COVID-19:

- A fever (a temperature greater than 38°C)
- A cough (of any kind)
- Shortness of breath or any breathing difficulties
- Loss or change in sense of smell and/or taste (whether it is entirely absent, or that smell and/or taste is different to normal)

The HSE currently advises anyone presenting any of the symptoms listed above should behave as if they have the virus and must self-isolate accordingly (14 days). If one person within a household presents symptoms, the remainder of the household must then restrict their movements.

It is important to remember that COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and will recover without hospitalisation. It is the
employee’s duty to familiarise themselves with symptoms including the most common (stated above), and less common *i.e.*, aches, pains, sore throat, diarrhoea, conjunctivitis, headaches, rash, and discolouration of skin.

1.3 Spread of COVID-19

COVID-19 is extremely contagious, understanding transmission is key to its containment. It is vital that staff understand how COVID-19 can be spread from person to person, in order to ensure they minimise the risk of infection.

Coronavirus is spread through **sneeze, cough or saliva droplets** produced by an infected person.

*Someone could contract the virus if they:*

- Come into close contact with an infected person who is coughing or sneezing, in which the droplets may land directly on the mucous membranes of the eyes, nose or mouth (this highlights the significance of social distancing 2M* distance)
- Touch a surface which an infected person has coughed or sneezed on, and subsequently touches their face (eyes, nose, or mouth) with unwashed hands (this highlights the significance of hand washing & deep cleaning)

The HSE declares the following survival times for Coronavirus on surfaces:

- Up to **72** hours on plastic
- Up to **72** hours on stainless steel
- Less than **24** hours on cardboard
- Less than **4** hours on copper
1.4 Minimising Spread of Infection

[HOTEL NAME] must ensure that the spread of infection throughout the premises (in all departments) is minimised. Hotel owners and management owe a duty of care to not only their employees, but also to guests, customers and contractors visiting the site. It is the employer’s responsibility to ensure sufficient measures are in place in order to minimise the spread of infection throughout the hotel, should there be a suspected or confirmed case of COVID-19 on site. This can be done through the employment of a multi-hurdle approach, ensuring there is a minimal chance of infection spread throughout the premises, should an infected person enter the hotel. Using these approaches decreases the likelihood of spread of infection by ten-fold. When just one of these barriers is removed or not effectively implemented, there is a greater chance of a COVID-19 outbreak on site.

We will go through these approaches in detail.
2.0 Communication & Training

The way in which employers communicate with their workforce is an important part of employee relations. Employers should be aware of the importance of communicating with staff during periods of change in the workplace, particularly where the change is brought on by difficult circumstances, which may lead to new or amended job duties, organisational restructuring, and reform.

2.1 Contact Information (Employer)

*Table 2.1.0 Employer Contact Details*

<table>
<thead>
<tr>
<th>Company Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Director/Senior Manager:</td>
<td></td>
</tr>
<tr>
<td>Company Address:</td>
<td></td>
</tr>
<tr>
<td>Lead Representative(s):</td>
<td></td>
</tr>
<tr>
<td>Type of Business:</td>
<td></td>
</tr>
<tr>
<td>Number of Employees:</td>
<td></td>
</tr>
<tr>
<td>Number of Employees who Deal Directly with the Public:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>
2.1 Contact Information (Emergency Contacts)

Table 2.1.1 Emergency Contacts

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Address</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA (Health &amp; Safety Authority)</td>
<td>The Metropolitan Building, James Joyce Street, Dublin 1</td>
<td>1890 289 389</td>
<td><a href="mailto:wcu@hsa.ie">wcu@hsa.ie</a></td>
</tr>
<tr>
<td>HSE (Health Service Executive)</td>
<td>Dr. Steevens ‘Hospital, Dublin 8, Dublin</td>
<td>1850 24 1850</td>
<td><a href="mailto:hselive@hse.ie">hselive@hse.ie</a></td>
</tr>
<tr>
<td>WHO (World Health Organisation)</td>
<td>WHO Regional Office for Europe UN City Marmorvej 51 DK-2100 Copenhagen Ø Denmark</td>
<td>+45-45-33-7000</td>
<td><a href="mailto:phedoc@who.int">phedoc@who.int</a></td>
</tr>
<tr>
<td>FSAI (Food Safety Authority of Ireland)</td>
<td>The Exchange, Georges Dock, International Financial Service Centre, Dublin, D01P2V6</td>
<td>01 817 1300</td>
<td><a href="mailto:info@fsai.ie">info@fsai.ie</a></td>
</tr>
<tr>
<td>Local HSE Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Medical Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Garda Station</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Service</td>
<td></td>
<td>112 / 999</td>
<td></td>
</tr>
<tr>
<td>Local Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
It is of vital importance to know who to contact on behalf of your employees in the unfortunate event of an emergency or outbreak occurring within the workplace. Employers must share emergency contacts with staff and display/or keep in an area which is accessible.

2.2 The COVID Response Plan

The COVID-19 Response Plan details all policies and procedures necessary for the employer to meet the Governments ‘Return to Work Safely Protocol’. It is an aid used to prevent the spread of COVID-19 in the workplace. The plan provides an overview of key areas that employers must assess to ensure full compliance and minimise risk to employees and the public. The COVID Response Plan requires strong commitment from employers, management, and employees. The plan must be shared with all employees prior to them returning to work. If the plan is updated, or alterations have been made, all employees have the right to be informed and the updated version communicated to all employees. Consultation with employees, supervision, clear direction, and information is key in ensuring the success of the COVID–19 Response Plan.

The COVID Response Plan is a working document and must be reviewed continuously and amended to take into account new guidance from;

www.Gov.ie
www.debi.ie
www.hse.ie
www.hpsc.ie
www.hsa.ie

The Covid Response Plan must detail how your business will implement control measures to reduce the spread of infection. It is important to keep the plan under review to ensure it is kept up to date with public health advice. It is essential to follow up on all actions identified on each checklist to make sure that they are completed within a suitable time frame.
### Table 2.2 The COVID Response Plan

<table>
<thead>
<tr>
<th>[COMPANY NAME]:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication &amp; Training</strong></td>
<td></td>
</tr>
<tr>
<td>Is Infection Prevention &amp; Controls Communicated Clearly to Staff;</td>
<td>Date of Training;</td>
</tr>
<tr>
<td>*Induction Training (Please Provide Details);</td>
<td>Date of Training.</td>
</tr>
<tr>
<td>Detail the Current Workplace Controls for Infection Prevention;</td>
<td></td>
</tr>
<tr>
<td>*Name(s) of appointed Safety Representative(s) (i.e., the H&amp;S team &amp; their Roles).</td>
<td></td>
</tr>
<tr>
<td>*Name (s) of appointed safety representative (s);</td>
<td></td>
</tr>
<tr>
<td><strong>Health &amp; Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Update Risk Assessments &amp; Safety Statements (Incl Risk, Likelihood &amp; Individual factors);</td>
<td>Date completed;</td>
</tr>
<tr>
<td>Documented Employee Responsibilities;</td>
<td>Date completed;</td>
</tr>
<tr>
<td>Documented Employer Responsibilities;</td>
<td>Date completed;</td>
</tr>
<tr>
<td>Response Plan to Deal with a Suspected Case of COVID-19.</td>
<td>Date completed;</td>
</tr>
<tr>
<td>Detail Area &amp; Route.</td>
<td></td>
</tr>
<tr>
<td>Detail Controls based on Risk Assessment &amp; to Reduce Spread of COVID-19;</td>
<td>Date completed;</td>
</tr>
<tr>
<td>Contingency Measures to Address Increased Worker Absenteeism;</td>
<td>Date completed;</td>
</tr>
<tr>
<td>Detail Work Patterns;</td>
<td>Date completed;</td>
</tr>
<tr>
<td>*Detail Occupational Health Service Available to Address Worker Concerns, Communicate Responsibilities &amp; Provide Training.</td>
<td></td>
</tr>
<tr>
<td>Agree Temporary Restructuring of Work Patterns to Implement COVID Prevention Measures;</td>
<td>Dated completed;</td>
</tr>
<tr>
<td>Stress Policy Implemented;</td>
<td>Dated completed;</td>
</tr>
<tr>
<td>Detail Legionnaires Controls;</td>
<td>Dated completed.</td>
</tr>
</tbody>
</table>

**Policies & Procedures for Identification & Isolation of Workers Who May Have COVID-19**
### COVID–19 Health & Safety Manual

| **Logbook in Place of Contact/Group Work to Facilitate Contact Tracing.** | Date completed. |
| Location of Logbook; | Responsibility of; |
| **Workers Informed of the Purpose of the Logbook;** | Date of briefing; |
| **Signs & Symptoms of COVID-19 on Display for Staff & Customers.** | |
| Location(s); | |
| **Employee Responsibilities Policy;** | Date completed; |
| **Sick Leave Policy;** | Date completed; |
| **Hand Hygiene Policy, Signage, Facilities & Training;** | Date completed; |
| **Respiratory Hygiene Facilities;** | |

### Physical Distancing

| Detail Physical Distancing Controls; | |
| **Detail Controls for Vulnerable Groups;** | |
| **Working from Home Policy Implemented;** | Date completed; |
| **Business Travel & Contractors/Visitors Policy;** | Date completed; |

### *Cleaning*

| Details of Thorough and Frequent Cleaning; | |
| **Washroom/Bathroom Cleaning Details;** | |

### Personal Protective Equipment (PPE)

| **Detail PPE Provided & Training Provided where Relevant;** | Date completed; |

**Completed by:**

**Signed:**

**Title:**

---

### 2.3 COVID-19 Policy

The COVID-19 Policy outlines our commitment as a business to implement the Response Plan and help to prevent the spread of COVID-19. The COVID-19 Policy will be signed and dated by the managing director/owner and brought to the attention of managers, supervisors, employees, and public. A signed policy should be made visible to members of the public to ensure compliance.

[Company Name] is committed to providing a safe and healthy workplace for all staff and members of the public. To ensure that, we have developed the following COVID-19 Response Plan. All
managers, supervisors and employees are responsible for the implementation of this plan and a combined effort will help prevent the spread of the virus. The health, safety and welfare of our guests and employees is our utmost priority while providing the highest levels of service.

Our aim is to:

- Continue to monitor our **COVID-19 Response Plan** and amend this plan in consultation with our employees.
- Provide up to date information to our employees/guests on Public Health advice issued by the Health Service Executive (HSE) and the Government
- Display information on signs and symptoms of COVID-19, respiratory etiquette, and correct hand-washing techniques
- Provide an adequate number of trained Lead Representative(s) who are easily identifiable
- Inform all workers of essential hygiene, respiratory etiquette, and physical distancing requirements
- Adapt the workplace to facilitate physical distancing.
- Keep a log of contact / group work to help with contact tracing
- Have all employees attended an induction / familiarisation briefing?
- Provide comprehensive, on-going training plan for all employees
- Develop procedures to be followed in the event of a guest/employee showing symptoms of COVID-19 while at work or in the workplace.
- Provide instructions for employees/guests to follow if they develop signs and symptoms of COVID-19
- Intensify cleaning in line with government advice
- Ensure strict adherence to policies & procedures

All managers, supervisors and workers will be consulted on an ongoing basis and feedback is encouraged on any concerns, issues, or suggestions.

This can be done through the **Lead Representative(s) ________________**

**Managing Director**

**Signed: ________________________________**  **Date: ________________**
2.4 Employers Responsibilities

The Safety, Health and Welfare at Work Act 2005 (HSA) sets out amongst other provisions, general duties for both employers. These are summarised below.

Employers must

- Manage and conduct all work activities so as to ensure the safety, health, and welfare of people at work
- Design, provide and maintain a safe place of work that has safe access and egress, and uses plant and equipment that is safe and without risk to health
- Plan, organise, perform, maintain and, where appropriate, revising systems of work that are safe and without risk to health
- Provide and maintain welfare facilities for employees
- Provide information, instruction, training and supervision regarding safety and health to employees, which must be in a form, manner, and language that they are able to understand
- Cooperate with other employers who share the workplace so as to ensure that safety and health measures apply to all employees and provide employees with all relevant safety and health information
- Provide appropriate protective equipment and clothing to employees
- Appointing one or more competent persons to specifically advise the employer on compliance with the safety and health laws
- Prevent risks to other people at the place of work
- Ensure that reportable accidents and dangerous occurrences are reported to the Health and Safety Authority

These duties are qualified by the term ‘so far as reasonably practicable’.

This means that the business has exercised all due care when, having identified the hazards and assessed the risks at the workplace, the business has put into place the necessary protective and preventive measures, and where further measures would be grossly disproportionate (having regard to unusual, unforeseeable and exceptional circumstances).
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Employers Responsibilities Policy

Purpose:
The aim is to comply with HSE guidelines and legislation and to ensure the health, safety, and welfare of the public and employees. The employer will be responsible for appointing a competent Lead Representative.

Key Responsibilities:
The employer will appoint Lead Representative(s) for each workplace or each work area to ensure that COVID-19 measures are followed. Lead representative(s) will receive training and information on the role and the measures that have been put in place to help prevent the spread of the virus. The employer will tell employees who their worker representative is. Good communication channels in the workplace are essential for all stakeholders. Managers, supervisors, and employees should engage with the Lead Representative(s), to highlight concerns, report defects, submit ideas and identify needs for improvement in the workplace.

Persons have been identified who have agreed to take responsibility for carrying out tasks such as:

• Role of Lead Representative(s)
• The use of checklists to identify any areas for improvement
• Regular checks to ensure the COVID plan is being implemented
• Review of risk assessments and the safety statement
• Renewal of statutory certification
• Induction & Training
• Reviewing emergency procedures and first aid

We have consulted with the persons responsible for these tasks and have:

• Briefed them on the tasks and responsibilities
• Each responsible person is to sign to indicate their agreement with carrying out their tasks.

