

COVID-19 Policy Statement

Knocknacarra Educate Together NS is committed to providing a safe and healthy workplace for all our staff and a safe learning environment for all our pupils. To ensure that, we have developed the following COVID-19 Response Plan. The BOM and all school staff are responsible for the implementation of this plan and a combined effort will help contain the spread of the virus. We will:

- continue to monitor our COVID-19 response and amend this plan in consultation with our staff
- provide up to date information to our staff and pupils on the Public Health advice issued by the HSE and Gov.ie
- display information on the signs and symptoms of COVID-19 and correct hand-washing techniques
- agree with staff, a worker representative who is easily identifiable to carry out the role outlined in this plan
- inform all staff and pupils of essential hygiene and respiratory etiquette and physical distancing requirements
- adapt the school to facilitate physical distancing as appropriate in line with the guidance and direction of the Department of Education
- keep a contact log to help with contact tracing
- ensure staff engage with the induction / familiarisation briefing provided by the Department of Education
- implement the agreed procedures to be followed in the event of someone showing symptoms of COVID-19 while at school
- provide instructions for staff and pupils to follow if they develop signs and symptoms of COVID-19 during school time
- implement cleaning in line with Department of Education advice

All school staff will be consulted on an ongoing basis and feedback is encouraged on any concerns, issues or suggestions.

This can be done through the Lead Worker Representative(s), who will be supported in line with the agreement between the Department and education partners.

Signed: _____

Date: _____

Appendix 1 Pre-Return to Work Questionnaire COVID-19

This questionnaire must be completed by staff **at least 3 days** in advance of returning to work.

If the answer is Yes to any of the below questions, you are advised to seek medical advice before returning to work.

Name: _____

Name of School: _____

Name of Principal: _____

Date: _____

	Questions	YES	NO
1.	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?		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Have you been advised by the HSE that you are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?		
4.	Have you been advised by a doctor to self-isolate at this time?		
5.	Have you been advised by a doctor to cocoon at this time?		
6.	Have you been advised by your doctor that you are in the very high risk group? If yes, please liaise with Principal re return to work and follow the agreed DES arrangements for very high risk groups		

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating or awaiting results of a COVID-19 test and have not been advised to restrict my movements.

Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the COVID-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and this data will be held securely in line with our retention policy.

Signed: _____

Appendix 4 Risk Assessment

COVID-19 Risk Template (List identifies COVID-19 as the hazard and outlines control measures required to deal with this risk)

Hazards	Is the hazard present ? Y/N	What is the risk?	Risk rating H=High M=Medium L=Low	Controls (When all controls are in place risk will be reduced)	Is this control in place?	Action/to do list/outstanding controls *Risk rating applies to outstanding controls outlined in this column	Person responsible	Signature and date when action completed
COVID-19	N	Illness	H				Name of staff member	

If there is one or more High Risk (H) actions needed, then the risk of injury could be high and immediate action should be taken. Medium Risk (M) actions should be dealt with as soon as possible. Low Risk (L) actions should be dealt with as soon as practicable.

Risk Assessment carried out by: _____

Date: / /