# Appendix 2: Checklist No. 6 (Staff)

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| **COVID-19 Return to Work Safely Protocol –** **Checklist No. 6** **Staff**  **this form must be returned to Iwona by 22/06/2020** |
| This checklist has been developed to help inform staff about what they need to do to help prevent the spread of COVID-19 in their setting. Providers and staff must work together to protect everyone at the setting. 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/) |
| **No.** | **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 fromGovernment? |  |  |
| 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 the COVID-19 return-to-work form and given it to your manager (prior to returning to work)? (See [template Return-to-](#_bookmark16)[Work form](#_bookmark16)) |  |  |
| 6. | Have you told your employer if you fall into any of the [at-risk categories](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html)? |  |  |
| 7. | Have you been given an induction before returning to work and made aware of the control measures your employer has put in place tominimise the risk of you and others being exposed to COVID-19? (See Checklist No. 2 Control Measures) |  |  |
| 8. | Did your employer consult with you when putting these controlmeasures in place? |  |  |
| 9. | Have you co-operated with your employer to make sure these controlmeasures are maintained? |  |  |
| 10. | Do you know who the Setting COVID-19 Wokrer Representative is andhow to contact him / her? |  |  |
| 11. | Do you know how to contact the Setting COVID-19 Worker Representative if you have any concerns about exposure to COVID-19, control measures not being maintained or have any suggestions thatcould help prevent the spread of the virus? |  |  |
| 12. | Do you know what to do in relation to physical distancing, good handhygiene, respiratory etiquette, infection control and cleaning procedure? |  |  |
| 13. | Do you know how to wash your hands properly? |  |  |
| 14. | Do you know when to wash your hands: i.e.* before and after eating and preparing food
* before and after nappy changing/assisting with toileting
* before and after mealtimes
* after coughing or sneezing
* after using the toilet
* where hands are dirty
* before and after wearing gloves
* before and after being on public transport
* before leaving home
* when arriving/leaving the setting/other sites
* after changing tasks
* after touching potentially contaminated surfaces
* if in contact with someone displaying any COVID-19 symptoms
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| 15. | Do you know where your nearest hand washing / hand sanitising stationsare? |  |  |
| 16. | Do you know to avoid touching your face? |  |  |
| 17. | Do you know to keep 2 metres physical distancing from other staff/parents at all times at work, including in any canteen/staff room orwash/changing room? |  |  |
| 18. | Do you know to avoid any physical contact with colleagues, or visitors? |  |  |
| 19. | Do you know what to do if you or a child start to develop symptoms of COVID-19 while at work, including where the isolation area is?(See Checklist No. 4) |  |  |
| 20. | Do you understand the purpose of giving your employer any necessaryinformation to maintain a COVID-19 contact log? |  |  |
| 21. | Do you understand any proposed new staff rosters, changing of start /finish times, rostering of breaks etc? |  |  |
| 22. | Have you been made aware of any changes to risk assessments relevant to your work activities and any changes in the safety statement in response to controls to minimise the risk of you and others beingexposed to COVID-19?? |  |  |
| 23. | Have you been made aware of any changes to the emergency plans or first aid procedures for your setting in response to controls to minimisethe risk of you and others being exposed to COVID-19? |  |  |
| 24. | Do you know to avoid sharing items such as cups, bottles, cutlery, pensetc.? |  |  |
| 25. | Have you been made aware that any personal items brought into workmust be cleaned and to avoid leaving them down on communal surfaces or to clean the surface after the personal item is removed? |  |  |
| 26. | Have you been provided with cleaning materials, including gloves anddisinfectant to clean your own workspace twice daily? |  |  |
| 27. | Do you know to clean your hands before and after using public transportwhen commuting and when you enter and exit the setting? |  |  |
| 29. | If using your own car for work, will you travel alone? |  |  |
| 29. | If you have to share a work vehicle, have you access to a face covering and products such as wipes to clean the vehicle’s frequently touchedsurfaces at the start and end of each shift? |  |  |
| 30. | Do you know when you have to wear PPE and how to fit, use, remove,clean, store and dispose of any required PPE? |  |  |
| 31. | Do you know what supports are available to you if you are feelinganxious or stressed? |  |  |
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|  | **Additional Information** |  |  |
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Name………………………………………………Signature…………………………………………Date………………