Department of
Public Health
Mid-West

SAFE WORK STOPS COVID

GUIDEBOOK TO PROTECTING YOUR STAFF AND CUSTOMERS AGAINST COVID-19

May 2021

1. INTRODUCTION

Since the start of the COVID-19 pandemic, Public Health Mid-West has managed more than 5,000 outbreaks across Limerick, Clare, and North Tipperary, hundreds of which have been directly linked to workplaces.

The vast majority of businesses in the region have shown immense civic responsibility over the past 16 months, implementing effective infection control measures that have protected their staff and members of the public.

However, there is still more that all businesses can to do to prevent spread of COVID-19, especially as new variants are more infectious. COVID-19 outbreaks in workplaces can seriously disrupt business and local communities so it's more important than ever now to get the simple measures right.

We are launching this **Safe Work Stops Covid** booklet and campaign to highlight some of the key measures we know are effective, based on our own experience of managing workplace outbreaks, and our own personal experience of preventing outbreaks in our own department.

Our department has dealt with fewer than five COVID-19 cases among our team since the start of the pandemic, all of which were acquired outside the workplace and were not linked, and none of which resulted in onward transmission. Like many other businesses, our office comprises a large open plan floor and a number of multi-occupancy and single occupancy offices.
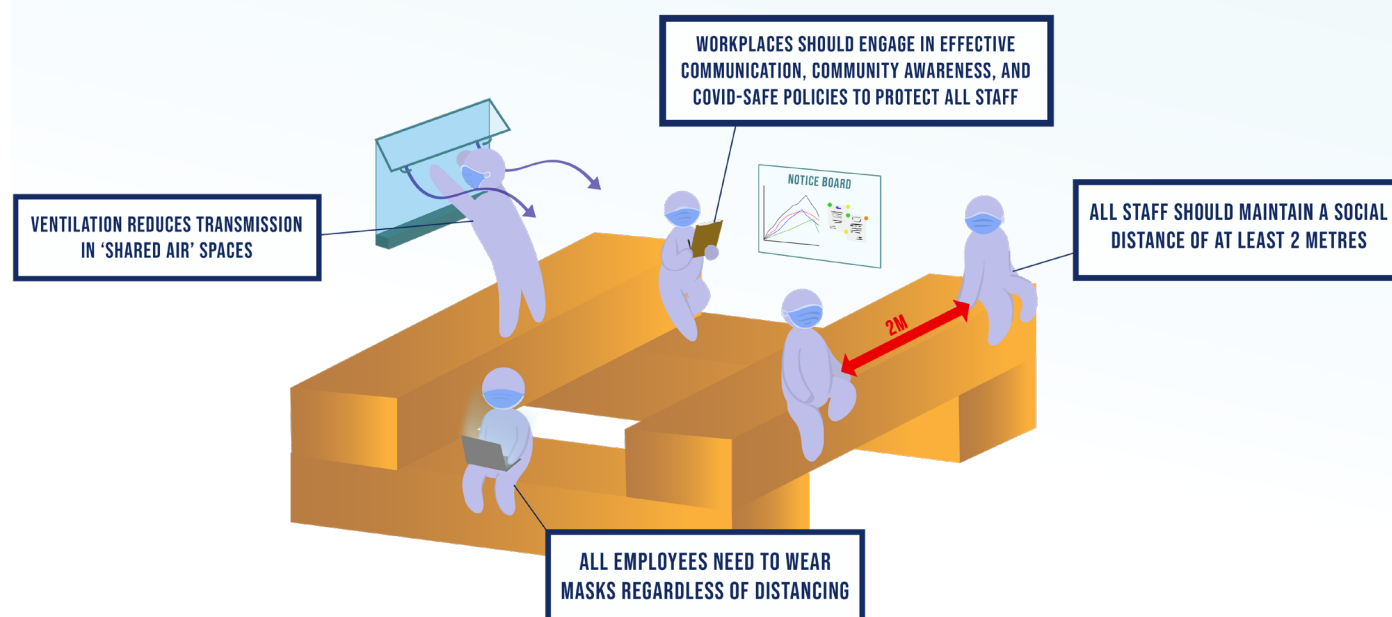
The measures outlined in this document are the ones we use ourselves in our own workplace; we wear face masks at all times, socially distance, wash/sanitise our hands regularly, ventilate each working space, and prioritise COVID prevention and safety for the team.

