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| **COVID-19 Return to Work Safely Protocol - Checklist No. 7 Setting COVID-19 Worker Representative** | | | |
| This checklist has been developed to help those selected as a Setting COVID-19 Representative to understand their role in helping to help prevent the spread of COVID-19 in their setting and in the community. 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. | Have you agreed with your employer or manager to act as a COVID-19  Representative for your setting? |  |  |
| 2. | Have you been provided with information and training in relation to the  role of the COVID-19 Representative? |  |  |
| 4. | Are you keeping up to date with the latest COVID-19 advice from  Government? |  |  |
| 5. | Are you aware of the [signs and symptoms of COVID-19](https://www2.hse.ie/conditions/coronavirus/symptoms.html)? |  |  |
| 6. | Do you know [how the virus is spread](https://www2.hse.ie/conditions/coronavirus/how-coronavirus-is-spread.html)? |  |  |
| 7. | Do you know how to help prevent the spread of COVID-19? |  |  |
| 8. | Have you been brought through an induction before returning to your  setting? |  |  |
| 9. | Are you helping in keeping your colleagues up to date with the latest  COVID-19 advice from Government? |  |  |
| 10. | Have you completed the COVID-19 return-to-work form and given it to  your employer? (See [template Return-to-Work form](#_bookmark16)) |  |  |
| 11. | Are you aware of the control measures the owner/manager has put in place to minimise the risk of you and others being exposed to COVID-19?  (See Checklist No. 2 Control Measures) |  |  |
| 12. | Did the owner/manager of your setting consult with you when putting  control measures in place? |  |  |
| 13. | Have you a means of regular communication with your employer or  manager? |  |  |
| 14. | Are you co-operating with your employer to make sure these control  measures are maintained? |  |  |
| 15. | Have you familiarised yourself with the cleaning requirements needed to help prevent cross contamination? (See Checklist No.5 Cleaning and  Disinfection) |  |  |
| 16. | Have you been asked to walk around your setting daily and check that the control measures are in place and are being maintained? (Using  Checklist No.2) |  |  |
| 17. | Are you reporting immediately to your employer / manager any  problems, areas of non-compliance or defects that you see? |  |  |
| 18. | Are you keeping a record of any problems, areas of non-compliance or  defects and what action was taken to remedy the issue? |  |  |
| 19. | Are you familiar with what to do in the event of someone developing the  symptoms of COVID-19 while in the setting? |  |  |
| 20. | Are you co-operating with the owner/manager in identifying an isolation  area and a safe route to that area? (See Checklist No.4) |  |  |
| 21. | Are you helping, as part of the response team, in the management of  someone developing symptoms of COVID-19 while at work? |  |  |
| 22. | Once the affected person has left the setting, are you helping in assessing  what follow-up action is needed? |  |  |
| 23. | Are you helping in maintaining the staff and child contact log? |  |  |
| 25. | Have you been made aware of any changes to the emergency plans or  first aid procedures for your setting? |  |  |
| 26. | Are you making yourself available to colleagues to listen to any COVID  control concerns or suggestions they may have? |  |  |
| 27. | Are you raising those control concerns or suggestions with your employer or manager and feeding back the response to the staff member who  raised the issue? |  |  |
| 28. | Do you know what supports are available if you are feeling anxious or  stressed and will you pass this information on to your colleagues ? |  |  |
|  | **Additional Information** |  |  |
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#### Name………………………………………………Signature…………………………………………Date…………………