(Please refer to Health & Safety Responsibilities & Roles & Lead Representative in Section 2.6 & 2.7)

Managing Director

Signed: _________________________________ Date: ________________
<table>
<thead>
<tr>
<th>No</th>
<th>Control</th>
<th>Yes/No</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you a system in place to keep up to date with the latest advice from Government and to adjust your plans and procedures in line with that advice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have you prepared / revised your business COVID-19 response plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Have you a system in place to provide your employees with information and guidance on the measures you have to put in place to help prevent the spread of the virus and what is expected of them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Have you consulted with your employees on measures, provided a system for workers to raise issues or concerns and to have them responded to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have you identified the control measures you will need to put in place to minimise the risk of workers being exposed to COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Have you reviewed and updated your risk assessments and safety statement to take account of any controls to help prevent the spread of COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Have you updated your emergency plans, in particular to take account of physical distancing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Have you sent each worker a COVID-19 return-to-work form to be completed and returned 3 days before they return to the workplace? (See templates)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Have you sent each worker information on the HSE guidance on people most at-risk and asked them to tell you if they fall into any of these categories?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Have you assessed who can do their work from home and given them the facility to do so, at-risk, or vulnerable workers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Have you told workers they must stay at home if sick or if they have any symptoms of COVID-19 and informed them of their entitlements if they are sick or need to quarantine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Have you appointed and trained a Lead Representative to help advise workers and to monitor compliance with COVID-19 control measures in the workplace?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Have you agreed with workers about any adjustment of staff rosters, organising of teams, breaks etc. needed to reduce the number of people in the workplace at any one time and to maintain physical distancing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Have you updated your workplace induction / familiarisation training to include all information relating to COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Have you organised to carry out meetings, training, and information sessions online or by phone as far as possible?</td>
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<tr>
<td>16.</td>
<td>Have you identified the activities that involve interacting with customers / visitors and put in place measures to prevent physical contact, as far as possible?</td>
<td></td>
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<tr>
<td>17.</td>
<td>Have you contacted suppliers and arranged contactless delivery, invoicing, and payment?</td>
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<tr>
<td>18.</td>
<td>Have you stopped all non-essential business / work travel?</td>
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<tr>
<td>19.</td>
<td>Are the number of workers sharing a vehicle kept to a minimum, are face coverings provided and are workers informed of the need for interior touch points to be cleaned/wiped at the start and end of each shift?</td>
<td></td>
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<tr>
<td>20.</td>
<td>Have you advised workers to clean their hands before and after using public transport before arriving to work?</td>
<td></td>
<td></td>
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<tr>
<td>21.</td>
<td>Have you set up workstations, desks, and tables to help with physical distancing?</td>
<td></td>
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<tr>
<td>22.</td>
<td>Have you put in place supports for workers who may be suffering from stress and told your staff about these supports?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23. Have you identified, selected, and sourced the PPE needed for your workers and arranged enough supplies of it?

24. Have you arranged to train your workers in the proper fitting, use, removal, cleaning, storing and disposal of PPE?

25. Have your first aiders been given updated training on infection prevention and control re hand hygiene and use of face masks?

26. If you have mechanical ventilation does it need cleaning or maintenance before the workplace reopens?

27. Does your hot water system need flushing at outlets *i.e.*, showers, backwashes etc. following low usage to prevent Legionnaire’s Disease?

28. Have you lifting or other equipment (*i.e.*, lifts, forklifts, tail-lifts, autoclaves, etc.) due a statutory examination and have you arranged for a competent person to do this before the workplace reopens?

29. Has this competent person provided you with details of how they plan to do this task safely and what they require from you to do so?

30. Have you visually checked, or had someone check, all vehicles and equipment in the workplace for signs of deterioration or damage before workers use it again?

31. Has the workplace, including all equipment, workstations, benches, doors, and frequent touched surfaces points, been thoroughly cleaned?

**Additional Information**

**Management Signature & Date:**

*The information contained in this guidance and is for educational purposes only*
2.5 Employees Responsibilities

Employees that include full or part-time, permanent, or temporary, regardless of any employment or contractual arrangement they may have, also have duties under The Safety, Health and Welfare at Work Act 2005 (HSA)

**Employees must**

- Comply with relevant laws and protect their own safety and health, as well as the safety and health of anyone who may be affected by their acts or omissions at work
- Cooperate with their employer with regard to safety, health, and welfare at work
- Not engage in any improper conduct that could endanger their safety or health or that of anyone else
- Participate in safety and health training offered by their employer.
- Make proper use of all machinery, tools, substances, *etc.* and of all personal protective equipment provided for use at work.
- Report any defects in the place of work, equipment, *etc.* which might endanger safety and health.
- Not misuse or interfere with anything provided for health and safety purposes
Employees Responsibilities Policy

Coronaviruses are a family of viruses that cause respiratory illness including the common cold, seasonal flu, SARS, and MERS. COVID-19 is a new strain.

The coronavirus is spread in sneeze or cough droplets;
1. Directly, for example coughing & sneezing directly on foods.
2. Indirectly, for example contact with an infected surface.

The symptoms

The incubation period is 1-14 days, commonly 5 days. Signs of infection include high fever with one or more respiratory symptoms (coughing, shortness of breath and breathing difficulties).

Severe symptoms include pneumonia, severe acute respiratory syndrome, and kidney failure.

Requirements:

➢ Handwashing is a priority. Ensure consistent & adequate hand washing. Food workers must wash hands including forearms;

   o Before starting work
   o Before handling cooked or ready to eat foods
   o After handling or preparing raw food
   o After handling waste
   o After cleaning duties
   o After using the toilet
   o After blowing nose, sneezing, or coughing
   o After eating, drinking, or smoking
   o After handling money
   (List non-exhaustive)

➢ Sanitiser can be used following hand washing.
➢ Avoid touching eyes, nose & mouth.
➢ Management must be notified of staff illnesses including symptoms of respiratory illness.
➢ Ensure all staff members are supervised and trained in food hygiene practices.
➢ Staff members must use appropriate toilet facilities assigned to staff members only.
➢ Staff must maintain a high degree of personal cleanliness and wear clean protective clothing.
➢ Avoid close contact with anyone showing symptoms of respiratory illness.
COVID–19 Health & Safety Manual

- Any staff member who has respiratory symptoms & in the last 14 days has been in contact with a person who has COVID-19 or travelled to country/region with a spread of coronavirus must phone their GP immediately and must alert management immediately.
- Ensure all staff members have completed medical questionnaires.
- Ensure 2M* distance between employees.
- Where physical distancing is not possible, employees must reduce contact as so far as reasonably practicable (i.e., can be achieved by physical barriers).
- Ensure staff members are aware of the coronavirus recommendations.

If you have been in close contact with a confirmed case of the coronavirus or have travelled from outside of Ireland, you should;

- Notify management immediately.
- Isolate yourself from other people immediately.
- Phone your GP, or emergency department on 112, 999 or HSE on 1850 241850.

Travelling abroad;

- Management should be notified of travel outside of Ireland.
- Any person returning from any country outside of Ireland should self-quarantine for 14 days, even if they do not have symptoms.
- In advance of returning to work, you should provide a return to work certificate.

I have read the above and I understand my responsibilities under the COVID-19 Policy.

<table>
<thead>
<tr>
<th>Employee Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
2.6 Management of Health & Safety at Work

Management Regulations require employers to:

- Make appropriate H&S arrangements
- Employ competent H&S representatives
- Provide procedures for serious or imminent danger
- Provide Information for employees
- Provide health surveillance where necessary
- Provide for co-operation and co-ordination of H&S arrangements for contractors and self-employed people working within the organisation
- Have consideration for Individual capabilities and training with regard to H&S

The management team must identify suitably trained person(s) to help with ensuring that the plan is implemented, and checklists are completed. A H&S team should be established. (An employer can also seek advice and guidance from external companies in relation to H&S).

The H&S Team are responsible for carrying out tasks such as:

- Review of the Health & Safety Statement
- Review of Risk Assessments
- Review of Emergency Plans & Procedures
- Review of First Aid
- Conducting Internal Audits
- Liaising with Regulatory Authorities

The H&S team must be briefed on their tasks and responsibilities.

The H&S Team must agree to their roles and be aware of their responsibilities. Each member will sign their names to specific responsibilities. The responsible person(s) must sign their name to indicate their agreement with carrying out specified tasks.
2.7 Lead Representative

- All employments must have as a minimum 1 Lead Representative, who will work with management and the H&S Team to ensure implementation of measures to prevent the spread of Covid-19 in the workplace
- The Lead Representative will perform tasks specific to their role (i.e., performing internal inspections and completing checklists)
- The number of Lead Representatives should be proportionate to the number of employees in the workplace
- The Lead Representative must be clearly identifiable in the workplace (may be achieved by use of a separate uniform)
- Employers must communicate with existing representatives on Covid-19 related safety measures

Role

- Perform daily Inspections
- Ensure physical distancing and hygiene standards are adhered to
- Collect and gather daily reports from all department managers on compliance of standards and regulations related to COVID-19
- Report to employers of non-conformance

Responsibilities

- Ensures employees and guests complete relevant COVID-19 declarations and questionnaires
- Monitors compliance with physical distancing
- Intervenes where there is non-compliance with COVID-19 guidelines
- Maintains records of COVID-19 control measures in the hotel
- Mentors and promotes good hygiene procedures to all employees in the hotel
- Ensures there is sufficient no. and up-to-date signage in all public areas, lobbies etc., to educate all employees about current COVID-19 guidelines
- Ensures hand disinfection stations are adequately stocked and hot water provided
- Ensures the PPE policy is adhered to
- Educated on the latest government and HSE guidelines
- Communicates protocols if an employee/guest at the hotel is experiencing COVID-19 symptoms
- Ensures additional controls are in place for any unforeseen circumstances

Please see Lead Representative Checklist (Next Page)

<table>
<thead>
<tr>
<th>Lead Representative Name(s)</th>
<th>Contact Details (Number)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I AGREE TO THE ROLE OF LEAD REPRESENTATIVE AND AWARE OF MY ROLES & RESPONSIBILITIES IN PREVENTING THE SPREAD OF COVID-19 AT [HOTEL NAME]
**COVID–19 Health & Safety Manual**

**Lead Representative Checklist**

This checklist has been developed to help the Lead Representative understand their roles & responsibilities in their new workplace environment. The Lead Representative must comply with duties in order to prevent the spread of Covid-19 in the workplace. The Health, Safety and Welfare of employees and the public is paramount.

<table>
<thead>
<tr>
<th>No.</th>
<th>Control</th>
<th>Yes/No</th>
<th>Action Required</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you agreed to accept the role of Lead Representative with your employer?</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Do you feel competent in your role?</td>
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<td>2.</td>
<td>Have you been provided with specific training, instruction, and information for this role?</td>
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<td>4.</td>
<td>Have you been provided with the necessary resources, tools, and equipment?</td>
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<td>5.</td>
<td>Is there anything additional you may need to carry out this role?</td>
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<tr>
<td>6.</td>
<td>Are you keeping up to date with COVID-19 advice from the Government? Is there a system set-up where you receive alerts on changes?</td>
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<tr>
<td>7.</td>
<td>Are you aware of the signs &amp; symptoms of COVID-19?</td>
<td></td>
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<tr>
<td>8.</td>
<td>Do you know how the virus spreads?</td>
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<tr>
<td>9.</td>
<td>Do you know how to prevent the spread of COVID-19 in your workplace?</td>
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<tr>
<td>10.</td>
<td>Have you received induction training before returning to work (i.e., Induction, Infection, Covid, Cleaning etc)</td>
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<tr>
<td>11.</td>
<td>Have you completed relevant documentation prior to and returning to work? (i.e., pre-return to work form, medical questionnaire)</td>
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<tr>
<td>12.</td>
<td>Have you been briefed on COVID related policies and procedures (i.e., COVID, personnel hygiene, physical distancing, cleaning policies)</td>
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<tr>
<td>13.</td>
<td>Are you aware of the control measures your employer has put in place to minimise the risk of COVID-19?</td>
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<tr>
<td>14.</td>
<td>Did your employer consult with you when putting control measures in place?</td>
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<tr>
<td>15.</td>
<td>Do you think the controls are satisfactory, do you think additional controls are required?</td>
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<tr>
<td>16.</td>
<td>Are you co-operating with your employer to ensure these measures are maintained?</td>
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<tr>
<td>17.</td>
<td>Have you means of regular communication with your employer?</td>
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<tr>
<td>18.</td>
<td>Have you means of regular communication with your fellow employees?</td>
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<tr>
<td>19.</td>
<td>Do regular meetings take place remotely?</td>
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<tr>
<td>20.</td>
<td>Are you helping fellow employees keep up to date with the latest COVID-19 advice from the Government?</td>
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<tr>
<td>21.</td>
<td>Are you providing training, instruction, and information to your fellow employees in relation to COVID-19 &amp; preventing its spread?</td>
<td></td>
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<tr>
<td>22.</td>
<td>Have you familiarised yourself with Health &amp; Safety Requirements?</td>
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<tr>
<td>23.</td>
<td>Is your Health &amp; Safety Statement up to date?</td>
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<tr>
<td>24.</td>
<td>Has a Covid-19 Risk Assessment been carried out?</td>
<td></td>
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<tr>
<td>25.</td>
<td>Have policies &amp; procedures been updated?</td>
<td></td>
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<tr>
<td>26.</td>
<td>Have you and fellow employees familiarised with cleaning, and physical distancing requirements?</td>
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<tr>
<td>27.</td>
<td>Have you and fellow employees received specific cleaning, chemical training and are made aware of contact times?</td>
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<td>28.</td>
<td>Have you been asked to conduct internal audits to see if standards are being maintained?</td>
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<tr>
<td>29.</td>
<td>Are you reporting directly to your employer of any problems, non-compliance, or defects?</td>
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<tr>
<td>30.</td>
<td>Are you keeping a record of any non-conformance noted during inspections?</td>
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<tr>
<td>31.</td>
<td>Are non-conformances addressed in a timely manner?</td>
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<tr>
<td>32.</td>
<td>Does medical screening take place?</td>
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<tr>
<td>33.</td>
<td>Are employees encouraged to report any symptoms and to self-isolate if these symptoms arise?</td>
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<tr>
<td>34.</td>
<td>Are you familiar with what to do in the event of someone developing symptoms of COVID-19 while at work?</td>
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<tr>
<td>35.</td>
<td>Are there facilities available for safe isolation?</td>
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<tr>
<td>36.</td>
<td>Are you cooperating with your employer in identifying an isolation area and a safe route to that area?</td>
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<tr>
<td>37.</td>
<td>Are you helping, as part of a response team, in the management of someone developing COVID-19 symptoms while at work?</td>
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<tr>
<td>38.</td>
<td>Is there a specific protocol developed for a suspected case?</td>
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<td></td>
<td>Question</td>
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<tr>
<td>39.</td>
<td>Have all employees been trained in this protocol?</td>
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<tr>
<td>40.</td>
<td>Once the suspected case has left the workplace, does decontamination procedures take place?</td>
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<tr>
<td>41.</td>
<td>Are you helping in assessing what follow-up action is required?</td>
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<tr>
<td>42.</td>
<td>Is there a form of contact training in place or a worker contact logbook?</td>
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<tr>
<td>43.</td>
<td>Are you responsible for maintaining such logs?</td>
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<tr>
<td>44.</td>
<td>Have you been made aware of any changes to emergency plans, first aid, general health, and safety procedures in your workplace?</td>
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<tr>
<td>45.</td>
<td>Is there a safe environment where employees can express their concerns or suggestion in relation to COVID-19?</td>
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<tr>
<td>46.</td>
<td>Are you raising such concerns or suggestions with your employer and providing feedback to fellow employees?</td>
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<tr>
<td>47.</td>
<td>Are there additional supports available for those suffering from stress at this time?</td>
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<tr>
<td>48.</td>
<td>Do you feel these supports are satisfactory?</td>
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<tr>
<td>49.</td>
<td>Is there a stress policy in place?</td>
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<tr>
<td>50.</td>
<td>Is there anything additional you would like to add?</td>
<td></td>
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</tr>
</tbody>
</table>

**Additional Information**

Name of Lead Representative:  

Signature of Lead Representative:  

Date:  

Management Signature & Date:  

*The information contained in this guidance and is for educational purposes only.*
2.8 Induction Training

Infection Prevention & Control (Covid-Specific) Training

It is a legal requirement that all employers provide training. This training must be specific to the area in which they will work and will enable them to complete daily tasks in the safest way possible. All employers and staff must complete a range of courses to ensure competence.