These simple measures form part of the building blocks of safe workplaces in this pandemic (see diagram below). The four blocks represent policies and practices that all workplaces can adopt today to protect our staff and community. Without one of the four, we are vulnerable to workplace outbreaks and—in very rare circumstances—temporary closure.

As we start to enjoy the phased reopening of society, we want you to open safely and operate in a way that allows you to continue to do so. And while small outbreaks are possible, we hope that these safe building blocks will help you prevent and minimise outbreaks.

We would like to thank you for your ongoing patience and cooperation, and wish you the best of luck in the coming weeks and months ahead.

Dr Marie Casey
Specialist in Public Health Medicine

VENTILATION REDUCES TRANSMISSION IN 'SHARED AIR' SPACES

WORKPLACES SHOULD ENGAGE IN EFFECTIVE COMMUNICATION, COMMUNITY AWARENESS, AND COVID-SAFE POLICIES TO PROTECT ALL STAFF

NOTICE BOARD

ALL STAFF SHOULD MAINTAIN A SOCIAL DISTANCE OF AT LEAST 2 METRES

2M

ALL EMPLOYEES NEED TO WEAR MASKS REGARDLESS OF DISTANCING

2. IMPORTANCE OF MASKS AT WORK

From the carpark to the desk—that is when you should wear your mask at work.

Because SARS-CoV-2 (the virus that causes COVID-19) is transmitted primarily by breathing in virus particles in the air, the wearing of face coverings is one of the most essential defences against the spread of infection.

It is possible that you could be asymptomatic or have very mild symptoms, attend work, and unwittingly infect your colleagues. If you do not wear a mask, you could spread the virus through **droplets** due to close contact; through **aerosols** (very small droplets) which can remain suspended in the air for a long time and may travel further than droplets; and through **fomites**, which are contaminated surfaces from droplets. Frequent hand-washing and use of hand sanitiser, and wiping down of surfaces and common touch points in the workplace will protect you and your staff from fomite transmission.

The risk of infection is magnified when your colleagues are also not wearing masks.

It's important to wear masks even if staff are socially distanced as it adds another layer of protection. Staff at work may have many hours of exposure to one another and also may meet one another many times over a typical workday.

What masks should I wear?
Ideally, your staff should be wearing the blue, disposable medical face masks, which should be replaced when moist and disposed of after use. We would urge all businesses to keep sufficient stock of these masks for staff. Our experience is that these are more comfortable for staff and they are less likely to readjust them. Cloth masks are also acceptable if they contain two or more layers of fabric, and are washed after each use.

Are visors/face shields effective?
Visors and face shields do not contain the spread of droplets or aerosols as well as medical or cloth face coverings. They should only be worn if you have an illness or impairment that makes wearing a face covering difficult. In the event of a suspected outbreak, the wearing of a face shield would not be considered adequate protection.

What about Plexiglass screens?
More research is needed about whether Plexiglass screens prevent COVID spread.
We encourage all staff to wear masks to ensure increased protection from the spread of COVID.

EXAMPLES IN WORKPLACE SITUATIONS

- In one outbreak, all staff were masked at all times until they took them off during a short boardroom meeting. One person was presymptomatic (they had no symptoms yet but developed them later). Everyone in the room was infected.
- On a number of occasions, we have recorded outbreaks in large office settings where staff wear masks when together but remove them when at their desks.
- Canteen/break rooms continue to be common causes of outbreaks due to close contact and staff not wearing masks. It is important to stagger breaks to reduce occupancy of the canteen to avoid this.
- In one workplace, one infected member of staff was not wearing a mask behind a Plexiglass screen. Though mask-wearing customers were more protected, all staff behind the screen were identified as close contacts due to the lack of mitigation measures. In the event of an outbreak, we advise that staff switch to the disposable medical masks.

