

# COVID-19 Good Practice Checklist

## 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](http://gov.ie), [hse.ie](http://hse.ie), [hpsc.ie](http://hpsc.ie) and [hsa.ie](http://hsa.ie).

Note: There may be specific COVID-19 guidance in place for some work sectors – see [hpsc.ie](http://hpsc.ie).

No.	Control	✓ Yes	✓ No	Action Required
1.	Have you been provided with information and training in relation to the role of a Lead Worker Representative?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Are you keeping up to date with the latest COVID-19 advice from Government?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are you involved with your employer in planning a phased return to the workplace for workers and ensuring all practical steps are in place to prevent the spread of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are you aware of the HSA Lead Worker Representative online course at <a href="http://hsa.ie/covid19">hsa.ie/covid19</a> ?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Have you viewed or downloaded the Lead Worker Representative poster at <a href="http://hsa.ie/covid19">hsa.ie/covid19</a> ?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Are you aware of the <a href="#">symptoms of COVID-19</a> , and current Public Health advice?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Do you know <a href="#">how the virus is spread</a> ?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Do you know how to help prevent the spread of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Are you helping to keep your co-workers up to date with the latest COVID-19 advice from Government?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Are you aware of the control measures your employer has put in place to prevent the spread of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Did your employer consult with you when putting control measures in place?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Have you a means of regular communication with your employer or manager?	<input type="checkbox"/>	<input type="checkbox"/>	

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13.	Are you working with your employer and the COVID-19 response management team to make sure new or revised IPC measures in are place?	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Have you familiarised yourself with the cleaning requirements needed to help prevent cross contamination?	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Are you reporting immediately to your employer / manager any issues that you see?	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Are you keeping a record of any problems or issues and what action was taken to remedy the matter?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Are you familiar with what to do in the event of someone developing the symptoms of COVID-19 while at work?	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Where required, are you helping as part of the response team, in the management of someone developing symptoms of COVID-19 while at work?	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Are you aware of any changes to the emergency plans or first aid procedures for your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Are you making yourself available to your co-workers to listen to any COVID-19 control concerns or suggestions they may have?	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Are you feeding back to your employer and to workers on suggestions and issues?	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Do you know what supports are available if you are feeling anxious or stressed and will you pass this information on to your co-workers? See <a href="https://www.hsa.ie/covid19">hsa.ie/covid19</a> for podcasts and videos on managing health and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Additional Information</b>			

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information contained in this checklist is for guidance purposes only and is non-exhaustive. It is not intended to provide legal advice to you, and you should not rely upon the information to provide any such advice. We do not provide any warranty, express or implied, of its accuracy or completeness. The Health and Safety Authority shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this checklist.*