General guide on management of COVID-19 outbreaks in the workplace

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This document is intended as a general guide to management of COVID-19 outbreaks in workplaces. It should be used in conjunction with the Work Safely Protocol.

All HPSC guidance should be read and interpreted in conjunction with the Government’s Framework of Restrictions.
1. Definition of an outbreak

An outbreak is declared when:

- two or more cases of laboratory confirmed COVID-19 infections are linked by time, place or person, regardless of whether the cases have symptoms or not;

OR

- one case of laboratory confirmed COVID-19 infection with or without symptoms, is linked by time, place or person to at least one additional case of illness with symptoms consistent with COVID-19 infection (at least one of the following: sudden onset new cough, fever, shortness of breath, loss of smell, loss of taste, distortion of taste). Full access to the definition of an outbreak can be found here: [https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/)

2. Investigation

A positive case of COVID-19 is notified as follows:

1. To the local Department of Public Health (DPH) by the following routes:
   a. Upload onto the Computerised Infectious Disease Reporting (CIDR) system ([https://www.hpsc.ie/cidr/](https://www.hpsc.ie/cidr/)) by laboratory staff
   b. IT systems such as upload to the Contact Management Programme (CMP) ([https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/))
   c. By direct call to the DPH by local laboratory/Microbiologist/Doctor
   d. Through other laboratory lists/notifications

2. To the contact tracing centres (CTCs) by upload to the CMP. Note, if a member of a CTC recognises that a case is related to a workplace they add the positive case to a specialised queue in the CMP and this alerts the relevant DPH as to the ‘complex setting’. The DPH then investigates further and follows the steps outlined below.

Note, at times employees or management in a workplace may be the first to recognise that there is a potential outbreak in the workplace. (Employees should be made aware that they should notify management of any symptoms). In this scenario, management should alert the Department of Public Health and/or occupational health. A list of the local Departments of Health can be found at: [https://www.hpsc.ie/notifiablediseases/whotonotify/](https://www.hpsc.ie/notifiablediseases/whotonotify/).

If the definition of an outbreak in a workplace setting is met, the local DPH starts the investigation of the outbreak. The DPH conducts a preliminary Public Health Risk Assessment (PHRA), and determines whether additional urgent actions are needed to prevent further disease transmission e.g. identification and management of close contacts, Infection Prevention and Control (IPC) measures etc. This is followed by a more detailed investigation into the origin, nature and characteristics of the outbreak. At the same
time, an Outbreak Control Team (OCT) may be convened to assist the Medical Officer of Health (MOH) (lead Specialist in Public Health Medicine in the DPH) in the investigation and to assist the DPH to determine and act on the most immediate steps required to bring the outbreak under control. In a pandemic, due to the volume and intensity of outbreaks, resources may not permit an OCT for each individual outbreak.

The team members of an OCT will be those relevant to the setting and needs of the MOH. They will consist of Public Health medical staff (including doctors and nurses, surveillance and administrative support), and may consist of, among other stakeholders:

- management and the Lead Worker Representative or other worker representation from the workplace in question
- occupational health
- environmental health officers
- the Health Protection Surveillance Centre (HPSC) (where multiple Health Service Executive (HSE) regions are involved)
- Department of Agriculture, Food and the Marine (DAFM)
- Food Safety Authority of Ireland (FSAI)
- Health and Safety Authority (HSA)

3. Management

The primary objective of managing an outbreak is to reduce the risk to the workforce and public health by containing the disease and preventing secondary spread. In the case of COVID-19, the objective is to identify positive cases and their close contacts (in the workplace or at home) as soon as possible. Positive cases are issued with advice regarding self-isolation at home (https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/Self-isolation%20leaflet.pdf).

Close contacts are advised about restricting movements, including staying away from the workplace (https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/). Testing is arranged for close contacts in order to identify positive cases quickly and in turn identifying their close contacts. The mode of transmission is particularly important. In workplace outbreaks, modes of transmission may occur in settings outside of the workplace, for example, where there is carpooling among workers or where workers socialise in each other’s households. Identifying these other modes of transmission assists in breaking chains of transmission and stopping the spread of COVID-19 in the workplace as well as the wider community. Mass testing may be indicated in some circumstances.