3. VENTILATION AT WORK

COVID-19 spreads more in crowded indoor spaces that are poorly ventilated. Indoor ventilation is important but on its own is not enough to prevent spread and has to be used alongside other measures such as mask wearing, physical distancing, etc.

Ventilation is about moving outdoor (clean) air into a building or room where it can circulate in that space. To have good ventilation, three elements are needed; strong **ventilation rate** or enough volume of air for people in the room/building; airflow direction from clean areas to 'dirty zones'; and good distribution of air around the space.

When improving ventilation in workplaces it is important to identify the places where people **share air**. This includes employees car-pooling and sharing vehicles, canteens, locker rooms, bathrooms, as well as the main work spaces, including open plan offices. All workplaces have either **natural ventilation** (windows/doors) **or mechanical ventilation** (Heating, Ventilation, and Air Conditioning systems) or both.

Natural

Measures that improve natural ventilation include opening windows and doors which increase the ventilation rate and allow cross ventilation across rooms. Using pedestal fans close to an open window can bring more air in. Note that mixing of air can be improved using fans but this should only happen if the ventilation rate is right for the room and occupancy, otherwise it might spread virus particles (see example below).

Mechanical

Mechanical ventilation systems should be reviewed by a HVAC (heating, ventilation, air conditioning) professional to ensure they provide optimal ventilation and are operating well. Make sure to ask them to disable demand-control ventilation controls which reduce air supply based on temperature or occupancy.

Whichever type of ventilation is used, it is important that the room is not occupied by a greater number of people than adequate ventilation can be provided for. Maximum occupancy of rooms should be set and not exceeded. It is also important that spaces are 'aired' out before and after they are occupied- this is as simple as opening the window for 15 minutes before and after or turning on the HVAC system with maximum outside airflow for two hours at normal speed before and after. For more technical information and guidance see the WHO document which provides specific advice on improving natural and mechanical ventilation. It can also assist you and your HVAC professional to optimise ventilation settings.

EXAMPLES IN WORKPLACE SITUATIONS

- In one workplace outbreak, while staff working in a kitchen were distanced, they were not wearing masks in a poorly-ventilated space with a pedestal fan. The poor ventilation and use of a fan were major contributing factors in this situation. All kitchen staff were infected.
- We have recorded a number of workplace outbreaks connected to car-pooling and shared transport. In one incident, a number of workers were sharing a vehicle and were not wearing masks and the windows were closed. All occupants were infected.
- A large number of outbreaks and situations in workplaces have been connected to contact in break rooms and canteens, many of which are poorly ventilated. It is best practice to leave canteen windows and doors open.
- After a large outbreak at a factory, the workplace focused on natural ventilation by opening doors. This action has been a effective mitigation measure that has helped reduce impact of COVID-19.

# 4. SOCIAL CONTACT AND SOCIAL ACTIVITY

Social contact and social activity continue to be common contributing factors in workplace-related outbreaks in the Mid-West region. Social contact (e.g. informal close contact between colleagues at work) and social activity (e.g. informal and organised gatherings in and outside work) need to be undertaken safely or minimised (through home working where possible), in order to reduce our collective risk of infection amid the phased reopening of society.

The vast majority of social contact and activity among workers tends to be close contact without face masks. This means people are sharing the same air, and are increasingly vulnerable to COVID-19 transmission via droplets and aerosols. This high-risk behaviour potentially places more colleagues, families, and households at risk of infection, as a result of onward transmission. It also leads to a significant number of staff being identified and excluded as close contacts, causing immense disruption to work and personal lives, and sometimes temporary business closure. Similar to understanding the shared space in a workplace, it is best practice to ensure that all staff and work stations are at least two metres apart to reduce the chances of people being identified as a close contact.

What is a close contact?

