

**COVID-19 Return to Work Safely Protocol**

Employer Checklist No 1 – Planning & Preparation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Control** | **Yes** | **No** | **Action Needed** |
| 1 | Do you have designated workers in the organisation 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 | X |  |  |
| 2 | Have you prepared your business COVID-19 Plan | X |  |  |
| 3 | Have you a system in place to provide workers with information and guidance on the measures you have put in place to help prevent the spread of the virus and what is expected of them? | X |  |  |
| 4 | Have you consulted with your workers on measures | X |  |  |
| 5 | Have you identified the control measures you will need to put in place to minimise the risk of workers being exposed to COVID-19? (see checklist no 2) | X |  |  |
| 6 | Do you have a Return to Work Form which needs to be completed prior to returning to the workplace | X |  |  |
| 7 | Have you a list of all workers who may be deemed at risk in terms of COVID-19? | X |  |  |
| 8 | Have you assessed who can do their work from home | X |  |  |
| 9 | Have you told workers they must stay at home if they are sick or if they have symptoms of COVID-19 | X |  |  |
| 10 | Have you agreed with workers about any adjustments of rotas in the need to reduce the number of people in the workplace at any one time and maintain physical distancing | X |  | Will be regularly reviewed |
| 11 | Have you organised to carry out meetings, training & information sessions online or by phone wherever possible? | X |  |  |
| 12 | Have you identified the activities that involve interacting with visitors/clients and put in place measures to prevent physical distancing wherever possible | X |  |  |
| 13 | Have you put in place support for workers who may be suffering from anxiety or stress and told the workers about these supports | X |  |  |
| 14 | Have you identified and sourced PPE for use if needed | X |  |  |
| 15 | Is the workplace cleaned on a daily basis | X |  |  |



**COVID-19 Return to Work Form**

To help prevent the spread of COVID-19 in the workplace, every worker must complete this form before returning to work. On review of the form, management may contact you and ask you not to return to work immediately and will discuss a suitable future date for your return. NB – every question MUST be answered

|  |  |
| --- | --- |
| **Employee Name:** | **Manager Name:**  |
| **Workplace Address** |
| **Question** | **Yes** | **No** |
| Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? |  |  |
| Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |  |
| Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (ie less than 2 metres for more than 15 minutes altogether in 1 day)? |  |  |
| Have you been advised by a doctor to self-isolate at this time? |  |  |
| Additional Information |

PRINT NAME: DATE:



