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| **19.3.22 COVID-19 Work Safely Protocol - Checklist No. 6**  **Employees**  **UCC FA/School/Dept/ Research Centre or Institute Rev #2 July 2021** | | | |
| This checklist has been developed to inform employees about what they need to do to help prevent the spread of COVID-19 in their workplace. Employers and employees must work together to protect everyone at the workplace. Further information can be found at [www.Gov.ie](http://www.Gov.ie), [www.hse.ie](http://www.hse.ie), [www.hpsc.ie](http://www.hpsc.ie) and [www.hsa.ie](http://www.hsa.ie) Note: Workers should follow the Public Health advice and guidance as it relates to workplace and community settings.  Text marked = new/re-worded in line with H.S.A. changes in 2021 (i.e. altered since v1 May 2020) | | | |
|  | **Control** | **Yes / No** | **Action needed** |
| 1. | Do you feel well and fit enough to return to work? |  |  |
| 2. | Are you keeping up to date with the latest COVID-19 advice from Government? |  |  |
| 3. | Are you aware of the [signs and symptoms of COVID-19](https://www2.hse.ie/conditions/coronavirus/symptoms.html)? |  |  |
| 4. | Do you know [how the virus is spread](https://www2.hse.ie/conditions/coronavirus/how-coronavirus-is-spread.html)? |  |  |
| 5. | Have you completed COVID-19 Pre- return-to-work form and given it to your employer? (See template Return-to-Work form at hsa.ie/covid19) |  |  |
| 6. | Have you told your employer if you fall into any of the [higher risk groups](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html) ? |  |  |
| 7. | f you are returning to work following COVID-19 absence have you viewed the national Interim Guidance for Workers on Fitness for Work following COVID-19 absence? |  |  |
| 8. | Have you received an induction before you returned to work (including when your workplace reopened following a closure) and are you aware of the COVID-19 infection prevention and control (IPC) measures your employer has put in place to protect you and others being exposed to COVID-19? (See Checklist No. 2 Control Measures) ? Did your induction cover the latest up-to-date advice and guidance on public health, an outline of the Response Plan, and key points of contact? |  |  |
| 9. | Did your employer consult[[1]](#footnote-1) with you when putting these IPC measures in place? |  |  |
| 10. | Have you co-operated with your employer to make sure these IPC measures are maintained? |  |  |
| 11. | If your employer is considering using Rapid Antigen Diagnostic Testing (RADT) have they discussed this with you and your co-workers? |  |  |
| 12. | Have you taken the HSA (Work Safely Induction) online course available at hsa.ie/covid19? |  |  |
| 13. | Do you know what to do if you display signs or symptoms of COVID-19 at work or at home? |  |  |
|  |  | Yes / No | Action needed |
| 14. | Do you know who to contact if you develop symptoms of COVID-19 at work, and the procedures in place? |  |  |
| 15. | Do you know who your Lead Worker Representative is? |  |  |
| 16. | Do you know how to contact your Lead Worker Representative if you have any concerns about exposure to COVID-19, IPC measures not been maintained or have any suggestions that could help prevent the spread of the virus? |  |  |
| 17. | Do you know what to do in relation to physical distancing, good hand hygiene and respiratory etiquette? Do you know the importance of good ventilation, and to open windows, where possible? |  |  |
| 18. | Do you know how to wash your hands properly? See hse.ie/coronavirus |  |  |
| 19. | Do you know when to wash your hands?  Wash hands with soap and water or with hand sanitiser for at least 20 seconds and  in particular:  • after coughing and sneezing  • before and after eating  • before and after preparing food  • before and after removing a face covering  • if in contact with someone who is displaying  any COVID-19 symptoms  • before and after being on public transport  • before and after being in a crowd  • when arriving or leaving the  workplace/other sites  • when entering and exiting vehicles  • before having a cigarette or vaping  • when hands are dirty. If visibly  dirty, wash hands with soap and water, and  • after toilet use. |  |  |
| 20. | Do you know where your nearest hand washing / hand sanitising stations are? |  |  |
| 21. | Do you know how to wear a face mask/covering properly and to ensure they are clean and not shared or handled by others? Watch the ECDC video. |  |  |
| 22. | Do you know to avoid touching your face (eyes, nose, mouth)? |  |  |
| 23. | Do you know to keep 2 metres physical distancing from others at all times at work, including in any communal area such as a work canteen or wash/changing room? |  |  |

