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Subject

Phibsborough Shopping Centre Co-Living Development

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Prepared by:
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For
Phibsborough Shopping Centre Ltd.
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Executive Summary

A risk assessment was performed in relation to the potential transmission of Covid-19 in the proposed Phibsborough Shopping Centre Co-living development.

The risk assessment was made against similar types of accommodation in an urban environment. In other words, I am assessing this accommodation against reasonable alternatives, and individuals who would occupy the type of accommodation. In general terms these would be individuals sharing apartments or houses in an urban setting. It is not intended to compare the proposed accommodation with, for example, a family occupying an individual home or indeed one person occupying an individual residence on their own either in an urban environment or indeed rural environments.

In general, the risk assessment determined a low risk of transmission between persons in the co-living development as compared to reasonable alternatives for those individuals. Individuals would not be close contacts simply by living in the building even if another person living in the building has a confirmed case of Covid-19, whereas under normal circumstances, in the case of a shared apartment or house, all sharers would be close contacts.

The shared kitchens are not considered to increase the risk of transmission given all the controls that are in place including the cleaning and booking system, but also cognisant of recent scientific evidence that fomite transmission of Covid, that is by means of contact with surfaces, is considered significantly less likely to result in infection, than previously thought. The consensus of scientific evidence is that the vast majority of transmission of Covid-19 is by means of air, whether that be by droplet or aerosol transmission.

Common areas, such as the gym and cinema, will need strict adherence to social distancing but are considered no higher risk than similar facilities that may be used outside of the building. I am assuming in making this statement that these areas would be closed for common usage under the governmental advice protocol for all similar facilities.

In many respects, the risks of transmission would be less than for people living in the proposed building than in a normal shared house or apartment as a result of the SQRE managements cleaning and pandemic protocols that will be implemented.

In Co-living developments such as this one proposed for Phibsborough, the ability to have individuals living by themselves with all necessary facilities contained in their private suite will reduce the risk of transmission of the virus and indeed make suites themselves suitable for self-isolation or quarantine.

Background

I am a consultant Occupational and Environmental Physician. I practice as a specialist for nearly 30 years. I am a Fellow of the Royal College of Physicians of Ireland and a Fellow of the Faculty of Occupational Medicine. I am a past National Speciality Director and the past Dean of the Faculty. I am Managing Director of CHI (Cork).

I have worked extensively for the last six months in the preparation of Covid-19 risk assessments for some of the largest employers in the country. I regularly have run Covid-19 workshops to train both employers and employees in relation to risk reduction with Covid-19 in particular.

I previously performed a risk assessment particularly in relation to Covid-19 transmission and the risk of close contacts in a proposed co-living accommodation for the other developers for similar co-living developments.

As a medical doctor I can only comment on health-related issues and have no comment one way or the other on other issues.

Assessment

I was asked to perform a risk assessment particularly in relation to Covid transmission and the risk of close contacts in a proposed shared living accommodation for Phibsborough Shopping Centre.

In the preparation of this risk assessment, I reviewed architect's plans and design statement, schedule of accommodations, a report by Metec Mechanical & Electrical Consulting Engineers, and the SQRE Living Report.

Co- Living Development

The proposed development is relatively unique in Irish terms. It is a form of co-living where each resident can be self-sufficient within their relatively large private suite. Each individual private suite is entirely self-contained with private shower room/toilet and wash area, high speed WIFI and a fully functional workstation to enable working from home. There is also cooking facilities provided in the room in the event that the occupier needs to self-isolate or just limit his contact with others.

Some of the factors which make the proposed accommodation relatively unique are:

Outdoor spaces

There is a significant amount of external amenity spaces such as courtyards, rooftop terraces, and gardens in this scheme and the increased use of these lower risk outdoor amenity spaces will help prevent the spread of Covid-19.

Modular spaces

Use of flexible separators to break up larger spaces for usage by individuals or smaller groups. This will take the form of physical separators in the kitchen and dining areas and in the communal areas similar to that experienced in other well managed residential buildings.

Booths

Use of sound proofed single person booths to allow for undisturbed virtual meetings is proposed for communal areas

Covid-19 Close Contacts

Most people will by now be aware of the concept of a “close contact”. These are persons whom by nature of the contact with an infected person is deemed at increased risk of contracting Covid-19.

The HPSC, Health Protection Surveillance Centre, list a few definitions as to what close contacts include.

This includes any individual who is more than fifteen minutes face-to-face contact of 2 metres or less with a confirmed case in any setting. This is the definition which I think every person living in Ireland has heard again and again over the last four months.

There are however other types of close contacts. Another close contact is a “household contact”. HSPC defines household contacts as:

1. Living or sleeping in the same home,
2. Individuals in shared accommodation where there is sharing of kitchen or bathroom facilities and
3. Sexual partners.

The final consideration for a close contact is people occupying an enclosed space for more than two hours. While the precise definition of an enclosed space is not given, by giving the example of the classroom, which most people intuitively recognise,

effectively it means that anything in size smaller than classroom potentially be an enclosed space while something larger is not.

To complicate things slightly, being in the enclosed space does not automatically make one a close contact but prompts a risk assessment. The factors that should be considered here include the actual distances between people, ventilation such as the number of air changes and whether any barriers exist. Another consideration may be the orientation of people. For example, people who are not face-to-face have lower risk.

