

APPENDIX 1

COVID-19 Policy Statement

St David's NS is committed to providing a safe and healthy workplace for all our staff and a safe learning environment for all our students. To ensure that, we have developed the following COVID-19 Response Plan. The BOM/ETB 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 students 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 in relation to summer provision
- inform all staff and students of essential hygiene and respiratory etiquette and physical distancing requirements
- adapt the school to facilitate physical distancing as appropriate in line with the public health guidance and direction of the Department of Education
- keep a contact log to help with contact tracing
- ensure staff and students 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 students 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 2 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: St David's NS, Naas.

Name of Principal: Mrs Mary Tyrrell

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 your doctor and Principal re return to work.		

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating, awaiting results of a COVID-19 test or 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 will be held securely in line with our retention policy.

Signed: _____