
	<h1>Frequently Asked Questions</h1>				
Ref: FAQ:022:00	RE: On Returning to Work Safely During COVID-19				
Issue date:	July 2020	Revised Date:		Review date:	July 2021
Author(s):	NHS&F – Information & Advisory Team				
Note:	<p><i>This information/advice has been issued in response to frequently asked questions around a specific topic and may not cover all issues arising, should you require more specific advice please contact the Health & Safety Help Desk. The management of any occupational safety and health issue(s) remains the responsibility of local management.</i></p> <p>For further Health and Safety information relating to COVID-19 please refer to the following website. A Returning to the Workplace Safely Risk Assessment Prompt Sheet is also available for employees returning after COVID-19.</p>				

Who completes the COVID-19 Pre-Return to Workplace Form?

The COVID-19 [Pre-Return to Workplace Form](#) must be completed by all employees and submitted to their Line Manager at least 3 days in advance of returning to the workplace. Line Manager must ensure employees receive a hard copy if unable to download form.

Do you need to complete the COVID-19 Pre-Return to Workplace Form on returning to work after having COVID-19?

Yes. All staff returning to work regardless of COVID-19 history must complete the form.

Who keeps the record of the COVID-19 Pre-Return to Workplace Form?

The manager keeps the records in line with HSE policy all data must be processed and controlled in line with the principles of the GDPR and relevant Irish legislation, for further information please refer to HSE Data Protection Policy, 2019.

Who completes the COVID-19 Contact Log?

Managers and employees should keep a contact log to record any instances of direct/close contact, which should be completed daily. This information will assist with contact tracing. This information should be stored securely and readily available, as appropriate.

You can record information for the contact log using:

- sign-in sheets
- clocking-in systems
- visitor log books
- delivery personnel details
- third party service provider visitor information

The HSE [COVID-19 Contact Log template](#) can be used, if you do not have the above records.

What/who is classed as a close contact?

Healthcare Workers (HCWs) (excluding laboratory workers) who:
have a cumulative unprotected exposure during one work shift (i.e. any breach or omission of appropriate PPE) for more than 15 minutes face-to-face (< 1 meters distance) to a case.

OR

have any unprotected exposure of their eyes or mouth or mucus membranes, to the bodily fluids (mainly respiratory secretions e.g. coughing, but also includes blood, stools, vomit and urine) of the case.

OR

have any unprotected exposure (i.e. any breach or omission of the appropriate PPE) while present in the same room when an aerosol generating procedure is undertaken on the case. Any HCW who meets the above criteria, will be considered a Close Contact for 14 days after this contact.

OR

Laboratory HCWs who have not fully adhered to good laboratory practice for 15 minutes or more in one work shift, while testing samples, are classified as Close Contacts.

How long should the COVID-19 Contact Log records be kept?

The contact log should be kept for at least 14 days, in line with HPSC guidance on infection control. Data is processed in accordance with the General Data Protection Regulations (GDPR) along with the Data Protection Acts 1988 – 2018.

Who keeps the COVID-19 Contact Log records?

The maintenance of these records should be agreed locally.

COVID-19 Response Manager (CRM) – level of management?

It is suggested that the COVID-19 Response Manager be a member of the hospital/service management team with strong links (or part of) safety/risk committee as appropriate, would ideally be in a position to link with the emergency response team and infection control team (if available) and empowered to make Lead Worker Representative (LWR) appointments. For more information, see [Summary of key support roles in the implementation of the HSE's return to Workplace Protocol](#).

How do we nominate and appoint a Lead Worker Representative (LWR)?

The nomination process has been agreed through national engagement with the Staff Panel of Trade Unions and is detailed in a National HR Memo and protocol of 20th July 2020 – “Nomination and Appointment of Lead Worker Representatives”.

Notwithstanding the above, the following bullet points provide a summary of the process:

1. Local Health Service Management (e.g. Hospital Group, Community Health Organisation, voluntary organisation, corporate services manager) will prepare a list of identified locations/services requiring the appointment of a Lead Worker Representative(s) within their region of responsibility. The completed list will be forwarded to the relevant full-time trade union officials as a matter of priority.