Phibsborough Shopping Centre

In the proposed facility, in my opinion the key assessment to be made in relation to Covid-19 is that whether people living in the enclosed units would be considered close contacts, simply by living in the accommodation. In other words, what are the implications for other residents if any individual was a confirmed case of Covid-19.

“Clearly, residents would not be seen as living in one home”.

I also believe that it would not be considered shared accommodation in the sense described by the HPSC as each private suite is fully self-contained with a toilet/shower, cooking and dining and working facilities and this would be the home unit as such. While communal kitchen facilities are shared, it is not anticipated that these would be used add-hock during pandemic times and booking system will be implemented essentially allowing only a specific number of occupants to use the facilities at any one time, isolating the kitchen facilities from other residents, a factor which would simply not apply in shared apartments or houses.

Remember the definition of shared accommodation includes the sharing of toilets and cooking facilities. Notwithstanding that each bedroom suite has its own cooking, eating and toilet facilities, then in the event that occupants need to self-isolate they can do this separately and away from the communal kitchen/ dining and other shared amenity area and furthermore given that the communal kitchens and other facilities will be operated on a booking system so therefore these areas will not be considered shared in the standard operation sense either.

This has become perhaps somewhat less relevant in terms of recent scientific evidence which emphasise the importance of airborne transmission, but it is nevertheless appropriate to consider.

This would therefore differ from shared accommodation such as people sharing an apartment together. For the reasons outlined I believe that co-living accommodation could be deemed as having shared accommodation suitable for the management for close contact purposes.

Kitchens

It is outlined in the Covid-19 Pandemic Operation Plan for the building that social distancing of 2 metres must be observed. There will be a restriction on the number of residents permitted into the kitchen space at any one time. This is managed by a strict booking system implemented by the SQRE operations management team

The kitchens themselves are part of a larger area which is significantly larger than a classroom. There are four communal kitchen areas per floor, a total of 22 communal kitchens across all of the floors in the building which helps to reduce the amount of people congregating in one area thus further reducing the risk of infection

transmission. Because of the nature of their design these areas would therefore not be considered to be an enclosed space.

As part of the building design, there are a significant number of fresh air changes provided by way of the mechanical ventilation system in all communal areas, which according to the consultant's reports provides for at least five air changes per hour, reducing further the risk of viral spread.

After reviewing the layout of the kitchen and the controls in place in relation to cleaning and social distancing, it is clear to me that people using the kitchen or the other shared facilities and one after the another would not be considered close contacts simply by use of these facilities. With the reduced numbers and cleaning regimes, I believe the risk even in the kitchens is negligible.

Other Shared Facilities

There are other facilities within the proposed building for example the cinema and the gym that would not normally be provided in most residential/ apartment developments. In the event of a pandemic these facilities would not be intrinsic to life within the co-living accommodation and will be operated in line with government and HSE guidelines and taken out of use as needed. In many respects use of these facilities would be the same as using similar facilities outside of the accommodation.

The reception lounge areas would be subject to social distancing rules with some furniture items subject to restricted use. I have reviewed the adjusted Covid-19 2 metres social distancing capacity of the area as opposed to the full assigned capacity, and these are appropriate.

There are therefore potential issues in the gym, cinema and games room. These however will be managed by the building management cleaning regime and the reduction in numbers allowed to use the rooms by virtue of the booking system. There are also high levels of mechanical fresh air changes in these rooms. In many ways these challenges are no different to amenity areas anywhere. I would think the building management controls put in place significantly reduces risks and are probably less than comparable areas elsewhere.

Potential for Self-Isolation

The accommodation has the potential to be used in times of self-isolation and quarantine. The layout of the suites being self-contained to include not alone toilet, cooking/ dining, bathroom and working facilities, accompanied by their relatively large size in terms of rooms that might be available in other shared accommodation, makes the suites somewhat unusual. The wellbeing of the occupant is enhanced by virtue of the mechanical ventilation system provided in each room which is designed to provide the required air changes giving good ventilation and each occupant also has access to an openable window. They would appear to me to be particularly well suited for self-isolation. Food can be delivered to the door of each suite by the many facilities that this form of accommodation presents. Food can be prepared by the communal ie friends within the co-living community, it can be arranged by the building management team or simply ordered from outside through any of the available food delivery "apps". There are ample provisions of food delivery options in the local urban village of Phibsborough.

Other than the provision of food and postal deliveries which can be left at the door, the resident can remain within the suite for the period of self-isolation. They would appear to be uniquely positioned to facilitate such. The person or persons could self-isolate within their own suite with no contact and therefore no risk to anybody else in any other suite. This will be important for people who are already living there, if they were required to self-isolate quarantine for any reason.

Opinion

Overall, I have reviewed the plans layout and operation procedures for the proposed development and in my opinion, residents of these Co-living private suites would not be considered close contacts simply by sharing the accommodation facilities. Indeed, given the control measures put in such as social distancing, booking and reduction in utilisation of common areas, I would assess the risk measures as being of the highest standard.

There will undoubtedly be responsibility on the residents themselves to observe social distancing, but this is common in every setting both within the accommodation and outside. I would assess the risk of transmission of Covid as very low provided social distancing is observed and cleaning in the common areas is performed diligently. In addition, the facility has near ideal conditions if a period a self-isolation or quarantine is required.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Martin Hogan', written in a cursive style.

Dr Martin Hogan FRCPI FFOMI
Consultant Occupational Physician (IMC No. 11908)