**Employer Checklist No 2 – Control Measures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Controls** | **Yes** | **No** | **Action Required** |
|  | **Hand Hygiene Facilities** |  |  |  |
| 1 | Are there enough hand washing and hand sanitising stations in place to accommodate workers/clients and visitors? | X |  |  |
| 2 | Are hand washing and hand sanitisers in convenient locations that can be easily and frequently accessed? | X |  |  |
| 3 | Have you made arrangements to ensure hand hygiene facilities are regularly checked and well stocked | X |  |  |
|  | Hand Sanitising |  |  |  |
| 4 | Does the alcohol based hand sanitiser have at least 60% Ethanol or 70% Isopropanol as the active ingredient?  | X |  |  |
| 5 | Is there hand sanitiser at entry/exit point of the workplace | X |  |  |
| 6 | Have you displayed posters on how to wash hands correctly in appropriate locations | X |  |  |
| 7 | Have you told workers when they need to wash their hands? | X |  |  |
| 8 | Have you provided outdoor workers to frequently practice hand hygiene | X |  |  |
| 9 | Have you provided hand sanitiser for use in work vehicles | X |  |  |
|  | Respiratory Hygiene |  |  |  |
| 10 | Have you provided posters showing good respiratory hygiene? | X |  |  |
| 11 | Have you made tissues available to workers and bin bags provided for their safe disposal? | X |  |  |
|  | **Physical Distancing** |  |  |  |
| 12 | Have you looked at how you can change the layout of your workplace to allow for physical distancing? | X |  |  |
| 13 | Have you displayed posters to remind workers to stay 2 metres apart wherever possible? | X |  |  |
| 14 | 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? | X |  |  |
| 15 | Can you rearrange working times and rotas to minimise the number of people at work together? | X |  |  |
| 16 | Can you organise workers in teams who work together to take breaks together? | X |  |  |
| 17 | Have you implemented physical distancing for outdoor work activities | X |  |  |
| 18 | Have you reduced the number of people in enclosed spaces byFacilitating working at homeReducing the number of office based tasksPostponing non-essential work | X |  |  |
| 19 | Have you put floor markings in place to remind everyone in the workplace of the 2 metre physical distant rule | X |  | In some relevant areas  |
| 20 | If it is not possible to ensure a 2 metre physical distance between workers have you put in place alternative measures:* To maintain a 1 metre distance
* Minimise direct worker close contact
* Installed screens
* Provided face masks to those who are deemed suitable to need or wear one
 | X |  |  |
|  | **Minimising Contact** |  |  |  |
| 21 | Have you minimised the need for workers to gather for meetings and interactions by making technology online or phone meetings available? | X |  |  |
| 22 | If you do have to meet have you made sure they meet in a large space where physical distancing can be done and for as short as time as possible? | X |  |  |
| 23 | In the case where vehicles must be shared have you told workers to sit as far apart as possible, to wear face coverings and clean what has been touched regularly? | X |  |  |
| 24 | Have workers been told to clean and disinfect surfaces and shared equipment, not to shake hand and avoid any physical contact? | X |  | Some instances, physical contact will take place between workers and children |
| 25 | Have you enabled at risk workers to work from home where possible? | X |  |  |
|  | **Visitors** |  |  |  |
| 26 | Are there arrangements in place to inform visitors of the workplace measures to help prevent the spread of infection? | X |  |  |
| 27 | Is there a system in place of recording visits to the site? | X |  |  |



**Employer Checklist No 3 – Induction/Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** |  **Control** | **Yes** | **No** | **Action Required** |
| 1 | Have you a system in place to keep up to date with latest COVID-19 advice from the Government and pass this onto workers? | X |  |  |
| 2 | Do you complete a Return to Work form for every worker who is returning from sick leave – COVID-19 or not? | X |  |  |
| 3 | Have you displayed posters of the signs and symptoms of COVID-19 for workers and visitors? | X |  |  |
| 4 | Have you covered with workers and new staff the control measures in place to minimise the risk of workers being exposed to COVID-19? | X |  |  |
| 5 | Have you told workers they must stay at home if sick or have symptoms of COVID-19 or anyone if their household has COVID-19 or symptoms? | X |  |  |
| 6 | Have you told workers what to do if they start to develop symptoms of COVID-19 in the workplace, including where the isolation area is? | X |  |  |
| 7 | Have you told workers the purpose of the contact log in the workplace? | X |  |  |
| 8 |  Are workers aware of who to contact if they have any questions about the COVID-19 Response Plan? | X |  |  |
| 9 | Have you explained new rotas and systems of working in place? | X |  |  |
| 10 | Are workers aware to wash their hands before leaving home and on arrival to the workplace and at regular intervals throughout the day? | X |  |  |
| 11 | Have you explained the need for workers to avoid physical contact with colleagues or visitors? | X |  |  |
| 12 | Have you explained the need for wiping down and cleaning surfaces on a regular basis? | X |  |  |
| 13 | Have you explained to workers that they need to avoid sharing cups, crockery, pens etc? | X |  |  |
| 14 | Have you provided workers with cleaning materials, including anti-bac wipes and asked them to clean their workstation twice daily? | X |  |  |
| 15 | Have you told workers who to raise concerns with if they have any issues | X |  |  |