You can be identified as a close contact if you spent more than 15 minutes with a work colleague, and were less than two metres apart. For those contacts who have shared a closed space with a case for longer than two hours, a risk assessment will be undertaken which will take room size, ventilation, and distance from the case into account. Other mitigating measures (e.g. such as were masks worn, was there social contact will be explored with the workplace as part of this risk assessment).

Many employees may have many hours of exposure if a colleague is a case, therefore they may be identified as a close contact. If Public Health is aware of an outbreak at your workplace, and prevention measures are not sufficient, this will also be factored into this risk assesment. If you are a workplace with a lot of customers and footfall, such as a cafe or shop, facilitate distancing measures for the public. This may also include having a limit of customers at any one time.
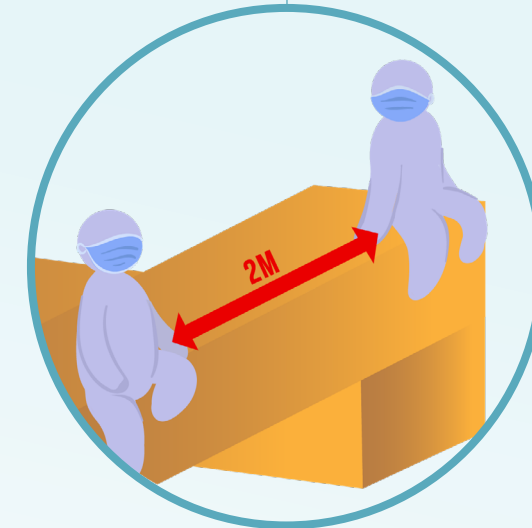
EXAMPLES IN WORKPLACE SITUATIONS

- Organised social gatherings in workplaces are extremely high-risk activities that have been key contributing factors in outbreaks. One indoor social gathering at a workplace was connected to a complex community outbreak, involving multiple households and workplaces.
- Car-pooling and shared transport is high-risk due to this close contact, and has been the cause of numerous workplace situations. You can mitigate this by wearing masks, opening windows, and avoiding sitting next or close to each other where possible. However, even if you engage in all of these mitigation measures, you may still be identified as a close contact.
- We have recorded a number of incidents where staff members socialise at the weekend in high-risk settings, and bring the infection into the workplace unwittingly.
- In one workplace, one infected member of staff was not wearing a mask behind a Plexiglass screen. Though mask-wearing customers were more protected, all staff behind the screen were identified as close contacts due to the lack of mitigation measures.
- Canteens/break rooms are frequent sources of infection in workplaces due to lack of mitigation measures, including social distancing. Breaks and lunches should be staggered.

5. COVID-19 POLICY AND MANAGEMENT

Having robust infection prevention policy and management structures COVID-19 prevention in the workplace, and protects your staff and customers. It will also allow you to be proactive to avoid outbreak situations, but also equips you with the skills and processes to manage them when they arise. This adherence to public health guidance is evident to customers and consumers, and sends a strong message to the public about your corporate social responsibility.

Vaccines and tests
We encourage you to facilitate your staff to be vaccinated when their appointments are allocated. Facilitating scheduled COVID-19 tests is essential. If Public Health offers screening to your business, please encourage uptake. When your staff are protected, your business is also.

Appoint a COVID lead
Every workplace, big or small, should have a COVID-19 lead, whose role is to ensure that all mitigation measures are being implemented and to be a reliable link between the Department of Public Health and the workplace. This person (or people) should be contactable seven days a week to enable swift managment of cases and outbreaks . If you do not have a COVID-19 lead, it places your staff at more risk and makes communication with Public Health more complicated.

Masks, ventilation, distancing
Consider adopting a uniform mask policy that encourages staff to wear masks from the carpark to the desk. Likewise, consider increasing mitigation measures to reduce social or close contact (which includes working from home where possible), and to improve ventilation in the workplace. Staff will quickly adapt to new policies

Rosters and logs
Where possible, try to keep a consistent roster with no overlaps and mixing of different staff. Should there be a risk of an outbreak, keeping a consistent roster allows you to contain the spread of infection, and significantly reduces the number of close contacts and confirmed cases. Likewise, break and lunch times should be staggered to minimise social contact. We also advise that you keep a log of staff attending work. In the event of a suspected outbreak, this can help us swiftly manage a situation without any delays.

