INSERT MANAGER’S NAME

INSERT DATE

**INSERT CENTRE NAME**

**COVID-19 REMOBILISATION response PLAN**

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1. **POLICY STATEMENT**

X Community Centre is committed to providing a safe and healthy workplace for all workers and customers. To ensure this, we have developed the following COVID-19 Response Plan. All Managers, Supervisors and Employees are responsible for implementing 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 Employees.
* Provide up to date information to our Employees on the Public Health Advice issued by the Health Service Executive (HSE) and Gov.ie.
* Display information on the signs and symptoms of COVID-19 and correct hand-washing techniques.
* Provide an adequate number of trained Worker Representatives who are easily identifiable and put in place a reporting system.
* Inform all workers of essential hygiene and respiratory etiquette and physical distancing requirements.
* Adapt the workplace to facilitate physical distancing.
* Keep a log of contact / group work to help with contact tracing.
* Require all Employees to attend an Induction / Familiarisation Briefing.
* Develop a procedure to be followed in the event of someone showing symptoms of COVID-19 while at work or in the workplace.
* Provide instructions for workers to follow if they develop signs and symptoms of COVID-19 during work.
* Intensify cleaning in line with government advice.

X Community Centre COVID-19 REMOBILISATION WORKING GROUPwill consult Managers, Supervisors and Employees on an ongoing basis and encourage feedback on any concerns, issues, or suggestions. This can be done through the Worker Representative Group Chairperson (X name).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Chairperson**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GOVERNMENT REGULATIONS**

When preparing this revised proposal, the authors reviewed and integrated into this Plan the government guidance document for reopening society and business, published on the (X date).

The paramount underlining thread of this proposal is that at all times the government guidelines of the day will be followed and adhered to rigidly. Under no circumstances will the Community Centre re-open in any format that is outside the government regulations and guidance.

**3. X Community** **Centre COVID-19 REMOBILISATION WORKING GROUP**

A centre-specific COVID-19 Remobilisation Working Group will be set up to coordinate the reopening of X Community Centre.

The group will be chaired by the Community Centre Manager, who will be the main point of contact with the Fingal Community Facilities Network Remobolisation Working Group and will be guided by this group.

In addition, the group will always be guided by government guidelines, HSA & Fingal County Council Directives.

The group was established in May 2020 by (X name) and the following personnel are on the Working Group Committee:

|  |  |  |
| --- | --- | --- |
| X name | Centre Manager | Chairperson / (to be decided) |
| X name | Board Member | Group Member |
| X name | Centre staff member | Group Member |
| X name | Centre staff member | Group Member |
| X name | Centre staff member | Group Member |

1. **TERMS OF REFERENCE DOCUMENT**

A Terms of Reference Document for the COVID-19 Remobilisation Working Group is in place. which references the following areas:

* Name of the group.
* List of Working Group Members.
* Meetings.
* Agendas.
* Aims and responsibilities of the group.
* Working method.
* Communication.
* Sharing of information.
* Ongoing review processes.

1. **Environmental Health & Safety (EHS) & RISK ASSESSING**

One of the most important processes in reopening the Community Centre will be undertaking a COVID-19 Risk Assessment. This assessment will be undertaken by X Company.The completed document will be presented to the X Community Centre **COVID-19 Remobilisation Working Group** and the Board for sign off. Each client has a responsibility to conduct their own risk assessment to assess their work area and activity. In order to meet the requirements of health and safety legislation, the Risk Assessment must be completed by a competent person. This competency extends to knowledge of activity and the activity specific legislation, such as child care.

The main areas that this document will risk assess are as follows:

* Identification of specific hazards following returning to work following a period of absence.
* Site access and egress.
* Access to handwashing.
* Use of toilet facilities.
* Use and canteen and rest facilities.
* Work planning.
* First-aid and emergency response planning.
* Individual staff circumstances.
* Travel.
* Workplace policies.
* Return to work protocol compliance requirements.
* Any other identified hazards.

1. **PROJECT TRACKING**

Throughout this process a tracking document will be employed formonitoring, assessing and signing off progress on all procedures necessary for completion, alteration or introduction to X Community Centre,prior to it being reopened

1. **REVISED CENTRE GUIDELINES**

The provision of service to clients and current user guidelines will be altered to ensure that all items captured within the COVID-19 Risk Assessment are strictly implemented. This will involve looking at Centre Schedules, briefing and sign off of revised bookings and centre guidelines for all users and ensuring that all measures implemented from the COVID-19 Risk Assessment are communicated in writing in advance of opening to all users of the Centre.

1. **RETURN TO WORK**

The planning and preparing phases are critical for ensuring a safe return to work and cover such items as information and guidance, return-to-work forms, identifying Worker Representatives, revising our Induction Briefing, identifying and putting in place control measures, and updating our Safety Statements, Risk Assessments and Emergency Plans. A Return-to-Work Form will be used to assess the health of Employees before they return to the workplace. Employers are responsible for issuing the Return-to Work Form to their Employees.

1. **COVID INDUCTION**

COVID-19 Induction ensures that Employees are informed about changes in the workplace and updated on new ways of working. The onus is on the Employer to deliver the Induction Training Sessions to their Employees before starting back to work. The Induction Training Sessions will be carried out in a safe manner with physical distancing measures in place.

The following range of items will be discussed and brought to the attention of Employees:

• Communication system.

• Return-to-Work Form.

• Signs and symptoms of COVID-19 (at home and in the workplace).

• Information on how the virus is spread.

• Control measures to help prevent infection.

• COVID-19 Contact Log.

• Worker Representative.

• Changes to Risk Assessments and Safety Statement.

• Changes to Emergency Plans and First-aid Procedures.

• Minimising contact.

**Reporting procedures**

It is mandatory that attendance at a COVID-19 Induction Training Session is recorded and that records are kept.

1. **DEALING WITH A SUSPECTED CASE**

It is important to note that any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case. In the event of a suspected case arising during the course of work, the individual must be moved to an isolated room / area to minimise the risk of infection to others.

The designated area and the route to the Isolation Room / Area should be easily accessible and as far as is reasonable and practicable should also be accessible by people with disabilities. The Isolation Room / Area should be capable of isolating the person behind a closed door. Where a closed-door area is not possible, the Employer must provide for an area away from other Employees.

The allocated Isolation Room / Area is:

|  |
| --- |
| X name |

The Isolation Room / Area should be equipped with the following items where possible:

* Gloves.
* Face masks.
* Tissues.
* Hand sanitiser.
* Disinfectant and / or wipes.
* Clinical waste bags.
* Ventilation, that is, a window (where possible).

The following process should be followed if a suspected case emerges during the course of work:

* Isolate the Employee and accompany them to the designated Isolation Room / Area via the isolation route, keeping at least 2 metres (6.5 feet) away from the symptomatic person and also making sure that others maintain a distance of at least 2 metres from the symptomatic person at all times
* Request the individual to wear a face covering to prevent contamination of the area and personnel in the vicinity.
* Help the individual who is unwell to call their doctor and outline their current symptoms.
* Ensure that while they await advice, are in isolation or, as a minimum, that they remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag or pocket then throw the tissue in the bin.
* Arrange for a First-aid Responder and /or Line Manager to assess whether the unwell individual can immediately be directed to go home and call their doctor and continue to self-isolate at home.
* Arrange transport home or to hospital for medical assessment. Public transport of any kind should not be used.
* Arrange for appropriate cleaning of the Isolation Room / Area and work areas involved.

1. **HYGIENE MEASURES**

All staff and Group Leaders will be asked to regimentally follow the government adviced on hygiene measures, which include the following:

* Wash your hands regularly with soap and water or use an alcohol-based hand rub if your hands are not visibly dirty.
* Practise good respiratory hygiene, that is, when coughing and sneezing, cover your mouth and nose with flexed elbow or tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
* Maintain physical distancing, that is, leave at least 2 metres’ distance between yourself and other people, particularly those who are coughing, sneezing and have a fever.
* Avoid touching your eyes, nose and mouth. If you touch your eyes, nose or mouth with your contaminated hands, you can transfer the virus from the surface to yourself. Cleaning will be increased sufficiently to include cleaning of frequently touched surfaces such as door handles, handrails, and push pads.
* Limit access to kitchen facilities to one Centre Employee at any given point. Cleaning will also include frequent touch points within the kitchen, such as kettles or microwave handles.
* In addition, staff will be advised to launder their uniforms after every shift.

1. **SOCIAL DISTANCING**

Social distancing will be with us for the foreseeable future. With this in mind the Community Centre will be re-assessed to incorporate acceptable distances within the Centre. Office layouts will also be reviewed and reconfigured where necessary. Shift patterns for essential office-based services will be introduced to minimise occupancy numbers.

Circulation spaces will be reviewed to create one-way systems within the building (see below). Other functional areas, where accidental congregation may occur, such as general circulation areas, will also be redesigned through signage.

COVID-19 Induction Training Sessions will be mandatory for Employees returning to work to communicate the new systems of work in the current environment. The Induction Training Sessions will introduce specific Employer requirements such as temperature or fever check points or specific personal protective equipment (PPE) deemed necessary for Employees to use from time to time.

Social distancing measures will include the following guidelines, and this list is not exhaustive, as reviews take place on a daily and weekly basis:

* Keep a space of 2 meters between you and other people.
* Avoid crowded places.
* Do not shake hands or make close contact with other people.

In the event that there is a first-aid emergency and close contact is necessary, all the precautions will be taken.

If a suspected COVID-19 case appears on-site, the individual will be isolated. First-aid boxes will be stocked with additional protective equipment such as masks, aprons and goggles.

**13. ACCESS & EGRESS OF CLIENTS**

For access and egress, groups will enter the facility using the main entrance. However, a one-way system will be introduced throughout the facility as appropriate.

A revised signing in and out system for groups will also be devised and communicated in advance.

1. **STAFF ROSTERING**

Staff rostering will be altered to ensure that:

1. There are Fire Wardens and First-aid Responders on each shift.
2. A minimum number of Employees will be on site at any stage.
3. Employees will be trained on the correct social distancing between each other and for interacting with clients.
4. An Employee Break List will be posted each day informing Employees when and where they should take their rest breaks.
5. Employee breaks will be staggered.
6. **Worker Representative**

X Community Centre will appoint a Worker Representative(s) to ensure that COVID-19 measures are followed. Worker Representative(s) will receive training and information on the role and the measures that have been put in place to help prevent the spread of the virus. X Community Centre will tell Employees who their Worker Representative is.

Good communications channels in the workplace are essential for all stakeholders. Managers, Supervisors and Employees should engage with the Worker Representative(s), to highlight concerns, report defects, submit ideas and identify improvements in the workplace.

The Worker Representative for X Community Centre is:

|  |
| --- |
| X name |