The employer’s responsibility includes:

- Determining the training needs of staff throughout various departments of the hotel. There should be a method of identifying and subsequently delivering these training requirements which have been identified.
- Ensuring the appropriate personnel receive their specific COVID-19 training, in order to allow them to fulfil all their duties.
- Record-keeping and retaining of documentation as evidence of training courses completed and overall competency of staff.

Training ensures that the risk and spread of infection throughout the hotel is minimised, through increasing employee’s understanding, awareness, and competence in the area.

The employer must provide sufficient training to staff and the new hotel operations, policies, and procedures. In addition, general ‘COVID-19 training’ must be provided to all staff, which should cover an array of topics including (but not limited to):

- Symptoms of COVID-19
- How COVID-19 is spread
- Good respiratory hygiene etiquette
- Physical or social distancing
- Importance & effectiveness of cleaning
- Use of PPE (as appropriate)
- Methods of cleaning, sanitation, and decontamination
- New working patterns
- Waste disposal

This is all on top of covering the novel policies and procedures which have been introduced in response to the COVID-19 outbreak- outlined in 4.0 & 5.0.
### Table 2.8.1 Staff Training Matrix

<table>
<thead>
<tr>
<th>Name of Employee &amp; Role</th>
<th>Induction Training (Signature &amp; Date)</th>
<th>Lead Representative (Signature &amp; Date)</th>
<th>Management Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JESSY NELLY (WAITRESS)</td>
<td>Jessie Nelly 06.05.2020</td>
<td>N/A</td>
<td>Kevin O’Leary 23.05.2020</td>
</tr>
<tr>
<td></td>
<td>19.05.2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMILIE REILLY (ASSISTANT MANAGER)</td>
<td>Emilie Reilly 06.05.2020</td>
<td>Emilie Reilly 06.05.2020</td>
<td>Kevin O’Leary 23.05.2020</td>
</tr>
<tr>
<td></td>
<td>19.05.2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.9 Hand Hygiene Training

Hand washing is considered to be one of the most effective methods of minimising the spread of infection throughout businesses.

It is the employer’s responsibility to:

- Provide appropriate and sufficient quantity of hand hygiene facilities throughout the hotel - this includes both handwash/hand sanitiser stations (which are strategically place in suitable areas)
- Provide staff with training and guidance on effective handwashing techniques (as below)
- Display posters promoting correct handwashing/disinfection techniques

In turn, it is the employee’s responsibility to:

- Familiarise themselves with hand hygiene guidance and advice
- Wash their hands regularly throughout the day (every 30 -60 minutes), and specifically
  - after coughing or sneezing
  - before and after eating
  - before and after preparing food
  - before and after being on public transport
  - before and after being in a crowd
  - when arriving and leaving the workplace
  - before and after smoking
  - when hands are visibly dirty
  - after using the bathroom
  - if in contact with anyone displaying COVID-19 symptoms
- Avoid touching their eyes, nose, and mouth as much as possible
- Not share objects which touch their face, i.e., bottles, cups, masks etc.
- Have and utilise their own stationary i.e., pens

Handwashing Technique - The HSE recommends a 6-step handwashing technique as follows:

1. Wet Hands with Warm Water (45-55°C) and Apply Liquid Soap.
2. Rub Hands Together until the Soap Forms a Lather.
3. Rub the Top of Hands, between Fingers and Under Fingernails.
4. Do this for about 20 seconds.
5. Rinse Hands Under Running Water.
6. Dry Hands with a Clean Towel or Paper Towel

** Hand Dryers can be used if High Efficiency Particulate Air (HEPA) Filtered.**
3.0 Health & Safety

Employers are obliged to take a number of measures in advance of staff returning to work.

Employers must consult with The Lead Representative to;

- Update the Health & Safety Statement
- Update Risk Assessments
- Create a Bespoke COVID-19 Risk Assessment
- Address Level of Risk Associated with the Workplace & its Activities
- Account for Individual Risk Factors
- Consider Vulnerable Groups (i.e., immunocompromised, underlying conditions, elderly, pregnant)
- Implement a Response Plan for Suspected Case of COVID-19
- Implement Infection Control Measures
- Develop Communication Methods

3.1 Health & Safety Statement

The Health & Safety Statement is a written document which specifies how health and safety is managed within the business. The statement is designed as a tool to assist employers in controlling H&S risks within their departments/area of responsibility, and is based on 5 key elements of managing H&S. The statement must be reviewed, updated, and amended as required. The Health & Safety Statement is the cornerstone of effective H&S management.
The Safety Health and Welfare at Work Act 2005, which applies to all persons at work, requires every employer to produce a Safety Statement and bring the Safety Statement to the attention of all its employees. The Safety Statement is intended to reduce the possibility of accidents and ill health by bringing to the attention of [COMPANY NAME] identified hazards and associated risk levels. Within the constraints of time and resources, every effort has been made to identify the hazards and recommend remedies. It is not intended to state that all other hazards are under control at the time of the hazard analysis and risk assessment.

Responsibilities for safety and health at work rests on employers and staff who have direct responsibility for their own safety and of those around them. This Safety Statement must be revised/updated on an ongoing basis (as changes occur) and fully reviewed at least annually in order to ensure achievement of the overall objective, to improve safety awareness, reduce accidents and ill-health.

This Safety Statement is advisory, and [COMPANY NAME] must make the final decisions.

**Table 3.1 Health & Safety Statement Revision**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Description</th>
<th>Prepared By</th>
<th>Approved By</th>
<th>Next Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: 20/07/2020</td>
<td>2020 Safety Statement – Document has been updated / Please refer to Statement (located in managing directors office)</td>
<td>External or Internal H&amp;S Team – Lead Rep [NAME(S)]</td>
<td>Management [NAME]</td>
<td>If any changes occur to Gov Guidelines/2021</td>
</tr>
</tbody>
</table>
3.2 COVID-19 Risk Assessment

A risk assessment is the term used to describe the overall process where the business:

- Identifies hazards and risk factors that have the potential to cause harm (hazard Identification).
- Determine the appropriate ways to eliminate or reduce the hazard, or control the risk when the hazard cannot be eliminated (risk control)

Instructions to complete a risk assessment;

1. **Gather information on work activities/areas of the business**
2. **Identify hazards** e.g. slips, trips, and falls / reception (COVID risk)
   
   To identify a hazard;
   - identify a source of harm
   - who could be harmed
   - how would the harm occur
3. **Identify the controls already in place for the hazard or risk identified**
4. **Use the risk rating matrix**; to identify the risk rating with existing controls & acceptability of that risk.
5. **Identify recommended controls**; if required (to improve the risk rating & reduce the risk of the hazard)
6. **Ensure risk assessments are re-assessed regularly/any changes in the business.**

To complete a COVID-19 risk assessment, key characteristics of the business (e.g. COVID risk assessment kitchen / reception /dining ) need to be considered and how COVID-19 can impact upon these. This can be achieved by taking into consideration:

### 3.2.1 Risk Rating Matrix

\[(\text{Probability}) \times (\text{Severity}) = \text{Risk Rating (RR)}\]

<table>
<thead>
<tr>
<th>SEVERITY</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight harm</td>
<td>Very unlikely</td>
</tr>
<tr>
<td></td>
<td>unlikely</td>
</tr>
<tr>
<td></td>
<td>Likely</td>
</tr>
<tr>
<td></td>
<td>Very Likely</td>
</tr>
<tr>
<td>Moderate harm</td>
<td>Very low risk</td>
</tr>
<tr>
<td></td>
<td>Medium risk</td>
</tr>
<tr>
<td></td>
<td>High risk</td>
</tr>
<tr>
<td></td>
<td>Very high risk</td>
</tr>
<tr>
<td>Extreme harm</td>
<td>High risk</td>
</tr>
<tr>
<td></td>
<td>Very high risk</td>
</tr>
<tr>
<td></td>
<td>Very high risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Priority</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low 1-3</td>
<td>Non-Urgent</td>
<td>No action needed</td>
</tr>
<tr>
<td>Medium 4-6</td>
<td>Action Required</td>
<td>Monitoring Required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Controls Required</td>
</tr>
<tr>
<td>High 7-11</td>
<td>Action Needed Urgently</td>
<td>Controls Required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Controls Documented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment Recorded</td>
</tr>
<tr>
<td>Very High 12-16</td>
<td>Immediate Urgent Action Required</td>
<td>Work Prohibited/Keased</td>
</tr>
</tbody>
</table>

**A Risk Assessment can be documented in many different forms. The format on the next page illustrates 1 example.**
Remember each business will require a Safety Statement and Bespoke Risk Assessments.

Bespoke RA’s will be required for the following areas:

- Reception & Nights
- Food & Beverage
- Maintenance
- Accommodation
- Conference, Wedding, Meeting, Recreational and other Facilities i.e., Gym, Spa, Carpark
- Sales & Administration, Reception
- Guests, Customers, Contractors, Visitors (Interactions)
- Travel to Work (E.g. Public Transport)
- Legionnaires etc

(These will differ from hotel – hotel depending on the specific measures taken, risk ratings will also differ from hotel)

This list is non-exhaustive.
### Table 3.2.2 Generic Risk Assessment *(EXAMPLE ONLY / Free to Edit)*

<table>
<thead>
<tr>
<th>Hazard &amp; Risk</th>
<th>People at Risk</th>
<th>Existing Controls</th>
<th>Current Risk</th>
</tr>
</thead>
</table>
| **Hazard:** Kitchen | Employees, Contractors | • Dealing with a suspected case of COVID-19 procedure in place for staff.  
• 2M social distancing is in place within the kitchen.  
• COVID-19 induction training provided to all staff members.  
• Handwashing is emphasized.  
• Floor markings in place to highlight social distancing.  
• PPE matrix in place to highlight requirements for certain PPE at various steps.  
• Full HACCP system is in place.  
• Frequent cleaning & disinfection as per cleaning schedules.  
• Up to date information to employees provided on Public Health Advice.  
• Signage including symptoms & prevention of COVID-19 on display.  
• All staff are trained in hygiene, respiratory etiquette, and government guidelines.  
• Logbook of contact work/groups of work for contact tracing.  
• Induction training completed prior to work.  
• Procedure in place for employees displaying symptoms of COVID 19.  
• Cleaning frequency increased & robust cleaning programmes implemented.  
• Pre return to work form in place for all employees, signed & on file.  
• PPE provided based on government guidelines.  
• Social & physical distancing in place, where practicable.  
• Hand sanitiser is readily available throughout the kitchen, locations [_____________].  
• Illness reporting measures & procedures in place.  
• Weekly self-declaration from employees in place.  
• Head Chef monitors & cross checks cleaning practices.  
• Employee guidelines for returning to work in place.  
• COVID compliance audit checklist in place. | Medium |

| **Person Responsible:** Staff members & Food Business Operator, Manager, Head Chef |
## Hazard & Risk

<table>
<thead>
<tr>
<th>Hazard: Kitchen</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Other examples incl; reception, spa, accommodation etc.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff illness</td>
</tr>
<tr>
<td>Staff transfer</td>
</tr>
<tr>
<td>[Customer &gt; staff transfer as a risk in customer facing roles]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury/illness: Flu like symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
</tr>
</tbody>
</table>

### People at Risk
- Employees
- Contractors

### Recommended Controls
- Recommend to zone kitchen to ensure staff work within certain areas only, avoiding cross over & multiple staff using the same equipment, where practicable.
- Recommend moving workstations to ensure staff are not facing one another but working parallel or back to back.
- Highlight on notice board COVID Response Plan & Elect Lead Reps.
- Highlight emergency numbers on notice board within the kitchen.
- Recommended to display handwashing signs above hand wash sinks.
- Recommended to cover how to put on & off PPE in induction training session.
- COVID questionnaires must be developed for /visitors. Questionnaires must be signed. E.g. Inspection
- Health should be monitored on a daily basis. Health status should be reported to management. (insert names here). Those suffering from cold/flu like symptoms i.e., fever (temperature above 38°C, any cough, cold-like symptoms etc.). Staff should be advised to self-isolate wherever symptoms arise, for 14 days.
- An isolation room must be identified for staff in the event of developing symptoms.
- Ensure frequently touched items are included on cleaning schedules & a member of the team is appointed as the sanitisation person per shift.
- A laundry policy must be in place to ensure staff are laundering clothes at 60°C & not with other domestic clothes.
- Ensure face masks and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing them.
- Ensure the dish wash unit is operational at 82°C.
- Ensure hand wash water is operational at 45°C – 55°C.
- Recommended that staff limit the number of personal items they bring on site.
- Safety shoes should be left on site where possible.
- COVID-19 HSE posters to be displayed highlighting the importance of social distancing, hand washing, respiratory etiquette & cleaning & disinfection.
- Staff should stagger breaks to ensure social distancing & breaks are taken at different times.

### Person Responsible: Staff members & Food Business Operator, Manager, Head Chef

<table>
<thead>
<tr>
<th>Current Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
</tbody>
</table>
# 3.3 Internal Inspection Checklist for Lead Representative

This checklist has been developed to help the Lead Representative with their daily/weekly inspections. By inspecting control measures, standards can be maintained, and the spread of COVID-19 can be prevented through compliance. The Health, Safety and Welfare of employees and the public is paramount.