Stick to your station
It is important your staff remain in the same work space throughout the day, where possible. We have managed serious outbreaks in large workplaces where staff were frequently mobile between floors and offices.

Take no chances with symptoms
If you suspect one of your staff members has symptoms, send them home and advise them to consult their GP. All businesses should facilitate their staff if this should occur. Because many people will present with very mild symptoms, we ask that you take no chances. It could save your business from a serious outbreak.

ANTIGEN TESTING
If using antigen testing, it is important to have a documented process so it is clear what to do in different scenarios. If a person is symptomatic, no matter how mild those symptoms are, they need to have a free PCR test done in a HSE testing centre. An antigen test may be performed before they leave work, but a negative antigen test does not mean that they can continue to work. If a person is asymptomatic and positive on antigen test, they also need to have a PCR test done in a HSE testing centre to confirm this result. Contact tracing depends on people having PCR test results which are uploaded into the contact tracing system.

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6. COMMUNICATION AND COMMUNITY

As part of a strong culture and structure in protecting your workplace against COVID-19, keeping your staff sufficiently informed and facilitating open communication around COVID-19 is also encouraged.

While our team of contact tracers manages well on a daily basis, we do encounter some challenges from time to time. Some difficulties may include people not answering their phones, reluctance to reveal their close contacts, and occasionally people are reluctant to disclose how they may have been exposed to the virus.

A key challenge can be establishing who the close contacts are in workplaces, particularly small ones, where some work colleagues may deny being a close contact, out of fear that the workplace may suffer due to reduction in staff numbers or temporary closure. All information is **private and confidential**, and helps our team and your workplace manage COVID-19 situations when they arise.

If our team does not have the full picture of how COVID-19 might have spread, this could place more people at risk of infection—inside and outside the workplace—and prolong an outbreak situation at work.

Community awareness
Keep an eye on the COVID-19 situation in the community, by following daily updates in the local and national news, Department of Health/NPHET data, and Public Health Mid-West's Twitter (@PublicHealthMW) for Public Health advice and regional data, in addition to useful information as part of our **#SafeWorkStopsCovid** campaign.

You should always exercise caution as COVID-19 remains in the community. However, if you notice an increase in cases or worrying trends, that is a good indicator to redouble your efforts to protect your staff and customers.
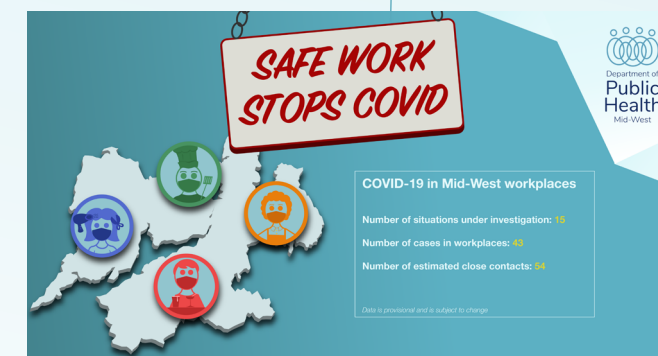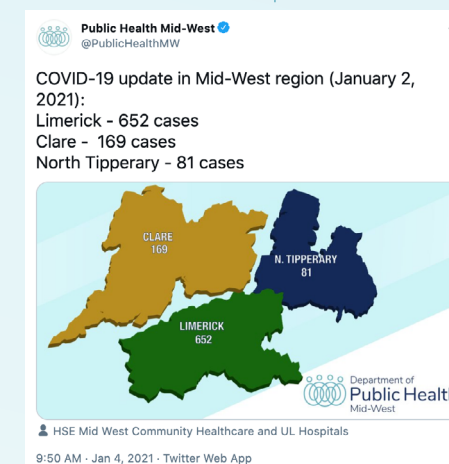
FURTHER RESOURCES

Work Safely Protocol (2nd edition published May 2021). Useful checklists and other resources.