2. Local Health Service Management will agree with the full-time trade union officials the number(s) required. It is recognised that most locations/services will require at least ONE Lead Worker Representative. It may be determined that more are necessary due to the numbers and diversity of functions in larger facilities or the geographical spread of work sites covered by a given service.
3. The local Health Service Trade Union Group fulltime officials will agree a nomination(s) for Lead Worker Representative(s) in each location identified by Local Health Service Management (e.g. Hospital Group, Community Health Organisation, voluntary organisation, corporate services manager). There will be ONE agreed nomination confirmed by the Health Service Trade Union Group for each Lead Worker Representative position required in any location. This process will not result in an election.
4. Nominations for Lead Worker Representative will be advanced to Local Health Service Management by the Health Service Trade Union Group. Agreed nominations will be appointed by Local Health Service Management.
5. Where the Health Service Trade Union Group advise Local Health Service Management that they are not in a position to nominate an agreed candidate for Lead Worker Representative in any location:
 - o Management will seek expressions of interest from staff employed within that location;
 - o The exact number of Lead Worker Representative(s) positions to be filled will be consistent with the agreed number for each location. Following the closing date for expression of interest, management will advise locally the number of expressions received;
 - o Selection of Lead Worker Representative(s) will be by lottery. Precise details can be agreed locally with candidates. This process will not result in an election. Local Health Service Management must ensure that the person appointed is suitable for the role.
6. Successful candidate(s) will be appointed by Local Health Service Management.
7. Lead Worker Representative(s) will represent all workers (union members, members of unions of which they are not members and non-union members) in the relevant location(s) and in accordance with the HSE Guidance Document: [Summary of key support roles in the implementation of the HSE's return to Workplace Protocol](#).
8. Disputes regarding the nominations and appointments of Lead Worker Representative(s) will be referred to a more senior manager and the relevant trade union official to seek resolution.

How many Lead Worker Representatives are needed?

Every workplace will have at least one lead worker representative in place. The actual number of representatives appointed will be proportionate to the number of workers and the diversity of functions in the workplace and these key personnel will be clearly identifiable to all staff. The number of Lead Worker Representatives required in any location will be agreed locally between local health service management and full-time trade unions officials.

Is training available for Lead Worker Representative(s) & COVID-19 Response Manager (CRM)?

A training course on hseland.ie will be available to all Lead Worker Representatives & COVID-19 Response Managers. To gain access to this programme, the Lead Worker Representative and Response Manager details must be provided to the NHSF. These details will be used to communicate with and support the LWR and CRM in their roles. All records will be maintained in line with GDPR guidelines.

Once formally appointed:

- Register on the share centre of hseland.ie to access the COVID-19 LWR and CRM training. The share centre can be accessed through the 'Hubs' section on the front page of hseland (you do not have to have a HSE email account to access hseland).



What supports are available for Lead Worker Representatives and COVID-19 Response Managers?

The employer will provide the Lead Worker Representative(s) and the COVID-19 Response Manager with the necessary facilities to enable them to consult with employees or prepare any submissions or reports. This may include protected time and access to a meeting room, photocopier, communications, equipment etc.

Can a Lead Worker Representative be a safety representative?

In the first instance as per union agreement, the LWR will be nominated by the unions and it will likely be a union representative.

Where the LWR could not be nominated through the union agreement, then local management can seek expressions of interest from staff employed within that location e.g. safety representative.

What is the COVID-19 Escalation Pathway for non-conformances?

COVID 19 Escalation Pathway

Inspection

Following inspections, the LWR will make note of any non-conformances and discuss with local management

Non conformance

These non-conformances will be supplemented with recommendations, as appropriate.

COVID 19 Response Manager

If not addressed, LWR should escalate to COVID-19 Response Manager. The COVID-19 Response Manager will address the non-conformances

Review

If the non-conformances are not corrected, the COVID-19 Response Manager will escalate to the Senior Management Team, the unions and the NHSF.

SMT, Trade Unions and NHSF

The NHSF can utilise the protected disclosure process for follow-up.



Where can I find more information?

For further advice on Returning to Work Safely – working arrangements for COVID-19, please see [Managing employees return to work safely - working arrangements for COVID-19](#)

Additional information can be obtained by

- visiting our [Safety, Health and Wellbeing](#) website or
- phoning 1850 420 420, currently the dedicated COVID-19 Healthcare Worker Helpline, and specify your request is specific to Health and Safety
- log your request on the helpdesk. Details below.



Log your health & safety request at:

<http://www.hse.ie/safetyandwellbeing> or go to:
<http://pndchssdweb02.healthirl.net/Health.WebAccess/ss>

Alternatively contact the National Health & Safety
Helpdesk on 1850 420 420