<table>
<thead>
<tr>
<th>No.</th>
<th>Area</th>
<th>Yes/No</th>
<th>Corrective Action</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>STAFF</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Have all staff signed the pre-return to work form, medical questionnaire, and personnel hygiene policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have all staff received induction training, including COVID-19 specific training, infection control and cleaning?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Is the staff training matrix up to date?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Are you satisfied that all staff have been briefed on their relevant roles &amp; responsibilities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have the H&amp;S team signed off on the roles and responsibilities form?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are routine health enquiries carried out?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Is there contact tracing/logbook in place?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>HAND HYGIENE FACILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Are there enough hand wash and disinfection stations in place to accommodate workers/visitors/public?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Are hand wash and disinfection stations in convenient locations, and fully accessible, well maintained with no defects?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Are hand hygiene stations adequately stocked (i.e., hot water between 45-55°C, antibacterial soap, paper towels**, sanitiser, foot pedal operated, lidded bins)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Are dispensers and stations sanitised frequently?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>HAND SANITATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Does the alcohol-based sanitiser have at least 60% ethanol or 70% isopropanol as the active ingredient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Are stations at entry/exit points?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Are stations in high traffic, high touchpoint, and high footfall areas?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Are stations sanitised and kept clean?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>HAND HYGIENE PRACTISE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Have workers been trained on the importance of handwashing and how to wash their hands?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Have you trained/shown workers how to wash their hands and how to dry them correctly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Have you shown workers how to use hand-sanitiser correctly and where hand wash/disinfection stations are located?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Have staff demonstrated they understand training and have shown they can wash their hands as per training guidelines?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Are posters displayed on how to wash hands, are they clearly displayed in suitable areas?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Do workers demonstrate successfully when they should wash and sanitise their hands?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Are facilities provided for outdoor workers to frequently practice hand-hygiene?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Are vehicle workers provided with hand sanitiser for use during their work period?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RESPIRATORY HYGIENE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24.</td>
<td>Have workers been trained on respiratory etiquette to limit the spread of COVID-19?</td>
</tr>
<tr>
<td>25.</td>
<td>Are there suitable respiratory hygiene facilities available?</td>
</tr>
<tr>
<td>26.</td>
<td>Are there tissues available for staff, foot pedal operated, lidded bins for infectious waste?</td>
</tr>
<tr>
<td>27.</td>
<td>Is there an adequate waste system in place?</td>
</tr>
<tr>
<td>28.</td>
<td>Are bins emptied frequently and disposed of in the correct manner?</td>
</tr>
<tr>
<td>29.</td>
<td>Do staff wear the appropriate PPE when handling waste?</td>
</tr>
</tbody>
</table>

**PHYSICAL DISTANCING (2 METRES)** *The 2m physical distance guidance is in line with current Public Health advice. This document will evolve to reflect new Public Health advice and changes to protocols as and when they emerge.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>Does the layout of your workplace allow for physical distancing?</td>
</tr>
<tr>
<td>31.</td>
<td>Is there a system in place to remind workers to stay 2 metres apart <em>(i.e., alerts through tv screens, posters, intercom etc)</em>?</td>
</tr>
<tr>
<td>32.</td>
<td>Have you identified the activities that involve interacting with customers, visitors, and other members of the public?</td>
</tr>
<tr>
<td>33.</td>
<td>Are suitable measures put in place to limit interactions and ensure physical distancing? <em>(i.e., screens, partitions, and barriers)</em></td>
</tr>
<tr>
<td>34.</td>
<td>Have working times and shifts been rearranged to minimise the number of people working together?</td>
</tr>
<tr>
<td>35.</td>
<td>Have break areas and times been considered and comply with physical distancing? <em>(i.e., staggered breaks, 2 metres between tables etc).</em></td>
</tr>
<tr>
<td>36.</td>
<td>Are workers put into groups, teams where they can consistently work and take breaks together?</td>
</tr>
<tr>
<td></td>
<td>If physical distancing is not possible in some situations, are alternative measures implemented?</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>38.</td>
<td>Is there a one-way system for entering and exiting the workplace, are staff/public complying?</td>
</tr>
<tr>
<td>39.</td>
<td>Is physical distancing implemented for outdoor activities?</td>
</tr>
<tr>
<td>40.</td>
<td>Are the numbers of workers controlled in enclosed spaces?</td>
</tr>
<tr>
<td>41.</td>
<td>Are there suitable floor markings in place to ensure physical distancing, are they being used correctly?</td>
</tr>
<tr>
<td>42.</td>
<td>Is entry/exit into the workplace staggered (including the entry for the public)?</td>
</tr>
<tr>
<td>43.</td>
<td>Are staff adhering to physical distancing?</td>
</tr>
<tr>
<td>CONTACT</td>
<td>Are meetings, briefings carried out (making available technology for online or phone meetings to minimise unnecessary interactions)?</td>
</tr>
<tr>
<td>44.</td>
<td>If remote interactions are not possible, do meetings take place in a large space where physical distancing can be practised (meetings must be kept short)?</td>
</tr>
<tr>
<td>45.</td>
<td>Is there a system in place that eliminates or reduces the need for workers to travel together in vehicles?</td>
</tr>
<tr>
<td>47.</td>
<td>Where vehicles are shared, are controls implemented (i.e., sitting apart, PPE such as face coverings worn, touched surfaces are sanitised)?</td>
</tr>
<tr>
<td>Cleaning</td>
<td>Are cleaning chemicals suitable for purpose?</td>
</tr>
<tr>
<td>48.</td>
<td>Are cleaning chemicals labelled?</td>
</tr>
<tr>
<td>49.</td>
<td>Have staff been trained in cleaning, techniques and contact times?</td>
</tr>
<tr>
<td>50.</td>
<td>Do workers clean and disinfect surfaces and shared equipment?</td>
</tr>
<tr>
<td>51.</td>
<td>Have cleaning schedules been revised and updated?</td>
</tr>
<tr>
<td>52.</td>
<td>Are Material Safety Data Sheets (MSDS) available?</td>
</tr>
<tr>
<td>54.</td>
<td>Is the level of cleaning satisfactory? Are all areas kept clean?</td>
</tr>
<tr>
<td>Personal Protective Equipment/PPE</td>
<td>Is suitable PPE available? (based on hazards and work activities)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>56.</td>
<td>Is there a sufficient supply of PPE?</td>
</tr>
<tr>
<td>57.</td>
<td>Have all staff been trained on the correct fitting, use, removal, cleaning, storing and disposal of PPE?</td>
</tr>
<tr>
<td>58.</td>
<td>Are staff wearing PPE correctly?</td>
</tr>
<tr>
<td>VISITORS (i.e., Suppliers of Goods &amp; Services)</td>
<td></td>
</tr>
<tr>
<td>59.</td>
<td>Is there a policy in place?</td>
</tr>
<tr>
<td>60.</td>
<td>Is there a system of recording visits on site/workplace by workers/visitors, as well as visits by workers to other sites (Visitor and Contact Logs)?</td>
</tr>
</tbody>
</table>

Additional Information

**Hand Dryers can be used if High Efficiency Particulate Air (HEPA) Filtered.**

Signature of Lead Representative: _____________________________

Date:

Management Signature & Date: _____________________________

*The information contained in this guidance and is for educational purposes only.*
3.4 Return to Work (Documentation)

Return to Work Form

If you have symptoms of COVID-19 (common symptoms include temperature of 38°C or above, a new persistent cough, or shortness of breath or breathing difficulties) you must not come to work.

You will need to restrict movements, including staying at home from work, if you do not have symptoms but you are:

- Living in the same household or shared accommodation with someone who has symptoms of COVID-19.
- A close contact (spending 15 minutes or more within 2 metres of a confirmed case)
- Returning to Ireland from another country
- If you are self-isolating and waiting or awaiting results of a COVID-19 test.

Until further notice all employees are required to complete this declaration at least 3 days prior to commencing work. The company reserves the right to change this form at any time on HSE or other government body advice.

Self-Declaration (to be completed by the employee)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department &amp; Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, hereby confirm that I have not experienced any symptoms of illness in the past 14 days, nor have I, to the best of my knowledge, been in close contact with a confirmed case of COVID-19, or do I live in the same household or shared accommodation with someone who has symptoms of COVID-19 nor have I travelled. I can confirm that I am not self-isolating or awaiting COVID-19 test results.

I understand that if any of the above changes, or I begin to experience symptoms I will alert management or HR immediately.

Signed:

Date:

Signature:

Reminder: All symptoms of illness should be reported immediately to management and normal absence procedures should always be followed. If you are experiencing symptoms, seek medical advice before returning to work.
3.5 Medical Screening

- **Health Questionnaires**: appropriate health questionnaires must be used in order to identify potential cases. It is important that all relevant questionnaires are completed, before the employee or contractor begins work, to grant access to the premises.
3.5.1 Employee Health Questionnaire

As the Coronavirus Disease (COVID-19) outbreak continues to evolve, we are conducting a simple screening questionnaire in order to reduce any potential risk of exposure to our employees, customers, and visitors.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Phone / Mob. No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency Contact No:</td>
</tr>
<tr>
<td>Date:</td>
<td>Home Address:</td>
</tr>
<tr>
<td>Company/ Organisation Name:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

**Self-Declaration by Employee**

**COVID-19 specific**

1. Have you or a cohabitant or a close member of your family travelled outside of Ireland (excluding Northern Ireland) in the last 14 days?
   - Yes ___    No ___
   
   **If yes, countries visited:** ___________

2. Have you or a cohabitant or a close member of your family been in contact with or near (less than 2 meters more than 15 minutes in 1 accumulative day) anyone who is confirmed or suspected to have COVID-19 (Coronavirus) infection?
   - Yes ___    No ___

3. Have you experienced any cold or flu-like symptoms (to include high temperature, fever, persistent cough, sore throat, runny nose, respiratory illness, difficulty breathing) in the last 14 days?
   - Yes ___    No ___

4. Have you or a cohabitant or a close member of your family been in a hospital, care facility, work environment which has experienced a known outbreak of the virus in the last 14 days?
   - Yes ___    No ___

5. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?
   - Yes ___    No ___

6. Have you been advised by a doctor to self-isolate at this time?
   - Yes ___    No ___

   Have you been advised by a doctor to cocoon at this time?
   - Yes ___    No ___

If you have answered YES to ANY of the above, please note you are NOT PERMITTED TO COME TO THE PREMISES AND YOU WILL NOT BE GRANTED ACCESS.
### GENERAL MEDICAL QUESTIONNAIRE

7. Have you suffered from any sickness, diarrhoea, or stomach complaint recently?
   - Yes ___  No ____

8. Have you recently suffered from boils, discharge from ears, eyes, or nose?
   - Yes ___  No ____

9. Have you ever suffered from or come in contact with typhoid, paratyphoid, or cholera?
   - Yes ___  No ____

10. Are you or have you ever suffered from any contagious disease which would pose a food risk?
    - Yes ___  No ____

11. Are you suffering from any infections of the skin, nose, throat, ears, or eyes?
    - Yes ___  No ____

If you have answered yes to any of the questions above, please give details in the space provided:

**Employee’s Signature:**

**Received by:**

<table>
<thead>
<tr>
<th>Full Name: (Block Capitals)</th>
<th>Signature:</th>
</tr>
</thead>
</table>

Access to premises: Denied / Approved (circle one).

***This company will comply with all applicable to Data Protection Legislation in the processing of the information and personal data provided by the employee in records. By signing you allow personal information to be kept on file by the organisation***
COVID–19 Health & Safety Manual

3.6 Contact Tracing / Logs Books (WHERE REQUIRED)

**Purpose:** To detail all contact and group work within the company.

**Responsibility:** Management of [HOTEL NAME]

**Procedure:**
- All group work and employee contact information must be documented for contact tracing.
- We have created the below table for reference of all employees in frequent contact with each other.

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Full Name</th>
<th>Contact: Email Address/Contact (Mobile to Text)</th>
<th>Address:</th>
<th>Signature (I agree to provide my details to (COMPANY NAME) in order to perform contact tracing in the event of an outbreak.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 23.06.20 / 15.00</td>
<td>Kate O'Connor</td>
<td><a href="mailto:Kate123@xxhotel.ie">Kate123@xxhotel.ie</a>/ 085-9**<em>805</em></td>
<td>12 Top Road, Cork City</td>
<td></td>
</tr>
</tbody>
</table>

*Set up a process to record names, date, contact, address information on staff, guests, visitors who enter the Hotel. This information is important for contact tracing and prevent the spread of infection. Businesses do not have to keep records of every person in a party, they will be required to have the name and contact details of one person in each party e.g. the person who books a table. That person should be advised to keep a record of who is in their party in case it is required for contact tracing in the future. Details must be securely retained for one month.*
## 3.7 Suspected Cases

Every plan must be supplemented with a contingency plan, in order to prepare for when things do not go as expected. In this instance, the contingency plan manifests as the procedure in place for dealing with a suspected case of COVID-19 on the premises. This means the suspected case has managed to enter the premises, despite the measures taken in the preventative approach.

### COVID-19 - Suspected Case of Covid-19

*These checklists have been prepared to help employers, owners, and managers to get their business up and running again in a way that will help prevent the spread of COVID-19.*

<table>
<thead>
<tr>
<th>No</th>
<th>Control</th>
<th>Yes/No</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedures and Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Is there a system in place to identify and isolate employees/guests who display symptoms of COVID-19 in the workplace?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is there a COVID-19 contact / group work log in place to facilitate contact tracing?</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Have you informed employees of the purpose of the log?</td>
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<tr>
<td>4.</td>
<td>Have you consulted with employees on the purpose of the isolation procedure and when it should be used?</td>
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<td></td>
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<tr>
<td>5.</td>
<td>Have you displayed the COVID-19 posters in suitable locations highlighting the signs and symptoms of COVID-19?</td>
<td></td>
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</tr>
<tr>
<td><strong>Instructions if a person(s) develops signs and symptoms of COVID-19 at work</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Have you instructed your employees about what they need to do if they develop signs and symptoms at work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Have you provided your workers with up to date public health information on COVID-19 issued by the HSE, HPSC, and GOV.ie?</td>
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<tr>
<td><strong>Reporting</strong></td>
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<tr>
<td>8.</td>
<td>Are employees aware of reporting procedures if they develop signs and symptoms at work for COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response team</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Is there a Lead Rep to deal with any suspected case of COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Have you allocated employees to support a response team(s) to deal with a suspected case of COVID-19 in the workplace and trained this team in what actions to take?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Isolation area(s)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Have you identified a place that can be used as an isolation area, preferably with a door that can be closed, in the event of a suspected case of COVID-19?

12. Is this isolation area accessible, including to workers with disabilities?

13. Is the route to the isolation area accessible?

14. Have you a contingency plan for dealing with more than one suspected COVID-19 case? If more than one person is displaying signs and symptoms of COVID-19, are there additional isolation areas?

15. Are the following available in the isolation area(s)?
   - Ventilation (i.e., fresh air ventilation/ability to open a window)
   - Tissues/Hand Sanitiser
   - Disinfectant and/or Wipes
   - Gloves, Face Masks
   - Pedal-operated, Lidded Bins & Waste Bags

**Isolating a person(s) displaying COVID-19 symptoms**

16. Are procedures in place for the manager or a member of the isolation team to accompany the affected person to the isolation area, along the isolation route, while maintaining physical distancing (2 meters) from them?

17. Is the Lead Rep and response team familiar with this procedure?

18. Have others been advised to maintain a distance of at least 2 metres from the affected person at all times?

19. Is there a disposable mask available for the affected person to wear while in a common area and when exiting the building?

**Arranging for the person to leave workplace/Exit Strategy**

20. Have you established, by asking them, if the affected person feels well enough to travel home?

21. If the affected person considers themselves able to travel home, have you directed them to do so and to call their GP and self-isolate at home?

22. If the affected person feels unable to go home, has the Lead Rep/isolation team let them remain in isolation, and enabled them to call their GP?

23. Has the affected person been advised to avoid touching other people, surfaces, and objects?

24. 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 bag provided?
25. Has transport home or to an assessment centre been arranged if the affected person has been directed to go there by their GP?

26. Has the affected person been advised not to go to their GP’s surgery or any pharmacy or hospital?

27. Has the affected person been advised they must not use public transport?

28. Has the affected person been advised to continue wearing the face mask until the reach home?

### Follow-up

29. Have you carried out an assessment of the incident to identify any follow-up actions needed?

30. Are you available to provide advice and assistance if contacted by the HSE?

### Disinfection

31. Is the isolation area where the person (s) was involved out-of-use until cleaned and disinfected?

32. Have you arranged for disinfection of the isolation area at least one hour after the affected person has left the building?

33. Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?

### Additional Information

**Signature of Lead Representative:**

**Date:**

**Management Signature & Date:**

The information contained in this guidance is for educational purposes only.

**Suspected Case SOP**

**Purpose:** To minimise the spread of infection when an Individual within the hotel is suspected of having COVID-19.

**Person(s) Responsible:** Management / Leader Worker Representatives (LWR’s)

**Procedure:** If someone is presenting any of the other major symptoms of COVID-19

1. The LWR will approach the person (Suspect Case- SC) and ask them to isolate within their room and refrain from leaving the room.