Roadmap to improve and ensure good indoor ventilation in the context of COVID-19. World Health Organization (published March 2021).

Guidance on COVID-19 for contractors, employers and employees. Health Protection Surveillance Centre.

Factsheets and Quick Guides to Isolation (short documents advising on the proper length of time for excluding employees from work in a variety of scenarios). Health Protection Surveillance Centre.

Latest updates on COVID-19 (Gov.ie)

HSE Covid-19 updates

Health Protection Surveillance Centre website

Public Health Mid-West Twitter

Department of Health Twitter

7. COVID-19 SYMPTOMS

What are the common symptoms?
Some of more common symptoms of COVID-19 include **a fever** (high temperature of 38 degrees Celsius or above); **a new cough**, and it can be any kind of cough—not just dry; **shortness of breath** or breathing difficulties; and a **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.
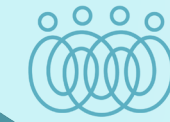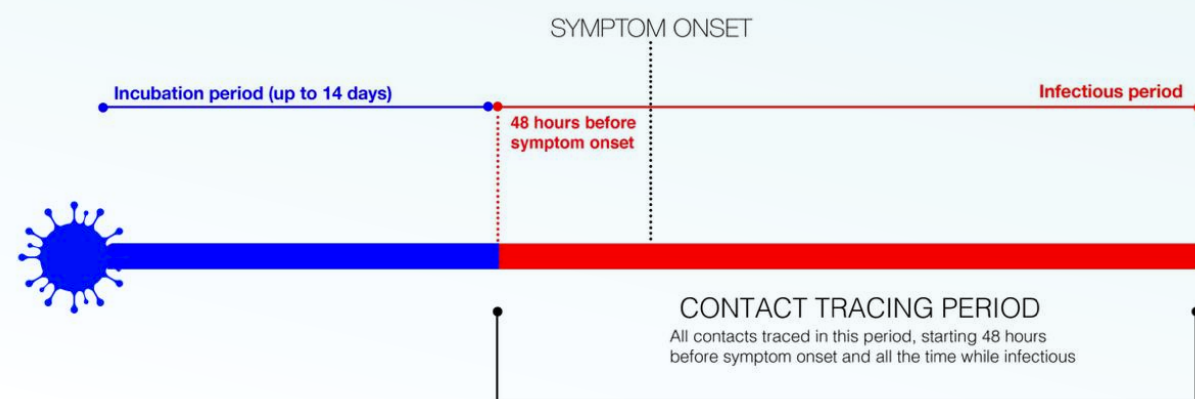
Some symptoms are more common than others. They include fever and chills; a cough; shortness of breath; lost or changed sense of smell and taste; fatigue; aches and pains.

Other symptoms can occur sometimes, such as a sore throat, headaches, and runny or stuffy nose.

Other symptoms are more rare. These include feeling sick or vomiting, and diarrhoea. Sneezing is not a symptom associated with COVID-19.

You may not have all of these symptoms. It can take up to 14 days for symptoms to show after being exposed to the virus. They can be similar to symptoms of cold and flu. An early diagnosis from your GP means you can get the help you need and avoid spreading the virus, if you have it. If you have symptoms, do not attend a vaccination appointment if you have one scheduled. You can call HSELive on 1850 241850 to request a new appointment date.

If you are in doubt about any symptoms you have, phone your GP. They will discuss your symptoms with you and advise you on any steps you may need to take.

SYMPTOM ONSET

Incubation period (up to 14 days)

Infectious period

48 hours before symptom onset

CONTACT TRACING PERIOD
All contacts traced in this period, starting 48 hours before symptom onset and all the time while infectious

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Safe Work Stops Covid report by

Dr Marie Casey, Specialist in Public Health Medicine
Dr Allison Deane, Specialist Registrar in Public Health Medicine
Marion Commane, Clinical Nurse Manager, Health Protection
Fintan Walsh, Communications Specialist