**EMPLOYER CHECKLIST NO 4 – Dealing with a Suspected Case of COVID-19**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Procedures & Information** | **Yes**  | **No** | **Action Required** |
| 1 | Have you a system in place to identify and isolate workers or others who start to display symptoms of COVID-19 in the workplace? | X |  |  |
| 2 | Have you a COVID-19 contact log in place to facilitate contact tracing | X |  |  |
| 3 | Have you consulted with workers on the purpose of the isolation procedure and when it should be used? | X |  |  |
| 4 | Have you displayed the COVID-19 posters highlighting the signs and symptoms of COVID-19? | X |  |  |
|  | **Instructions if a person develops signs and symptoms of COVID-19 at work** |  |  |  |
| 5 | Have you instructed your workers about what they need to do if they develop signs and symptoms at work? | X |  |  |
| 6 | 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 which is accessible to workers? Are there additional areas that could be used as Isolations areas if there was more than one member of staff affected? | X |  |  |
| 7 | Are the following available in the isolation areas?TissuesHand SanitiserDisinfectantGloves/MasksWaste Bags | X |  |  |
|  | **Reporting** |  |  |  |
| 8 | Have you made your workers aware of reporting procedures if they develop signs and symptoms at work for COVID-19? | X |  |  |



**Employer Checklist No 5 – Cleaning & Disinfection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Controls** | **Yes** | **No** | **Action Required** |
|  | **Procedures and Information** |  |  |  |
| 1 | Have you a system in place for checking and keeping up to date with the latest public advice from Government and to adjust your cleaning procedures in line with that advice? | X |  |  |
| 2 | Have you a system in place for regular cleaning of frequently touched surfaces? | X |  |  |
| 3 | Are washrooms and surfaces in communal areas cleaned on a daily basis? | X |  |  |
| 4 | Have you provided workers with cleaning materials such as disinfectant or wipes to have their own workspace clean? | X |  |  |
| 5 | Have you told workers they need to keep their desk and space clean? | X |  |  |
| 6 | Have arrangements been made for the regular emptying of bins? | X |  |  |
| 7 | Have cleaning staff been trained in professional cleaning | X |  |  |
| 8 | Staff have been made aware that any personal items brought into work must be cleaned and avoid leaving them in communal areas or to clean the surface after that item has been removed | X |  |  |



**Checklist No 6 – Workers (form sent to all staff working at Head Office - Kearsney Manor)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Controls** | **Yes** | **No** | **Action Required** |
| 1 | Are you keeping up to date with the latest COVID-19 advice from Government |  |  |  |
| 2 | Are you aware of the Signs & Symptoms of COVID-19? |  |  |  |
| 3 | Do you know how the virus can be spread? |  |  |  |
| 4 | Have you told your employer if you fall into any of the High Risk Categories? |  |  |  |
| 5 | Have you been made aware of what your employer has put in place to minimise the risk of your and others being exposed to COVID-19? |  |  |  |
| 6 | Do you agree to co-operate with your employer to ensure that these measures are maintained? |  |  |  |
| 7 | Do you know the person(s) to contact regarding this plan? |  |  |  |
| 8 | Do you know what to do in relation to physical distancing, good hand hygiene and respiratory etiquette? |  |  |  |
| 9 | Do you know how to wash your hands properly? |  |  |  |
| 10 | Do you know when to wash your hands?Before and after eatingAfter coughing or sneezingAfter using the toiletBefore and after smoking or vapingBefore and after wearing glovesBefore and after being on public transportBefore leaving homeOn arrival at the workplace/siteAfter touching potentially contaminated surfacesIf in contact with someone displaying symptoms of COVID-19 |  |  |  |
| 11 | Do you know where your nearest hand washing/hand sanitising stations are |  |  |  |
| 12 | Do you know to keep 2 metres distance from others at all time if possible at work? |  |  |  |
| 13 | Do you know what to do if you start to develop symptoms of COVID-19 while at work including where the isolation area is? |  |  |  |
| 14 | Do you know to avoid sharing items such as cups, crockery, pens, food etc? |  |  |  |
| 15 | Have you made aware that any personal items brought into work must be cleaned and avoid leaving them in communal areas or to clean the surface after that item has been removed |  |  |  |
| 16 | Have you been provided with cleaning materials to clean your workspace twice daily? |  |  |  |
| 17 | If using your own car for work with you travel alone? |  |  |  |
| 18 | Do you know who to contact if you are feeling anxious or stressed? |  |  |  |

**Name: Signature: Date:**