2. There should be a defined response structure that identifies team(s) responsible for responding to a suspected case.
3. The LWR should ring the HSE/Local Medical Centre for further guidance and advise the Guest accordingly.

4. A record must be kept of anyone who is in contact with a SC.

5. If the Guest is a casual customer, he/she will be escorted to the isolation area, whilst medical advice is sought by LWR.

**Suspected Case in Employees During Work:**

1. If someone becomes unwell in the workplace with symptoms such as cough, fever, difficulty breathing, the COVID-19 rep/response team should isolate the employee by accompanying the individual to a designated isolation area via the isolation route, keeping at least 2 metres away from the symptomatic person and also making sure that others maintain a distance of at least 2 metres from the symptomatic person at all times.

2. The unwell individual should be provided with a mask, if available, to be worn if in a room with other people or while exiting the premises.

3. The COVID-19 manager/response team should initially assess whether the unwell individual can immediately be directed to go home, call their doctor and continue self-isolation at home.

4. Where that is not possible, the unwell individual should remain in the isolation area and call their doctor, outlining their current symptoms.

5. They should avoid touching people, surfaces and objects.

6. Advice should be given to the unwell individual to cover their mouth and nose with the disposable tissue provided when they cough or sneeze and put the tissue in the waste bag provided.
Diagram of Actions

Employee is unwell at workplace and reports to supervisor.

Does employee have travel history to affected areas in the last 14 days and/or contact history with infected persons?

NO

Employee to contact a doctor

YES

- Covid-19 response team to isolate the employee by accompanying him/her to the isolation area via the isolation route.
- Covid-19 manager/response team provide the necessary supports for the employee to contact their doctor/HSE
- COVID-19 manager/response team to notify management
- COVID-19 manager/response team to take down the names and contact details (address/mobile number) of all people working in the same area as the unwell person, or who have come into close contact with the unwell person.

The COVID-19 Representative/Response Team should notify management and arrange transport home or hospital for medical assessment. Public transport of any kind should not be used.

The COVID-19 Representative/Response Team may be contacted by the HSE to discuss the case. When contacted by the HSE, Representative/Response Team should use the records kept regarding Direct Contact to identify people who have been in contact with the individual since the onset of symptoms. The HSE may advise on any actions or precautions that should be taken.

The COVID-19 Representative/Response Team should carry out an assessment of the incident, which will form part of determining follow-up actions and recovery. Advice on the management of staff and workplace 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.

Immediate action following a suspected case should include closure of the isolation area until appropriately cleaned.
### 3.8 Pre-Opening Checklist

**COVID-19 Control Measures**

These checklists have been prepared to help employers to get their business up and running again in a way that will help prevent the spread of COVID-19. By putting in place control measures, you can help to protect your employees.

<table>
<thead>
<tr>
<th>No</th>
<th>Topic</th>
<th>Yes/No</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Hand Hygiene Facilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Are there enough hand washing and hand disinfection stations in place to accommodate workers, visitors/customers adhering to hand hygiene measures?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. | Are hand washing and hand disinfection stations in convenient locations that can be easily and frequently accessed? Have you considered:  
   - all entry/exit points  
   - high traffic areas  
   - the need for workers to wash their hands before, during or after a work task  
   - the distance workers are from hand washing /hand disinfection facilities including wash/bathrooms  
   - the number of workers and any shift arrangements |        |                 |
| 3. | Have you made arrangements to ensure hand hygiene facilities are regularly checked and well-stocked (hot running water, soap dispensers, paper towels**, touch-free bins, and hand-sanitiser)? |        |                 |
|    | **Hand disinfection**                                                   |        |                 |
| 4. | Does the alcohol-based hand sanitiser have at least 60% ethanol or 70% isopropanol as the active ingredient? |        |                 |
| 5. | Are there stations at entry/exit points to the workplace?              |        |                 |
| 6. | Are there stations in areas that have high touchpoints or high footfall? |        |                 |
|    | **Employee awareness around hand hygiene in the workplace**            |        |                 |
| 7. | Have you informed employees about the importance of hand washing?      |        |                 |
| 8. | Have you trained/shown employees how to wash their hands (with soap and water for at least 20 seconds) and dry them correctly? |        |                 |
| 9. | Have you shown employees how to use hand sanitiser correctly and where hand- disinfection stations are located? |        |                 |
| 10.| Have you displayed posters on how to wash hands correctly in appropriate locations? |        |                 |
| 11.| Have you told workers and others when they need to wash their hands?  
   This includes:  
   - before and after eating and preparing food  
   - after coughing or sneezing  
   - after using the toilet  
   - before smoking or vaping  
   - where hands are dirty  
   - before and after wearing gloves  
   - before and after being on public transport  
   - before leaving home  
   - when arriving/leaving the workplace/other sites  
   - after changing tasks  
   - after touching potentially contaminated surfaces  
   - if in contact with someone displaying any COVID-19 symptoms |        |                 |
| 12.| Have you provided facilities for outdoor workers to frequently practice hand hygiene? |        |                 |
### Respiratory hygiene

**14.** Have you told employees of good respiratory measures to limit the spread of the virus:
- avoid touching the face, eyes, nose, and mouth
- cover coughs and sneezes with an elbow or a tissue
- dispose of tissues in a covered bin

**15.** Have you made tissues available to workers and covered bins or bin bags for their safe disposal?

**16.** Is there a system in place to regularly empty bins so they do not over fill?

### Physical Distancing – staying 2 metres apart

*The 2m physical distance guidance is in line with current Public Health advice. This document will evolve to reflect new Public Health advice and changes to protocols as and when they emerge.*

**17.** Have you looked at how you can change the layout of your workplace to allow for physical distancing?

**18.** Have you a system to regularly remind workers to stay 2 metres apart?

**19.** Have you identified the activities that involve interacting with customers, visitors and others and put in place measures to help prevent contact and ensure physical distancing, as far as possible?

**20.** Can you rearrange working times and shifts to minimise the number of people at work together?

**21.** Can you rearrange break areas and times to comply with physical distancing? (i.e., placing tables and chairs further apart, staggering breaks)

**22.** Can you organise employees into teams who consistently work and take breaks together?

**23.** If not possible to maintain physical distancing in the canteen, have you considered making alternative arrangements?

**24.** Can you provide a one-way system for entering and exiting the workplace, where practical?

**25.** Have you implemented physical distancing for outdoor work activities?

**26.** Where workers are sharing accommodation provided by the employer, at a place of work, are you following the guidance as laid out in the Return to Work Safely Protocol?

**27.** Have you reduced the number of people working in enclosed spaces by:
- facilitating working from home
- reducing the number of work tasks
- postponing non-essential work
- modifying work tasks?

**28.** Have you put floor markings in place to remind everyone in the workplace of the 2-metre physical distance required?

**29.** If not possible to ensure a 2-metre physical distance between workers, have you put in place alternative measures:
- installed physical barriers, such as clear plastic sneeze guards between workers
- to maintain at least a distance of 1 metre or as much distance as is practical
- to minimise any direct worker close contact
- to provide hand washing or hand disinfection aids nearby, so that hands can be cleaned as soon as the task is complete
- made face masks available to workers in line with Public Health advice and ensuring that masks are clean and not shared or handled by other workers.

**Note:** wearing face masks is not a substitute for other measures outlined above.
30. Have you staggered entry into the workplace including the entry of customers or clients?

### Minimising Contact

31. Have you minimised the need for business trips or for workers to gather for meetings and interactions *i.e.*, by making available technology for online or phone meetings?

32. If workers have to meet, do you make sure they meet in a large space where physical distancing can be done and for as short a time as possible?

33. Have you put in place a system that eliminates or reduces the need for employees to travel together in vehicles?

34. In the case where vehicles must be shared, have you told employees to sit as far apart as possible, to wear face coverings, and to clean the frequently touched surfaces in the vehicle as a minimum at the start and end of each shift?

35. Have you told workers to clean and disinfect surfaces and shared equipment, not to shake hands and to avoid any physical contact?

### Personal Protective Equipment (PPE) [Guidance open to change]

36. Note: PPE use cannot take the place of other preventative measures. For COVID-19, employers should check public health advice. Gloves are generally not required for infection prevention and control and are not a substitute for hand hygiene.

37. Has the correct PPE been identified based on the hazard and worker work activity?

38. Is there a sufficient supply of relevant PPE required to allow a safe return to work?

39. Have you trained employees in the correct fitting, use, removal, cleaning, storing and disposal of PPE?

40. Have you made arrangements for the cleaning, inspection, maintenance, and disposal of PPE, where appropriate?

### At Risk Groups

41. Have you determined which if any of your employees are at higher risk from COVID-19?

42. Have you enabled at risk or vulnerable employees to work from home where possible?

43. Have you enabled at risk workers to maintain a physical distance of 2 metres?

### Changes to Work Practices

44. Have you considered other changes to work practices to minimise the spread of COVID-19?

45. Have you arranged for safe delivery of goods to the workplace?

### Visiting Contractors / Workers

46. Are there arrangements in place to inform other workers, contractors, or visitors of the workplace measures to help prevent the spread of infection?

47. Is there a system for recording visits to the site/workplace by workers and others, as well as visits by workers to other sites? (COVID-19 Contact log)

### Additional Information

**Signature of Lead Representative:**

**Date:**

**Hand Dryers can be used if High Efficiency Particulate Air (HEPA) Filtered.**
4.1. Handwashing Policy

**Purpose:** To minimise the spread of infection throughout the business

Hand washing is vital in preventing contamination of food by food handlers. Harmful bacteria such as *E. coli*, *Salmonella* and *Staphylococcus aureus* and viruses (i.e., COVID-19, Ebola) present on the hands of food workers are removed by proper hand washing techniques. There should be an adequate supply of hot and cold running water, non-perfumed soap in appropriate dispensers and a suitable method of hand drying at all times. Where disposable blue roll is the chosen method of hand drying, means of disposing must be provided i.e., pedal operated, lidded waste bins.

**Person(s) Responsible:** All staff

**Scope of Policy:**

- All staff are encouraged by their line manager to wash their hands at least every 30 minutes, regardless of their position
- All staff have been trained in the correct method of handwashing
- Hands should be washed for at least 20 seconds using the following technique:
  1. Wet hands under warm running water
  2. Use enough soap to form a good lather
  3. Rub all parts of hands with soap and water
  4. Lather for at least 10-15 seconds, vigorously and thoroughly rubbing all hand surfaces, including the fingertips and thumbs
  5. Rinse hands thoroughly with running water
  6. Dry hands thoroughly with paper towel
- Handwash sinks only should be used for washing hands and not for any other purpose
- Handwash sinks must be adequately supplied with hot water, paper towels** and antibacterial (NOT fragranced) soap. There should be pedal operated, lidded bins in close proximity to all hand wash basins.
- Handwash basins should never be blocked physically nor should they be used for anything besides handwashing.

**How often should food workers wash their hands? As often as necessary throughout the day PLUS:**

- Before starting work and after eating, drinking, or smoking
- Before handling cooked or ready-to-eat food
- After handling or preparing raw food
- After handling waste
- After cleaning duties
- After using the toilet
- After blowing nose, sneezing, or coughing
- After handling money

**Management Signature & Date:**

**Employee Signature & Date:**

**Hand Dryers can be used if High Efficiency Particulate Air (HEPA) Filtered.**
4.2 Social Distancing Policy

**Purpose:** To minimise the risk and spread of infection throughout the business by ensuring social distancing between staff is maintained

**Person(s) Responsible:** All staff

**General Procedure:**

- Staff members should be scheduled to work in specific groups.
- Groups should not have contact with other groups in order to prevent the spread of Coronavirus.
- Rota the minimal number of staff required to work per day. This will minimise the number of staff who will need to self-isolate should someone*ne become sick.
- Staff should always be encouraged to maintain 2M* from other staff members
- Erect workplace signage to promote, encourage and remind staff of social distancing
- Avoid making close contact with people
- Handover arrangements should be altered to ensure appropriate controls are applied & social distancing is adhered to (i.e., no team briefings at the beginning or end of shifts).
- Ensure staff canteen or dining area is set up to facilitate social distancing

**Kitchen Procedure:**

- It is recommended that kitchens are divided into zones/areas of work and a staff member is allocated per zone(s) to ensure minimal cross over. (Tape may be used to zone kitchens per staff member).
- Movement between zones should be minimised and controlled at all times.
- Limit the number of staff within the kitchen at one time, there should not be un-necessary personnel in any kitchen at any time
- Limit use of shared equipment and/or sanitise between each use
- Try stagger the use of equipment *i.e.*, mixers. (Ideally one person could operate certain equipment to avoid over handling)

**Management Signature & Date:** ________________________________
4.3 Personal Protective Equipment (PPE) Policy

**Purpose:** To ensure PPE is only used when appropriate, staff are aware of procedures for correct putting on and taking off PPE. Overall to minimise spread of infection throughout the business.

**Person(s) Responsible:** Management are responsible for ensuring staff are appropriately trained on their respective use of PPE. LWR’s and HODs are responsible for provision of PPE and decisions regarding when it is to be used. Staff are responsible for correct use and discarding of PPE.

**Procedure:**

- Staff are only to use PPE when instructed to do so by their line manager
- Staff are to put on and take off PPE using the correct procedures (as below)
- You should limit the surfaces and items touched whilst wearing PPE to prevent contamination
- Handwashing after removal of PPE is essential to facilitate minimal transmission of infection.
- It is important to remember the use of PPE alone is not sufficient in protection from infection.
- PPE must be utilised in a safe manner including the following:

1. **Gloves:**

Gloves are generally not required for infection prevention and control purposes. Where gloves are necessary, they must not be considered a substitute for hand hygiene and hands must be cleaned whenever gloves are removed. They help to protect hands from contamination, thus consequently reducing the risk of transmission of micro-organisms to both residents and workers. Gloves are single use PPE and it is important to remember they are not indestructible; they are prone to leakages and/or tears.