Another important part of managing an outbreak is ensuring that all IPC guidelines are in place and are being implemented in the workplace (https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/). In this regard, ongoing and active implementation and supervision of IPC measures by management and workers is critical. The following are important: physical/social distancing, staggering arrival, departure
and break times and managing changing rooms. If mask wearing is advised, are staff wearing the masks correctly (covering the nose and mouth)? Are staff congregating in canteen/ workplace restaurants or outside in smoking areas with no masks on? Identifying these encounters will identify possible chains of transmission and will be worked through with management and employee representatives (e.g., Lead Worker Representative). Exclusion policies are also critical to preventing staff bringing COVID-19 into the workplace. Financial barriers to self-exclusion need to be considered. Further details on the COVID-19 IPC measures, which must be implemented in the workplace are outlined in the Work Safely Protocol.

Communication throughout an outbreak is essential. Messaging in commonly used areas by staff is important. Screens or posters, with IPC measures that are in place, can increase adherence to IPC measures. Often, it is the case that there may be communication issues due to English not being the first language of employees. In these circumstances a variety of channels should be used in these circumstances to ensure key messages are understood. HPSC provide updated guidance and leaflets for employees in many different languages (https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/covid-19translatedresources/). All DPHs have access to translation services to assist with communicating with employees who may not speak English. DPHs are experienced in recognising and identifying potential issues in relation to managing workplace outbreaks and will work with employees (including the Lead Worker Representative and/or other worker representatives) and management to overcome these issues and ensure employee welfare.

4. Testing

Employees identified as a close contact of a confirmed case by the DPH are offered two COVID-19 tests, one on the day that they are identified (called Day 0), and a second test 7 days after last contact with the positive case of COVID-19. Regardless of the outcome of both tests, all close contacts must restrict their movements for 14 days after last contact with the positive case of COVID-19. If close contacts become symptomatic they are asked to self-isolate immediately and contact their GP. The decision to conduct mass testing (i.e. all or a large proportion of workplace staff regardless of contact status) is made on a case-by-case basis. A number of factors contribute to this decision e.g. in the event of there being a large number of cases identified in the initial investigation, if large numbers of symptomatic close contacts are identified, if the IPC guidelines are difficult to implement due to the nature of the work undertaken or the workplace itself or if there is precedence in terms of experience in DPHs or guidance from HPSC. The OCT will make the decision regarding mass testing in consultation with relevant stakeholders.

5. Decisions around closure

In some instances, it may be necessary to close a workplace in order to control the spread of COVID-19. The decision to close a workplace is made by the OCT and often involves multiple stakeholders, as appropriate to the workplace in question. Stakeholders who are not in the OCT may be invited at this stage. Examples include:
• Occupational Health medical staff (HSE and private occupational health companies)
• HSA
• Environmental health officers from the Health Service Executive HSE)
• FSAI
• DAFM

Closure of a workplace will be considered in some circumstances e.g. where there is evidence of ongoing transmission in the workplace despite adequate IPC guideline implementation or where IPC guidelines have not been or cannot be adhered to. Occasionally, the management of a workplace may take the decision to close during an outbreak for operational reasons.

An outbreak is declared over when there have been no further cases of new infection for a period of 28 days.

6. Reopening criteria

If a decision is made to close a workplace, criteria to be met prior to reopening will be determined by the OCT in consultation with the relevant stakeholders. Reopening may occur on a phased basis and may be subject to testing of employees. Reopening criteria can be based on a number of factors but will usually include evidence that transmission is reduced or ceased, deep cleaning and ensuring that all IPC measures are implemented to prevent further spread. The DPH will work with management and employee representatives (e.g. Leader Worker Representative) to establish these criteria. A site visit by Public Health doctors +/- other relevant stakeholders may predate reopening of a workplace if time and resources allow in the context of a pandemic.

7. Additional Resources


General information resources can be found at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/.

Translations of these documents can be found at: (https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/covid-19translatedresources/)


Guidance in relation to COVID-19 in the workplace can be found at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/employersemployeesguidance/. The following are some of the documents available: