

COVID-19 Work Safely Protocol

Checklist No. 7 - Lead Worker Representative (LWR)

This checklist has been developed to help those appointed as a Lead Workplace Representative understand their role in helping to prevent the spread of COVID-19 in their workplace and in the community. Further information can be found at gov.ie, hse.ie, hpsc.ie and hsa.ie

Note: There may be specific COVID-19 guidance in place for some work sectors – see hpsc.ie

No.	Control	✓ Yes	✓ No	Action Required
1.	Has your employer or manager facilitated your appointment as Lead Worker Representative (LWR) for your workplace?			
2.	Have you been provided with information and training in relation to the role of a Lead Worker Representative?			
3.	Are you keeping up to date with the latest COVID-19 advice from Government?			
4.	Have you taken the HSA Lead Worker Representative online course at hsa.ie/covid19 ?			
5.	Have you viewed or downloaded the Lead Worker Representative poster at hsa.ie/covid19 ?			
6.	Are you aware of the signs and symptoms of COVID-19 ?			
7.	Do you know how the virus is spread ?			
8.	Do you know how to help prevent the spread of COVID-19?			
9.	<p>Did you receive an induction when you returned to work (including following reopening of your workplace after a closure)? Did this induction cover:</p> <ul style="list-style-type: none"> • the latest up-to-date advice and guidance on public health. • HSA <i>Work Safely Induction</i> online course – see hsa.ie/covid19 • what to do if you develop symptoms of COVID-19 at home or at work • details of the infection prevention and control (IPC) measures at your workplace • an outline of the COVID-19 Response Plan • points of contact for the employer and the Lead Worker Representative (LWR) • advice specific to the work sector you are working in. 			

No.	Control	✓Yes	✓ No	Action Required
10.	Are you helping to keep your co-workers up to date with the latest COVID-19 advice from Government?			
11.	Have you completed the COVID-19 Pre-Return to Work form and given it to your employer? (See template Pre-Return-to-Work form)			
12.	Are you aware of the infection prevention and control (IPC) measures and other control measures your employer has put in place to protect you and others from being exposed to COVID-19? (See Checklist No. 2)			
13.	Did your employer consult with you when putting IPC and other control measures in place?			
14.	Have you a means of regular communication with your employer or manager?			
15.	Are you co-operating with your employer to make sure these control measures are maintained?			
16.	Have you familiarised yourself with the cleaning requirements needed to help prevent cross contamination? (See Checklist No.5)			
17.	Are you reporting immediately to your employer / manager any problems, areas of non-compliance or issues that you see?			
18.	Are you keeping a record of any problems, areas of non-compliance or issues and what action was taken to remedy the matter?			
19.	Are you familiar with what to do in the event of someone developing the symptoms of COVID-19 while at work?			
20.	Are you co-operating with your employer in relation to procedures in place for dealing with an outbreak?			
21.	Are you helping, as part of the response team, in the management of someone developing symptoms of COVID-19 while at work?			

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22.	Once the affected person has left the workplace, are you helping in assessing what follow-up action is needed?			
23.	Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace?			
24.	Are you making yourself available to your co-workers to listen to any COVID-19 control concerns or suggestions they may have?			
25.	Are you raising those control concerns or suggestions with your employer or manager and feeding back the response to the worker who raised the issue?			
26.	Do you know what supports are available if you are feeling anxious or stressed and will you pass this information on to your fellow workers? See hsa.ie/covid19 for podcasts and videos on managing health and well-being.			
Additional Information				

Print Name: _____

Date: _____

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