- Powder-free gloves must always be utilised.
- Gloves must be changed between tasks (It is important to remember that gloves do not eliminate risk and are not a substitute for hand washing).
- Gloved hands must be kept away from the face
- Gloves must be immediately removed if they are torn.
- Hand hygiene must be conducted between wearing pairs of gloves

2. **Correct Procedure for putting on:**

   a) Firstly, hands must be decontaminated.
   b) Then, a disposable apron or gown may be put on.
   c) A surgical mask should then be put on. For FFP2 or FFP3 masks, you must follow the following procedure.
   d) Firstly, put the mask on over the nose, mouth, and chin
   e) Then, fit the flexible nose piece over the bridge of the nose
   f) Secure the mask on your head with elastic and adjust to fit.
   g) Inhale with the mask on, it should collapse if on correctly. Then, exhale with the mask on, and check for leakage around face.
   h) Finally, put on gloves and then goggles, if required.
3. Correct Removal Procedure

a) Gloves should be removed first, whilst taking care to avoid touching the outside of the glove itself.
b) Hands should be decontaminated, and then used to remove goggles.
c) Then, whilst taking care not to touch the front side, the gown or apron should be removed.
d) The mask should be the next item removed, done so by breaking the ties and disposing of it using them, thus avoiding touching the front of the mask.
e) All PPE must be discarded into healthcare risk waste and finally you must decontaminate your hands again.
f) Following these correct sequences for putting on and removing PPE in order to prevent skin and clothing contamination is an essential component of infection prevention and control

Management Signature & Date:  

Employee Signature & Date:  
4.4 Office Policy

**Purpose:** To minimise the risk and spread of infection throughout office areas

**Person(s) Responsible:** All office-based staff

**Requirements:**

- Whenever possible, staff should be encouraged to work from home
- Flexible working or shift patterns should be introduced to minimise number of people in the office at once
- Maximum numbers per office must not be exceeded
- Desks should be separated to facilitate 2M* social distancing. Where this is not possible, only half the desks should be used, or there should be physical barriers between desks.
- Consider the provision of Pyrex or Perspex screens between desks if there are not sufficient measures in place already
- Continue to conduct both internal and external meetings virtually, via zoom or an alternate platform
- There should not be sharing of equipment; computers, phones etc. must be assigned to one individual. There should be a no desk rotation/shared desk space.
- Time zoning should be considered for shared equipment *i.e.*, fax machines and photocopiers
- Facilitate maximum ventilation. Encourage opening of doors and windows

**Cleaning:**

- Introduce a plan for deep cleaning the office
- Ensure staff are aware of the cleaning policy
- Provide sufficient cleaning materials for staff to have access *i.e.*, disposable paper towels**, sanitiser etc.
- Encourage regular cleaning throughout the day of common areas (door handles, copy machine, shredder etc.)
- Encourage staff to clean their desk and computer area several times per day (first thing in the morning, before and after lunch and at the end of the day)

**Management Signature & Date:**

**Hand Dryers can be used if High Efficiency Particulate Air (HEPA) Filtered.**
4.5 Staff Canteen Policy

**Purpose:** To ensure safety is maintained while minimising risk of the spread of infection.

**Responsibility:** The Management of the Hotel for implementation and monitoring, staff to abide by rules

**Procedures:**

- Restrict unnecessary self-serve stations where employees help themselves using shared utensils *i.e.*, remove whole bread/loaves on buffets and offer pre-sliced bread
- Ensure food is covered by sneeze guards when on display
- Cover ALL unwrapped food using clear plastic lids or film
- Introduce additional canteen surface and utensil cleaning – during (every 30 mins) and after each service. The sanitiser responsible for the staff corridor must be visible during peak periods. Identify common touch areas - door handles, bannisters, handrails, chair backs, coffee machines etc
- Ensure there are sanitisers and disinfectants available for staff use
- Encourage staff to clean their tables before and after they dine
- Provide sufficient hand sanitiser throughout the canteen/dining area
- Maximise use of disposables in the canteen, crockery, cutlery, cups, and bottles where possible
- Close/restrict access to all drinking water/bottle refill fountains throughout employees’ facilities.
- Continue to avoid accepting reusable cups for teas and coffee
- Communication about changes and why – digital or paper signage throughout canteens
- Training & communication with food service employees. If you have an employee with a cough, a cold, or a sneeze, you should immediately ask them to wear a face mask and assess if medical attention is needed
- Encourage staff to dispose of all their own rubbish - leave no trace method
- Provide sanitiser for staff to clean their personal items *i.e.*, lunch boxes, mobile phones etc.

**Social Distancing:**

- Practice distance table spacing of at least 2 metres apart in canteens. Render certain seats out of use on tables which have tables and chairs attached, make sure it is clear where staff can and cannot sit.
- Use tape markings on the floor to facilitate social distance queuing
- Implement measures to reduce high traffic volumes such as assigning different break slots to departments, stagger break times etc. Social distancing is very important.
- Utilise outdoor areas where possible for increasing space for dining while still maintaining 2M *social distance.

*The 2m physical distance guidance is in line with current Public Health advice. This document will evolve to reflect new Public Health advice and changes to protocols as and when they emerge.

4.6 Guest Policy/Journey
1. Booking
Before they book or arrive, guests must be informed of the guidelines that apply and ideally an outline of the changes made to the business considering the COVID-19 outbreak.

Information outlined in this message could include:

- a ‘Welcome and Safety Information’ sheet explaining the COVID-19 protocols in place. This outlines also what’s expected of them when interacting with employees and other guests. Guests may also find it reassuring to read about the rigorous cleaning procedures applied to their room and be told where hand sanitiser is located.
- Where the guest should park (if this has changed) and their designated entry and exit points.
- A brief list of new measures and policies the guest must follow, i.e., how to avail of contactless check in and how to queue in the lobby (one person per group, stand on areas marked on floor and so on)
- A list of changes which if not highlighted prior to arrival, may upset guests. This includes measures such as the closure of pools, spas or gyms, the removal of buffet style food service etc.
- All guests must be informed prior to their arrival that their contact details will be kept for contact tracing purposes, guests must be notified that they will only be used in this instance and will not be used for other purposes without consent.
- A list of instances where they must not come to the hotel, based on HSE guidance, for example if they are feeling unwell, if they or someone close to them has been abroad in the last 14 days etc. It may be best to offer refundable rooms in order to avoid guests arriving who are a risk to the business, just because they fear being charged. You might state that anyone who enters the premises knowingly going against these guidelines is putting others at immediate risk and can be held accountable.

2. Entry to Premises
Entry to the premises will be clearly signposted and a clear entry route will be mapped out for the arriving guest. (this may differ to the exit)

3. Communication
The main methods of communication with guests will be electronically. They will receive all information regarding the running of the hotel prior to arrival as previously discussed. They may use the phone in their room to directly contact a member of staff in reception should they have any other queries. Further information will be displayed in communal areas/TVs in bedrooms etc. Government and local guidance will be available for guests to easily access.
4. **Check-in**

Contactless check-in shall be encouraged where possible. This is whereby the guest checks in prior to arrival at the hotel, and upon arriving are presented solely with the key to their room. The payment is made in advance and minimal time is required at the front desk. This minimises the sharing of stationary and direct contact.

5. **Rooms**

Guests are directed to their rooms via lifts or stairways. Lifts maximum occupancy must be strictly adhered to (usually 2 persons per journey or 1 household group).

Further detail regarding measures in place, do’s and don’ts and emergency contact numbers should be available in bedrooms, either digitally on the TV or signage (disposable or cleanable).

6. **Dining**

Any changes to dining procedures must be communicated to the guest. This includes the removal of buffet-style service where possible, where food is served buffet-style, all items displayed must be individually wrapped or be a single serve item. Shared utensils *i.e.*, tongs or ladles must not be used. In order to avoid crowding at entry to restaurants, residents should be encouraged to book their meals in advance. If all of the waiting area is in use when guests arrive and if there is no table available for a group, they will be asked to leave and come back when it is ready.

7. **Check-Out**

Contactless check out should be utilised as often as possible. A key card drop box is an effective way of doing such. For an extra layer of protection, you may wish to introduce a function on your website or app that allows a customer to digitally check out or notify the business when they have dropped their keys.

Keys should then be sanitised before being reused.

*Management Signature & Date: ___________________________
4.7 Stress Policy

**Purpose:** To minimise burden or stress on employees in difficult times, ultimately minimising impact on the business.

*Workplace stress is a health and safety issue. At this hotel, we are committed to protecting the health, safety, and welfare of our employees during the COVID-19 Pandemic. We acknowledge the importance of identifying and reducing workplace stressors. The H&S management team are responsible for implementation and the company is responsible for providing the necessary resources.*

**Person(s) Responsible:** Management.

**Procedure:**

**Definition of Stress:** The H&S Executive defines stress as ‘*the adverse reaction people have to excessive pressure or other types of demand placed on them*’. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health.

1. A bespoke Risk Assessment (RA) must be carried out to identify all workplace stressors, RA’s must be carried out to eliminate or reduce stress or control risks from stress. These RA’s must be regularly reviewed and updated.
2. Training must be provided for all senior management and supervisory staff in good management practices.
3. The company will assist staff affected by stress.
4. The company will provide adequate resources to enable managers to implement the company’s agreed stress management strategy.

**Responsibilities:**

**Management**

- Conduct and implement recommendations based on RA’s within their jurisdiction.
- Ensure good communication between management and staff, particularly as there are organisation and procedural changes.
- Ensure staff are fully trained to discharge their duties.
- Monitor workloads.
- Monitor working hours.
- Ensure staff have the necessary equipment, tools, and PPE to do their job safely.
- Attend training as requested in good management practice and health and safety.

**The H&S Team/ Covid-Co-ordinators/ LWR’s**

- Provide advice, and awareness training on stress. Give guidance to management on the stress policy.
- Train and support managers in implementing stress RA’s.
- Support Individuals with stress.
- Monitor and review effectiveness of measures to reduce stress.
- Inform management of any changes and developments in the field of stress at work.
- Provide continual support to management and individuals in this changing environment and encourage referral to occupational counsellors where appropriate.
Safety Representatives must be consulted on any changes to work practices or work design that could precipitate stress. Safety Representatives must be able to consult with staff on the issue of stress including conducting surveys. Safety Representatives must be involved in the RA process. Safety Representatives should conduct joint inspections of the workplace to ensure environmental stressors are being effectively controlled. The Safety Team will perform a pivotal role in ensuring that this policy is implemented. The H&S team will oversee monitoring of the efficacy of this policy and other measures to reduce stress and promote H&S.

Management Signature & Date: ________________________________
4.8 Dishwash/Pot wash Policy

This guidance is issued to promote practices which will reduce the possible risk of infection from dishware and cutlery to staff/ customers and to secure disinfection of dishware and cutlery.

Dishwasher Procedure:

- Recommend 1 staff member in the kitchen to be assigned to dishwash/pot wash duties.
- After brining soiled dishware and cutlery to the kitchen, service staff must wash and sanitise their hands before leaving the kitchen or touching any surfaces (using 45-55°C water, antibacterial non-perfumed soap, and disposable towels** (as per hand-wash policy).
- Remaining food debris is to be removed and either scraped into a lidded bin or rinsed away with hot water.
- Dishwasher cycle must reach a temperature of 82°C or too hot to handle after cycle is finished (boiling water can also be used to sanitise dishware and cutlery).
- Designated employee to thoroughly wash and sanitise hands before handling clean dishware or cleaning (using 45-55°C water, antibacterial non-perfumed soap, and disposable towels** (as per hand-wash policy).

Management Signature & Date: ________________________________

** Hand Dryers can be used if High Efficiency Particulate Air (HEPA) Filtered.
5.0 Standard Operating Procedures

5.1 Infected Employee

Purpose: To outline the procedure if an employee is infected with the coronavirus, COVID-19. To minimise the spread of infection throughout the business.

Person(s) Responsible: It is the responsibility of all staff members to report any illness and be aware of this policy. Management will do their utmost to control the spread of the virus within the workplace by following all HSE advice available.

Procedure:

1. Employees are reminded as per the pre-employment medical assessment they are to report any illness and its symptoms to their employer immediately.

2. If an employee develops symptoms of a fever, cough and/or shortness of breath they are to self-isolate and not to leave their home. They must call their GP or the HSE for further guidance regarding tests and treatment.

3. If an employee is confirmed to have the coronavirus, COVID-19, all employees that either share a workspace or have been in proximity with said employee must self-isolate for 14 days as a precaution.

4. Management will risk assess the ongoing situation daily and make a decision on employees returning to the workplace based on medical certification.

5. The Suspected Case Policy will be followed in instances when an employee is thought to be sick on the premises.

5.2 Unplanned Absenteeism
Purpose: To minimise the effect of unplanned absenteeism on the running of the hotel

The hotel is committed to monitoring employee absenteeism. Unplanned absenteeism may arise due to illness, injury, or family/personal issues. Particularly during the COVID19 Pandemic, monitoring unplanned absenteeism will assist infection control, potential contact tracing, employee health, wellbeing and safety, and business productivity and efficiency.

Person(s) Responsible: All staff

Procedure:

• Management are responsible for recording Employee Absenteeism.
• Employee must report (via phone) any unplanned absenteeism, a minimum of [INSERT TIME] prior to commencement of their assigned shift.

Management must record the following information:

1. Employee Name.
2. Date
3. Area to which the employee is assigned.
4. Reason for absenteeism and symptoms (if any)
5. Days of consecutive days the employee is absent for.
6. Number of unplanned absences since reopening (June 2020)
7. Any other absences noted on the date in question.

Management should retain the information on each personnel file.
5.3 Cleaning and Disinfection

**Purpose:** To ensure the safety & wellbeing of employees and correct protocol for cleaning in relation to COVID-19. To minimise the spread of infection throughout the hotel.

**Responsibility:** Management and Cleaning Team.

**Procedure:**

1. An effective cleaning and disinfection system has been implemented, as regular cleaning and disinfection will help reduce the spread of the virus.

2. Frequently touched surfaces, such as door handles, light switches, kitchen appliances etc. to be cleaned at least twice daily.

3. Welfare facilities and communal areas will also be cleaned frequently throughout the day.

4. If disinfection of contaminated surfaces is needed, this will be done in addition to cleaning.

5. Workers will be provided with cleaning materials to keep their own workspace hygienically clean and advised to regularly clean any personal items (*i.e.*, keys, glasses, reusable water bottles) brought in from home.

6. Cleaning staff will be given information and instruction in relation to the new procedures.

7. Cleaning staff have been instructed on the safe and the appropriate use of PPE.

8. If a person suspected of having COVID-19 is on site, the cleaning cloths and wipes will be double bagged and stored in a secure area for 72 hours.

9. Mop buckets will be emptied and cleaned with a fresh solution of disinfectant before re-use.

10. An identified clean team has been established, whose responsibilities are to monitor and conduct continuous cleaning throughout the premises.

*Refer to Cleaning in Section 7.0*
5.4 Entry and Exit

**Purpose:** To minimise the risk and spread of infection throughout the business

**Person(s) Responsible:** All staff, guests, and customers.

**General Procedure:**

1. All persons entering the hotel must do so *via* designated entry points where possible, in order to facilitate flow etc.
2. Doors shall be segregated to facilitate those entering and exiting the premises.
3. A one-way flow should be facilitated throughout the entire hotel. This may be marked by signage and/or floor markings.
4. Hand sanitiser should be available at entry and exit points. Customers should be reminded to utilise it.
5. There should be signage highlighting social distancing measures in place upon entry, so guests are aware of the processes.
6. Guests should enter the property through doors that are automated or manually operated by an employee where possible.
7. Control and limit the number of customers entering the premises at once where possible.
8. Remove unnecessary items (plants, decorations etc.) from waiting and lobby area.
9. Floor markings encouraging social distancing in the queue should be extended to the outside area if the entry or lobby area is too small to facilitate demand.

**Cleaning Procedure:**

- Frequent touch points should be cleaned and disinfected regularly by a designated person.
5.5 Restaurant

**Purpose:** To ensure safety is maintained while minimising risk of the spread of infection throughout the restaurant on the premises.

**Responsibility:** The restaurant management and all restaurant employees.

**Procedure(s):**

**Food Preparation and Back of House (BOH):**

1. Before food preparation commences, clean and sanitise all worktops and cooking equipment. Note that sanitiser must have a surface contact time of 2 minutes minimum. Use boiling water to sterilise utensils.
2. All hot food must be thoroughly cooked to 75°C, kept hot or cooled quickly to reheat later. Note that hot food must be piping hot and cold food must be cold. Maintain the cold chain throughout from storage to service. Monitor temperatures with a sanitized probe thermometer and record.
3. All staff must follow strict hygiene practices. Hand washing at 45°C – 55°C with antibacterial soap is a must on entering the kitchen, spotlessly clean uniforms, disposing of tissues and paper towel in a covered bin. Do **NOT** come to work if feeling unwell or if anybody at home is unwell. Inform your Manager immediately.
4. Thorough cleaning after meal service or food preparation. Wash and sanitise all surfaces thoroughly. Use paper towels rather than cloths.
5. Aprons, tea cloths and all protective clothing MUST be washed at 60°C.
6. Sterilization of ware, cutlery and glasses is imperative. Ensure the rinse cycle of the dishwasher is 82 °C, or too hot to handle after the cycle. If you do not have a dishwasher, use boiling water to sanitise or use disposable ware.
7. Keep food covered at all times.
Front of House (FOH):

1. There must always be a continuous one-way flow throughout the restaurant, including for staff as customers will mirror what they see staff doing
2. All staff must be aware of PPE they are required to wear throughout the shift, and must be adequately trained in the putting on and removal of said PPE
3. Front of house team members are not to go past the specified area into the kitchen. They should only enter the kitchen at one point to drop dirty dishes and another to collect food if necessary.
4. Staff must be washing their hands regularly throughout shifts, with encouragement and reminders from LWRs and management
5. Staff must continuously sanitise frequent touch points throughout shifts such as chair backs, handles and buttons
6. Between groups of guests, all items shall be removed from tables and sanitised.
7. All customers shall be sat by a host, there is to be minimal free roaming or movement of customers through the restaurant.
5.6 Laundry

**Purpose:** To minimise the risk and spread of infection throughout the business

**Person(s) Responsible:** All staff

**Procedure:**

1. The policy on the care of uniforms should be updated to ensure every employee is clear on the standards of appearance and dress expected while at work. It is recommended that uniforms should be worn appropriately.
2. HOD’s should have a spare change of clothing located within their offices, in the event they need to change unexpectedly.
3. All staff must use their allocated changing rooms to change once they have arrived at the hotel.
4. A conscious effort must be made by staff to segregate uniforms and outdoor clothing.
5. Safety shoes worn during work must not be worn outside. Outdoor shoes should be stored either in lockers or on the ground- never on benches in changing rooms.
6. Staff who are responsible for the washing of their own uniforms must ensure they are washed in at 60°C cycle using a detergent. If not using a detergent, this must be at least 90°C
7. All staff must wear a fresh uniform daily.
8. Naturally over time a uniform/apron will become soiled, especially when working with raw meat and marinades in the kitchen.
9. Spare uniforms/aprons must be easily accessible to staff who need to change, for any reason listed above.
10. Chef uniforms must not be worn outside food operation or storage areas.
11. External clothing must never be worn over or under a uniform.
12. Efforts must be made, where necessary to protect the uniform from contamination, for example, change the uniform if soiled or carry objects away from the body to prevent contamination of the uniform.
13. Used/clean uniforms never come into contact with used/clean bed linen. This is managed by the accommodation team. For example: uniforms to be first items laundered in the morning, prior to any other laundry. Time zoning prevents cross contamination issues.
5.7 Lost Property

**Purpose:** To ensure lost property does not pose a risk of spread of infection throughout a business

**Person(s) Responsible:** Accommodation staff

**Procedure:**

- Upon checking in, guests will be instructed to acknowledge the new lost property policy
- Upon discovering lost property within a bedroom, the item in question will be placed in a specific plastic bag.
  **The bag will be sealed and numbered, before being stored in the specific day box (one box per day of the week) if space is limited.**
- The lost items/day boxes will remain in a designated space and are not to be moved under any circumstances
- All staff must be aware that contents within individual bags have come from unclean guest bedrooms
- Customers will be advised to collect items (where they are not stored with other lost items from different bedrooms/areas in the hotel).
- Customers will be advised they should wait 72 hours prior to collecting their items, as they will be stored among other items found on the same day and therefore the hotel cannot accept responsibility for the spread of infection this way
- If a customer wishes to collect their lost property before the 72-hour limit, they must sign a disclaimer form
5.8 Booking

Procedure:

1. All bookings should be made remotely where possible - either directly through the hotel website/OTA or by email or via phoning the hotel. Walk in procedures must be put in place.

2. Whether a booking is made online or over the phone, an email address and telephone number for guests must be provided. This is for a number of reasons:
   - The email address will be used to send relevant information regarding the new policies, procedures, operations, and expectations throughout the hotel. It is vital that customers consult this information before arriving to the premises. A list of information required in this correspondence is available in 4.9 Guest-Policy.

   The phone number will be maintained on a private file (in the event the hotel is contacted by the HSE to facilitate contact tracing). This information will solely be used for this purpose. This must also be communicated to the guest upon booking due to GDPR requirements.

3. Where possible, guests in-house should be spread throughout various corridors and floors in order to minimise footfall in one area. It may seem practical to locate guests in one corridor as there is less activity (and subsequent cleaning) throughout the premises but this creates congregation areas in corridors, waiting for lifts and on stairways.
5.9 Restructuring Shifts

**Purpose:** To ensure the risk of the spread of infection throughout employees is minimised. Although all efforts are being made to prevent COVID entering the premises, contingency plans must be in place in case it happens. Through the restructuring of shifts, the possibility of the spread of the virus throughout staff (of any department) is minimised.

**Person(s) Responsible:** LWR’s and HOD’s

**Procedure:**

1. Rotas must be developed from scratch. Existing shift arrangements and rota systems must be discarded.

2. Start and end times of shifts must be staggered, e.g. instead of all staff starting at 8 am, they should be staggered so two begin* at 07:45, 08:00 and 08:15 respectively. *The number who can begin at once is reflective of the changing room space and physical distancing allowances throughout the hotel. End times should be staggered in the same way, this avoids extending or reducing shift times, for example the person who began at 07:45 finishes at 15:45, 08:00 at 16:00 and 08:15 at 16:15.

3. If changing rooms are shared between departments, HOD’s must consult with one another when creating rotas to avoid congregation of employees from different departments looking to use changing rooms or facilities.

4. Employees must be divided into groups for working, where reasonably possible. This means that members of each group only work with those in their group. If there is interdepartmental mixing, these teams must coincide.

For example: reception or front desk employees are divided into 4 teams (A-D respectively) of 2 person(s) each. The roster is made as below.

<table>
<thead>
<tr>
<th>Shift</th>
<th>Mon</th>
<th>Tues</th>
<th>Weds</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>A</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>D</td>
<td>C</td>
</tr>
<tr>
<td>PM</td>
<td>B</td>
<td>A</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Overnight</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
</tr>
</tbody>
</table>

The same two employees work together throughout the week, therefore if one of these employees falls ill it is only the other member of their team who will be required to self-isolate. Although it is not always possible to keep the order of shift changes the same (some employees may only work evenings and so on), where possible it is best to do so. This acts as an extra reassurance as it is easy to keep track of when staff have worked or are due to work.
If the front desk employees come into close contact with HR employees (communal office area), the HR department’s roster must reflect that of front desk. The easiest way to do this is roster their Teams together by letter (e.g. Team A works together and so on).

5. Shift handovers and team briefing methods must be altered to avoid congregation at the beginning or end of shifts. This can be simplified through the use of whiteboards or notice boards that employees will come into contact with before beginning their shifts. Alternative methods of communication could be electronic newsletters or internal apps/systems if in use.

6. Other face to face meetings should be minimised wherever possible. Virtual meetings should be the primary source of contact between employees. Where face-to-face meetings are deemed unavoidable, the number of attendees and their length of time should be minimised.
6.0 Legionnaires

Legionnaires Disease is a potentially fatal disease caused by the bacteria *Legionella*. It is a fatal form of pneumonia. *Legionella* is widespread in nature but is a major concern if it grows and spreads in manmade water systems. *Legionella* bacteria multiply at temperatures between 20°C – 45°C with optimum growth between 35°- 40°. High temperatures above 60° will kill the bacteria.

Vulnerable Groups *i.e.*, Immunocompromised, elderly or those with respiratory problems may be at significant risk. There are on average 10 cases of Legionnaires Disease reported each year in Ireland. Outbreaks of Legionnaires’ disease are linked to contaminated water. The bacteria will grow in biofilms (slime). Biofilms will form on surfaces where there is stagnant water or during times of low water flow. Outbreaks of Legionnaires disease are associated with large and complex water systems that are found in hotels.

*Legionella* grows in water sources when the following conditions occur:

- Water disinfection system fails
- Water is not flowing (*i.e.*, unoccupied rooms)
- Disinfectant levels are not maintained
- Presence or introduction of “dead legs”
- Slime & dirt on pipes feeding showers, taps and tanks
- Scale & Corrosion in storage vessels, pipes, showers, and taps
- Allowing plumbing to remain stagnant during construction or renovations of a building
- Unmanaged external changes to the building *i.e.*, nearby construction that affects potable water quality
- Water temperatures that are not hot or cold enough to prevent growth of *Legionella* (any water system where the water is warm *i.e.*, between 20-45°C)

Common sources of water that may contain *Legionella* in the Hotel.

- Hot water systems *i.e.*, faucets and showers
- Cooling towers for air-conditioning systems
- Decorative fountain & features
- Hot water tanks & heaters
- Hot tubs, therapeutic spas, swimming pools
- Safety equipment *i.e.*, fire sprinkler systems, eye wash stations, and safety showers

How *Legionella* spreads:

- *Legionella* spreads in aerosolised droplets small enough for people to breathe in.
- Individuals breathe in these small droplets of water that contain *Legionella*.
- Individuals can also contract the disease by aspiration of drinking water containing *Legionella*.
- Individuals do not spread Legionnaires disease to other people.

Individuals should talk to their doctor or local health department if:

- They believe they were exposed to *Legionella*
- Develop symptoms, such as fever, cough, chills, or muscle aches.

The local health department can determine whether to investigate
7.0 Cleaning

Cleaning is one of the most vital components of minimising the spread of infection throughout a business. It is vital that cleaning is carried out regularly and to the approved standard. Specific tasks must be considered such as:

- Deep Cleaning
- Contact times
- Frequency of use/touch (frequent touch points must be cleaned most often etc.)

The employer must arrange a deep clean of the premises and equipment before re-opening. The appropriate methods to verify the effectiveness of cleaning must be considered. The use of microbiological swab analysis is recommended.

**Employers must:**

- Consider training needs of accommodation & cleaning staff (Cleaning & Decontamination, Chemical, and Control of Substances Hazardous to Health (COSHH) training)
- Take actions to prevent or significantly reduce workers exposure to harmful substances that are hazardous to health
- Provide a bespoke risk assessment on cleaning
- Perform deep cleaning & disinfection of the hotel 24 hours prior to reopening
- Sanitise each department and focus on high traffic/touch points
- Update cleaning schedules for all departments
- Review chemicals in use and consider chemicals that target Coronaviruses
- Ensure correct contact times are being used
- Provide Material Safety Data Sheets for all chemicals in use
- Follow disinfecting guidance from reputable sources
### 7.1 Cleaning Checklist

**COVID-19 - Cleaning and Disinfection**

*These checklists have been prepared to help employers, owners, and managers to get their business up and running again in a way that will help prevent the spread of COVID-19. This checklist will help you to put additional cleaning and disinfection measures in place at your workplace.*

<table>
<thead>
<tr>
<th>No.</th>
<th>Topic</th>
<th>Yes/No</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you a system in place for checking and keeping up to date with the latest public health advice from Government and to adjust your cleaning procedures in line with that advice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have you a system in place of thorough and regular cleaning of frequently touched surfaces?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>If disinfection of contaminated surfaces is required, has it been done following cleaning?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4.  | Have the following frequently touched surfaces been included in your cleaning plan: for example  
- table tops and desks  
- door handles and light switches  
- toilets and toilet doors, taps  
- remote controls  
- kettles, coffee machines, toasters, microwave, fridge handles  
- kitchen surfaces and cupboard handles? |        |                 |
| 5.  | Are frequently touched surfaces visibly clean at all times and cleaned at least twice a day? |        |                 |
| 6.  | Are washrooms and surfaces in communal areas being cleaned frequently and whenever visibly dirty? |        |                 |
| 7.  | Have you provided staff with cleaning materials i.e., sanitiser to keep their own workspace clean? |        |                 |
| 8.  | Have you told staff what they need to do to keep their own workspace clean? |        |                 |
| 9.  | Staff are responsible for cleaning personal items that have been brought to work and are likely to be handled at work or during breaks. *i.e.*, glasses (used during work) or mobile phone (used during breaks). Have you told staff to clean personal items that they have brought to work, such as mobile phones, to avoid leaving them down on communal surfaces or they will need to clean the surface after the personal item is removed? |        |                 |
| 10. | Have no-touch bins, pedal operated and lidded been provided, where practical? |        |                 |
| 11. | Have arrangements been made for the regular and safe emptying of bins? |        |                 |
| 12. | Have you sufficient cleaning materials available to allow for increased cleaning? |        |                 |
| 13. | Have cleaning staff been trained in the new cleaning arrangements? |        |                 |
| 14. | Have staff been instructed to read and follow instructions on the product label/ Safety Data Sheet for any cleaning product(s) before use and that where relevant appropriate PPE is worn by cleaners? |        |                 |
| 15. | If cleaning staff have been instructed to wear gloves when cleaning are, they aware of the need to wash their hands thoroughly with soap and water, both before and after wearing gloves? |        |                 |
| 16. | Is there a chemical list available and contact times made known for each chemical used? |        |                 |
| 17. | Is there is system in place for the disposable of cleaning cloths and used wipes in a rubbish bag? Current HSE guidance recommends waste such as cleaning waste, tissues etc. from a person suspected of having COVID-19 should be |        |                 |
double bagged and stored in a secure area for 72 hours before being presented for general waste collection.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Is there a system in place to make sure reusable cleaning equipment including mop heads and non-disposable cloths are clean before re-use?</td>
</tr>
<tr>
<td>19.</td>
<td>Is there a system in place to ensure that equipment such as buckets are emptied and cleaned with a fresh solution of disinfectant before re-use?</td>
</tr>
<tr>
<td>20.</td>
<td>Is there a sluice room/chemical room available?</td>
</tr>
<tr>
<td>21.</td>
<td>Is the sluice room well ventilated?</td>
</tr>
<tr>
<td>22.</td>
<td>Have all cleaning schedules been updated for each department?</td>
</tr>
</tbody>
</table>

### Additional Information

Management Signature & Date: ________________________________

The information contained in this guidance is for educational purposes only
7.2 Cleaning of Room(s) with Suspected Case

**Purpose:** To understand how to effectively clean a guest bedroom which has had either a suspected or confirmed case of COVID-19. Rooms as such must be treated as if they are contaminated.