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|  |  | Yes / No | Action needed |
| 24. | Where it is not possible to ensure a 2 metre physical distance between you and others, has your employer put in place alternative measures to minimise contact with others, such as the installation of clear plastic screens between you and others and the provision of hand washing or hand sanitising aids nearby, so that hands can be cleaned as soon as the task is complete? |  |  |
| 25. | Do you know to avoid any physical contact with colleagues, customers or visitors? |  |  |
| 26. | Are you aware of the Public Health information and advice on the wearing of face masks / coverings? Watch hse.ie/coronavirus and ECDC videos |  |  |
| 27 | Do you understand the purpose of giving your employer any necessary information to maintain a COVID-19 contact log? |  |  |
| 28. | Do you understand any proposed new staff rosters, changing of start / finish times, rostering of breaks etc? |  |  |
| 29. | Have you been made aware of any changes to risk assessments relevant to your work activities and any changes to the safety statement in response to the infection prevention and control measures put in place to prevent the spread of COVID-19 in the work place? |  |  |
| 30. | Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace in response to controls to minimise the risk of you and others being exposed to COVID-19? |  |  |
| 31. | Do you know to avoid sharing items such as cups, bottles, cutlery, pens etc.? |  |  |
| 32. | Have you been made aware that any personal items brought into work must be cleaned and to avoid leaving them down on communal surfaces or to clean the surface after the personal item is removed? |  |  |
| 33. | Have you been provided with cleaning materials, for example wipes/disinfection products, paper towels, and waste bins/bags, to keep your own workspace clean? Work spaces and contact/touch points should be cleaned at least twice daily, and when visibly dirty.? |  |  |
| 34. | Do you know to clean your hands before and after using public transport when commuting and when you enter and exit the workplace? |  |  |
| 35. | Can you avoid work-related travel as far as possible and are you able to conduct meetings with colleagues / clients / customers in other forms e.g. telephone, or video conferencing rather than in person? |  |  |

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|  |  | Yes / No | Action needed |
| 36. | Are you travelling to/from or for work alone? If using your personal car for work, are you accompanied by a maximum of one other passenger, seated in adherence with physical distancing guidance? If you need to share a work vehicle or travel to/from work with others in a vehicle, are you travelling as a team/pod? Are you wearing face coverings/masks, and do you wash your hands before and after travelling together, in line with Public Health advice? |  |  |
| 37. | If you have to share a work vehicle, have you been provided with face masks/coverings, hand sanitisers and cleaning equipment to clean the vehicle’s frequently touched surfaces at the start and end of each shift? Do you wash hands before and after travelling together? |  |  |
| 38. | Do you know that vehicle heating and ventilation systems should not be set to recirculate air? Where cars are used, partially open two windows on opposite sides to improve ventilation? |  |  |
| 39. | Do you know when you have to wear PPE and how to fit, use, remove, clean, store and dispose of any required PPE? |  |  |
| 40. | Have you received training in the proper use, donning/doffing, cleaning, storing and disposal of PPE? If you are using a respirator, have you fit checked to ensure they are properly fitted each time the respirator is put on? |  |  |
| 41. | Do you know what supports are available to you if you are feeling anxious or stressed? |  |  |
|  | **Additional Information** |  |  |
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**Name………………………………………………Signature…………………………………………Date………………**

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1. And Trade Union if applicable [↑](#footnote-ref-1)