

COVID-19 RETURN TO WORK FORM - STAFF AND VOLUNTEERS

STRICTLY CONFIDENTIAL

Staff Member / Volunteer Name: _____

As an element of the Return to Work Safely Protocol you are required to complete a Return to Work Form in order to help minimise the spread of COVID-19 infection. I would ask you to please complete the form and return to me by email.

- ✓ 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? YES NO
- ✓ Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? YES NO
- ✓ 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 accumulative in 1 day)? YES NO
- ✓ Have you been advised by a doctor to self-isolate at this time? YES NO
- ✓ Have you been advised by a doctor to stay at home at this time? YES NO

If the answer to any of the questions above is 'yes', you are strongly advised to follow whatever medical advice you received.

Please provide details below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe return to work. For further information on higher risk from Coronavirus see www.hse.ie

I understand that it is my responsibility to notify my employer / line-manager / volunteer coordinator should there be any material change to the above information.

Signed: _____
Staff Member / Volunteer Phone Number (Required)

Date: _____

Signed: _____
Parish Priest/ Employer

This form should be returned to your employer / volunteer coordinator in advance of your return to work

Your employer 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 interests and maintaining occupational health and will be held securely in line with our retention policy. Strictest Confidentiality is ensured. This form will be filed in accordance with GDPR and retained only for the purposes of enacting our COVID-19 response plan.

COVID-19 VOLUNTEERS AND STAFF CHECKLIST

TO BE COMPLETED ALONG WITH THE RETURN TO WORK FORM

This checklist has been developed to help inform Volunteers and Staff about what they need to do to help prevent the spread of COVID-19 in the parish environment. All must work together to protect everyone.

Further information can be found at www.Gov.ie, www.hse.ie, www.hpsc.ie and www.hsa.ie

Control	Yes / No.	Action needed
1. Do you feel well and fit enough to return to Volunteering/Work?		
2. Are you up to date with the latest COVID-19 advice from Government?		
3. Are you aware of the signs and symptoms of COVID-19?		
4. Do you know how the virus is spread?		
5. Do you understand that you should not come to work/volunteer - even with a face mask - if you have any symptoms		
6. Have you completed and returned the Return to Work Form?		
7. Have you been given an induction and made aware of the measures that have been put in place to minimise the risk of exposure to COVID-19?		
8. Do you know who your “worker/workplace representative” is and how and when you should contact him / her?		
9. Do you know what to do in relation to physical distancing, (see www.hse.ie/coronavirus)		
10. Do you know what to do in relation to good hand hygiene (see www.hse.ie/coronavirus)		
11. Do you know what to do in relation to respiratory etiquette (see www.hse.ie/coronavirus)		
12. Do you know what to do if you start to develop symptoms of COVID-19? While at work, including where the isolation area is? (cf Resource 10)		
13. Do you understand the purpose of giving your Parish Priest any necessary information to maintain a COVID-19 contact tracing log?		
14. Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace		
15. Are you aware that you should avoid sharing items such as cups, bottles, cutlery, pens etc.?		
16. Are you aware that any personal items brought with you must be cleaned and to avoid leaving them down on communal surfaces or to clean the surface after the personal item is removed?		
17. Have you been provided with cleaning materials, including gloves and disinfectant to clean your own workspace?		
18. Have you considered how you can reduce work-related travel and, where appropriate, conduct meetings online rather than in person?		
19. Do you know when you have to wear PPE and how to fit, use, remove, clean, store and dispose of any required PPE? (See Resource 5)		
20. Do you know what supports are available if you feel anxious or stressed?		
21. Do you have a plan for returning home, without public transport, if you become unwell while at work in or around the Church?		

If your situation changes after you complete and submit this form, please tell your Parish Priest:

Print Name: _____

Signature: _____ Date: _____

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