**Person(s) Responsible:** Accommodation staff or those who will be cleaning the rooms, LWR’s.

**Procedure:**

1. Any room which held as Suspected case (SC) shall be left for at least 72 hours before cleaning (as long as possible). This is to facilitate majority of the viral cells dying and therefore reducing the risk to accommodation staff.
2. Rooms which have had an SC must be cordoned off, this means have an external sign, sticker, or display so all staff and guests are aware they should not enter the room.
3. Before entering the room, staff must be wearing appropriate PPE.
   - Safety suit/ full body gown
   - Shoe protectors
   - Latex gloves
   - Heavy duty protective gloves
   - Face mask
   - Protective eyewear
4. Before entering the room, staff must be aware of the chemicals to be used and should be familiar with MSDS. Knowing contact times is vital.
5. Before cleaning any area, the entire room must be sanitised. It is vital that for whichever method is chosen, instructions are followed precisely, and the contact time of the sanitiser is adhered too.
6. All sharp objects to be removed from the room, bagged accordingly.
7. All linen must be taken off beds and double bagged firstly using a specific plastic bag which is then placed into a red (or other distinctive) laundry bags. This must be placed on a separate trolley.
8. All rubbish should be removed from the room in a double heavy-duty plastic bag and brought immediately to waste area.
9. All surfaces must be cleaned thoroughly, this includes table-tops, doorknobs, telephones, televisions, desks, chairs, bedframes and headboards, irons, fridges, tea and coffee facilities, remote controls, lamps, beside tables and all bathroom surfaces and fixtures. Cleaning should occur from top-down
10. Disposable cloths should be utilised as much as possible. Where it is not possible, cloths used must also be bagged in the same way as the linen.
11. Shower curtains, bathmats, and any other items such as towels or robes must also follow the same procedure as the linen. In some instances, it may be easier to dispose of all items rather than laundering. In this case, items must still be double bagged.
12. Vacuuming is the last step of cleaning within the room.
**Cleaning of Rooms (general)**

**Purpose:** To understand how to effectively clean a guest bedroom.

**Persons Responsible:** Accommodation staff or those who will be cleaning the rooms, LWRs

**Procedure:**

1. Evaluate and prepare, ensuring that you have got sufficient supplies to re-stock each room and that you have an adequate supply of PPE.
2. On entry to the room window.
3. Remove bathroom glasses and all crockery. Remove to a designated area where they can be hygienically washed using the correct temperature and detergent. Do not leave on corridor floor.
4. Remove waste bag and tie securely.
5. When duvet cover is removed, place duvet on chair—never on floor. Remove soiled/used bedlinens carefully to reduce risk of any potential cross-infection. Place used/soiled linen to include all bathroom towels into a bag & tie.
6. Having made up the beds in this room, commence cleaning the bathroom. This allows the dust raised by bed-making to settle.
7. Clean and disinfect bathroom by using a multi-purpose cleaner to all high-touch areas: bath, taps, grab rails, overflow, pipes, stopper, soap-tray and underneath all side panels. Rinse bath and dry off. There should be no water marks, hairs, or cleaning residue on bath.
   - Base of taps must not have build-up of dirt or cleaning agent.
   - Clean taps, and all chrome fittings to a shiny finish.
   - Clean soap-holder and its underside.
   - Damp wipe shower curtain and chrome rail, clean showerhead - floor, tiles, and screen.
8. Clean and disinfect toilet bowl, rims, seat hinges, and behind toilets. Clean & disinfect cistern and handle do not forget the toilet roll holder and if provided, the toilet brush & holder.
9. Clean and disinfect hand-basin, taps, stopper, and overflow. Replace and/or replenish soap, toilet paper and towels. Thoroughly clean soap dispenser if provided. Clean skirting board, floor, and surround. Ensure that underside of shelf is clean.
10. Damp dust and disinfect the entire bedroom; start from the back of the room working toward the door to include picture frames, light switches, fire instruction notice, wardrobe-pole, hangers, shelves, and the door itself. Pay attention to all high-touch areas: remote controls, televisions, window frames and locks. Remember chair arms, frames & legs, skirting, surface & sides of dressing table and picture glass/frames. Vacuum floor - under beds, chairs, etc. and carpet edges.
8.0 Personal Protective Equipment

The Type of PPE should be Risk Assessed for each Department in the Hotel.

- Employers will issue the appropriate PPE to staff
- PPE provided will be worn in adherence with government guidelines
- Employees must adhere to company policy and wear PPE where and when provided
- Training on how to put on and remove/dispose of all PPE will be mandatory by all staff and will be provided by a designated team member within each department
- Gloves will be provided to employees whose responsibilities require them and as determined by medical experts, such as cleaning and disinfection, handling cash, housekeeping.

<table>
<thead>
<tr>
<th>COVID-19 PPE Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>These checklists have been prepared to help employers, owners, and managers to get their business up and running again in a way that will help prevent the spread of COVID-19. This checklist will help you to put additional PPE measures in place at your workplace.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Topic</th>
<th>Yes/No</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has a RA been carried out for each department to identify the type of PPE required?</td>
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<tr>
<td>2.</td>
<td>Has appropriate PPE that matches the hazard been identified and provided to employees for use?</td>
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<td>3.</td>
<td>Has the effectiveness of the PPE been reviewed and evaluated?</td>
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<td>4.</td>
<td>Have employees been trained in the use, care, and disposable of PPE?</td>
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<tr>
<td>5.</td>
<td>Have employees been trained on the limitation of PPE?</td>
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<td>6.</td>
<td>Is PPE training documented and kept on file?</td>
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<td>7.</td>
<td>Is the Lead Rep enforcing the use of PPE?</td>
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<td>8.</td>
<td>Is PPE inspected regularly and properly maintained?</td>
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<td>9.</td>
<td>Is worn and damaged PPE removed from service and replaced?</td>
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<td>10.</td>
<td>Is there an adequate supply of PPE available and replenished where possible?</td>
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<tr>
<td>11.</td>
<td>Is damaged, defective PPE properly discarded and replaced?</td>
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<tr>
<td>12.</td>
<td>Have medical evaluations been conducted for employees required to wear face masks?</td>
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<tr>
<td>13.</td>
<td>Have employees been trained on how to use and care for face masks?</td>
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<td>14.</td>
<td>Is PPE clean and maintained in good condition?</td>
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<tr>
<td>15.</td>
<td>Are employees provided with the appropriate protective footwear <em>i.e.</em>, safety shoes?</td>
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<tr>
<td>16.</td>
<td>Have employees been trained on how to select, use, wear, and care for PPE?</td>
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<tr>
<td>17.</td>
<td>Is there a laundry policy in place?</td>
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<tr>
<td>18.</td>
<td>Are the correct temperatures used for washing PPE?</td>
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<tr>
<td>19.</td>
<td>Is PPE washed separately?</td>
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<td>20.</td>
<td>Does PPE fit employees as required?</td>
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<tr>
<td>21.</td>
<td>Is PPE free from any hazardous substances, chemicals, or body fluids?</td>
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<tr>
<td>22.</td>
<td>Is clothing free from tears, cuts, holes, burns?</td>
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</tr>
</tbody>
</table>

**Additional Information**

Management Signature & Date: 

*The information contained in this guidance is for educational purposes only*
Sample Cleaning Schedules

Date: ______ / ______ / ______

Daily Reception Cleaning Record

The time of the first round of cleaning taking place should be indicated on the top row, third column. Cleaning should take place hourly or more frequently if required. Between shift changes all areas must be cleaned. Boxes must be initialed when cleaned.

<table>
<thead>
<tr>
<th>Surface</th>
<th>Chemical</th>
<th>Start Time</th>
<th>+60 mins</th>
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<tbody>
<tr>
<td>Card machines</td>
<td>e.g. Sanitiser</td>
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<tr>
<td>Keyboards</td>
<td>Sanitiser &amp; Detergent</td>
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<td>Computer screens</td>
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<td>Customer counter side</td>
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<td>Drawer Handles</td>
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<td>Doorknobs</td>
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<td>Chairs</td>
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<td>Photocopier / Printer</td>
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</table>
## COVID–19 Health & Safety Manual

### Surface Cleaning Schedule

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<tbody>
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<td>Telephones</td>
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<td>Perspex Screens</td>
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</tbody>
</table>

*Manager/LWR Verification: _______________________

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### Notes

- Ensure all surfaces are cleaned at the specified times.
- Use the appropriate chemicals as listed.
- Record any issues or observed anomalies in the cleaning process.

---

### Additional Information

- Regular checks should be conducted to ensure all surfaces are clean and disinfectant is applied as needed.
- Staff should be trained on the importance of cleanliness and infection control measures.
COVID–19 Health & Safety Manual

Communal Areas Cleaning Record

Each column refers to the individual “rounds” of cleaning done. The time at which a certain area is cleaned should be documented to ensure sufficient (60 minutes) frequency is maintained. Boxes must be initialled when cleaned.

Date: ____ / ____ / ____

<table>
<thead>
<tr>
<th>Surface</th>
<th>Chemical</th>
<th>Start Time</th>
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<tbody>
<tr>
<td>Front Door Touch Points</td>
<td>e.g. Sanitiser</td>
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<tr>
<td>Tables in Lobby</td>
<td>Sanitiser &amp; Detergent</td>
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<tr>
<td>Chairs and Couches in Lobby</td>
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<tr>
<td>Lift Exterior Buttons- all floors</td>
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<tr>
<td>Lift Interiors- buttons, rails, walls</td>
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<tr>
<td>Female public toilet(s)</td>
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<tr>
<td>Male public toilet(s)</td>
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<td>Staircase banisters</td>
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<td>Restaurant Entrance</td>
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<td>Staff lift exterior</td>
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<td>Staff lift interior</td>
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</tbody>
</table>
## COVID–19 Health & Safety Manual

**Manager/LWR Verification:** _______________________

<table>
<thead>
<tr>
<th>Surface</th>
<th>Chemical</th>
<th>Start Time</th>
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<tbody>
<tr>
<td>Female staff toilet</td>
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<td>Male Changing Room</td>
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<tr>
<td>Male staff toilet</td>
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<tr>
<td>Staff canteen (separate checklist)</td>
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<tr>
<td>Refill hand sanitisers as required</td>
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<tr>
<td>Staff hallways</td>
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<tr>
<td>Fire Doors</td>
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<tr>
<td>Bedroom Door Exterior</td>
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Date: ______ / ______ / ______

Kitchen Cleaning Record - TBC

Each column refers to the individual “rounds” of cleaning done. The time at which a certain area is cleaned should be documented to ensure sufficient (60 minutes) frequency is maintained. Boxes must be initialled when cleaned.

<table>
<thead>
<tr>
<th>Surface</th>
<th>Chemical</th>
<th>Start Time</th>
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</thead>
<tbody>
<tr>
<td>INSERT ITEMS</td>
<td>e.g. Sanitiser</td>
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<td></td>
<td>Sanitiser &amp; Detergent</td>
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</table>

Manager/LWR Verification: ________________________
**COVID–19 Health & Safety Manual**

**Guest Bedroom Cleaning Record**

*Each column refers to the individual guest rooms. Boxes must be initialled when cleaned.*

<table>
<thead>
<tr>
<th>Surface</th>
<th>Chemical</th>
<th>Room Number</th>
<th>Room Number</th>
<th>Room Number</th>
<th>Room Number</th>
<th>Room Number</th>
<th>Room Number</th>
<th>Room Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door Handles</td>
<td>Sanitiser</td>
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<tr>
<td>Door frame</td>
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<td>TV</td>
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<tr>
<td>TV Remote</td>
<td>Sanitiser</td>
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<tr>
<td>Tea / Coffee Facilities</td>
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<td>Iron/ Board</td>
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<tr>
<td>Mini Fridge</td>
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<td>Plastic Signage</td>
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<td>Lamps</td>
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<tr>
<td>Headboard</td>
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</tr>
<tr>
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Manager/LWR Verification: ______________________

Date: ______ / ______ / _______  

Location: ___________________

Restroom Cleaning Record
COVID–19 Health & Safety Manual

Each column refers to the individual “rounds” of cleaning done. The time at which a certain area is cleaned should be documented to ensure sufficient (60 minutes) frequency is maintained. Boxes must be initialled when cleaned.

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## COVID–19 Health & Safety Manual

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Manager/LWR Verification: ______________________
Appendix

Posters (Please use for Training & Communication Purposes)
Coronavirus COVID-19

Know the signs

- High Temperature
- Shortness of Breath
- Breathing Difficulties
- Cough

For 8 out of 10 people, rest and over the counter medication can help you feel better.

If you have symptoms, self-isolate to protect others and phone your GP. Visit hse.ie for updated factual information and advice or call 1850 24 1850.

Protection from coronavirus. It’s in our hands.
Coronavirus COVID-19

Help prevent coronavirus

- Wash your hands
- Cover mouth if coughing or sneezing
- Avoid touching your face
- Keep surfaces clean
- Stop shaking hands and hugging
- Keep a safe distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.

Visit HSE.ie
For updated factual information and advice
Or call 1850 24 1850

Protection from coronavirus. It's in our hands.
Coronavirus COVID-19

Who is most at risk?

People over 60

People with long term medical conditions like heart disease, lung disease, diabetes and cancer

Please take extra care if this affects you or someone you know.

If you have symptoms, self-isolate to protect others and phone your GP. Visit hse.ie for updated factual information and advice or call 1850 24 1850.

Protection from coronavirus.
It’s in our hands.
Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after touching cuts, blisters or any open sores
- you can use alcohol hand rub, if hands are not visibly dirty

www.hse.ie/handhygiene
How to use Face Coverings

Always clean your hands before and after wearing a face covering.

Correct Covering
Medical masks should be reserved for health workers or patients in treatment.
If you have been advised to wear a medical mask, always have the coloured side showing and the metal band at the top of your nose.

Check Your Fit
Check that the face covering is made from a fabric that you are comfortable wearing.
Check that it is easy to fit and completely covers your nose and mouth, all the way down under your chin.
Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit. Do not touch or fidget with the face covering when it is on.

Do Not:
- Wear the face covering below your nose.
- Leave your chin exposed.
- Wear it loosely with gaps on the sides.
- Wear it so it covers just the tip of your nose.
- Push it under your chin to rest on your neck.

Follow These Tips to Stay Safe:
- Always wash your hands before and after handling your face covering.
- Always change your face covering if it is dirty, wet or damaged.
- Carry unused face coverings in a sealable clean waterproof bag, for example, a ziplock.
- Carry a second similar type bag to put used face coverings in.
- Children under 13 should not wear face coverings.
- Always wash cloth face coverings on the highest temperature for cloth.

Safe Removal
Use the ties or ear loops to take the face covering off.
Do not touch the front when you take it off.

Disposing of Single-Use Mask
Always dispose of single-use masks properly in a bin. Don't forget to clean your hands and keep social distance.

Stay safe. Protect each other.
The Food Safety Company

The Food Safety Company, established in 2000, is Ireland's leading Food Safety and Health & Safety training and consultancy company.

Our experienced team of twenty-four Food Safety Professionals provide our clients with a tailored solution aimed at protecting their brands and providing them with the peace of mind ensuring that their business is compliant and customers are safe.

We design a user-friendly solutions which will minimise risk to your business, save time, money and worry.

Over the past 20 years we have evolved to provide not only services relating to Food Safety, but now offer a range of complementary services such as Health & Safety, Cleaning, Infection Control and COVID-19 Compliance.

For more details visit: https://www.thefoodsafetycompany.ie/other-services/hygiene-assured/