



**WWETB COVID-19 RESPONSE PLAN (FET)**

**26/08/2020**

**Implementation Guidelines for Public Health Measures in**

**WWETB Further Education and Training Institutions (FET).**

The guidelines and implementation measures in this document have been drawn up ETBI and SOLAS, informed by public health advice and are endorsed by the Department of Further and Higher Education, Research, Innovation and Science.

Version 1.1

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# Introduction

The Government’s Roadmap for Reopening Society and Business, combined with the HSA Return to Work Protocols and ongoing public health advice provide the over-arching framework for all parts of

society to reopen facilities and premises. The Government has also published *[Guidance for Further &](https://www.gov.ie/en/publication/a7d05-practical-guidance-for-further-and-higher-education-for-returning-to-on-site-activity-in-2020/)*

*[Higher Education for returning to on-site activity in autumn 2020](https://www.gov.ie/en/publication/a7d05-practical-guidance-for-further-and-higher-education-for-returning-to-on-site-activity-in-2020/)*. That Guidance provides for further

“context-specific measures approved by government within public health guidelines”. In view of the

specific features and context of FET campuses, colleges and centres, context-specific measures are required to accommodate the unique features of the sector while operating within the overall public

health guidance framework. These Implementation Guidelines set out a range of such context-specific measures with practical guidance for FET Institutions to safely deliver teaching and learning activities[[1]](#footnote-2) in autumn 2020[[2]](#footnote-3) which present very specific challenges and require bespoke solutions in the context of reopening.

The following social distancing guidance for the FET sector is aligned with the guidance published for the HE sector published on 07 August 2020 as part of the Public Health Implementation Guidelines for higher education. These guidelines were drawn up by expert public health specialists in higher education and the approach has been approved by the Health Protection Surveillance Unit in the Department of Health as consistent with national public health advice.

# Planning for reopening of FET Institutions**[[3]](#footnote-4)**

Following the announcement made on March 12th to close all educational establishments with immediate effect, the Further Education & Training sector, along with all other provision, put in place contingency plans to deal with the disruption to teaching and learning. The sector demonstrated a swift and appropriate response to the immediacy of the situation, and the challenges compelled upon it at this time of crisis.

FET Institutions continued to deliver a large portion of their services to learners during the period of full national lockdown with the transition to blended and remote teaching and learning and the continuation of learner supports and assessment where possible. FET Institutions are now working to finalise plans for the reopening of FET in autumn 2020.

A large amount of work has been completed in this regard with detailed risk assessments carried out by ETBs and preparatory measures being put in place to facilitate reopening that recognises the unique features of FET.

* FET Institutions cater for adults and young adults.
* FET Institutions are multi-disciplinary with a wide range of facilities, buildings, and outdoor spaces.
* FET Institutions have to cater for teaching and learning in classrooms, lecture theatres, laboratories, workshops, practice rooms, libraries, sport, and communal facilities.
* FET Institutions tend to be of older stock and learners are not generally confined to a single room or building.
* FET Institutions are very different to primary and secondary education facilities in that daily contact hours are considerably lower

Some FET institution feature dual provision, in such cases the sector specific guidelines will apply to classroom settings, all arrangements outside of the classroom will follow the guidance of the local ETB management.

The €168 million package announced on the 22nd July to support the cost of reopening is comprehended to cover both further and higher education centres and institutions and that funding will be directed to support the additional costs associated with covid-19. The additional covid-19 costs for FET will be distributed via SOLAS and the ETBs using existing mechanisms. This will allow for the most appropriate distribution of funding that takes account of the complexity and variances that exist in the sector whether that is in a Youthreach centre or a Training Centre. The FET funding model is based on sector planning and agile response to local need, with all priorities reflected in the annual budget request and mid-term review. ​This system allows for FET providers to allocate their funding to meet the needs of their learners and to support the priorities of the ETB and the FET sector as a whole. As part of the reopening process ETBs will utilise their budget and the mid-term review process to meet the requirements of the FET sector to support return to onsite activity and reopening.

# Guiding principles

The following guiding principles are proposed.

1. WWETB FET Institutions will operate within the parameters of public health and safety advice at all times.
2. Specifically, the Return to Work Protocol and public health guidance, as it develops on a rolling basis, will be adhered to.
3. The safety and well-being of learners will be paramount in all cases.
4. WWETB FET Institutions e.g. PLC Colleges, Youthreach and Training Centres, commit to carrying out risk assessments on individual facilities / buildings as required and will apply appropriate reopening solutions in accordance with the outcome of those risk assessments.
5. In keeping with the wider approach in society in response to the COVID-19 pandemic, it is recognised that the successful implementation of ‘Return to FET’ can only be done on a cooperative basis with shared responsibility between staff and learners.
6. WWETB FET Institutions will plan for returning to education and training on the following basis
   1. Learners awaiting assessment who have their course substantially completed, those who require additional tuition and practical instruction in order to complete their FET programme and continuing learners, e.g. PLC Colleges, Youthreach.
   2. New Learners
7. In respect of Apprenticeship training three priority groups will be catered for as apprentices return. They will be recalled in two main groups:
   1. Apprentices who have practical assessments still to be completed and apprentices who had their training interrupted when education facilities were closed on 12 March
   2. New apprentices who are starting their Phase 2 off-the-job training

The Implementation Guidelines set out below are based on these guiding principles.

# Background to Covid-19

COVID-19 is a viral respiratory tract infection. The virus cannot multiply outside of a living host but can persist and survive for a period of hours or days (depending on the conditions) if not cleaned away or inactivated. It is not yet clear how long such viral residue is capable of infecting someone.

Everyone sheds liquid particles (larger droplets and smaller aerosols) from their respiratory tract when they breathe, talk, laugh, cough, sneeze (you can feel the larger particles if someone coughs in your face). The liquid particles come in a very wide range of sizes forming a continuum. The larger particles are called droplets and the smaller ones’ aerosols. The cut-off between droplets and aerosols is generally accepted as 5 micrometres.

The virus that causes COVID-19 (called SARS-CoV-2) is scattered from the respiratory tract of infected people. The virus can be found in droplets and aerosols. There are differences in emphasis on the relative importance of droplets and aerosols in the published literature but on current evidence the consensus is that it is overwhelmingly the larger droplets that are important in spread of COVID-19 in most circumstances. COVID-19 is therefore considered a droplet transmitted infection. The distinction between droplet transmission and aerosol/airborne transmission is critical. Droplets generally, impact on a surface within a short distance from the mouth or nose of the person generating the droplets. Virus in droplets is carried through the air over a short distance directly to the eyes nose or mouth of a susceptible person or they fall on a surface (for example skin, tabletop) close to the person generating the droplets. For as long as virus in the droplets remains viable on the surface where they land, they can subsequently be transferred to the eyes, nose or mouth of a susceptible person on hands or other items contaminated with virus as a result of contact with those surfaces. When a person generates a plume of droplets, the distance travelled by individual droplets in the plume varies with size and circumstances. The density of droplets declines rapidly with increasing distance from the nose and mouth as some fall out of the air and those remaining in the air disperse.

Some individual droplets may travel some metres. There is no invisible wall that catches all droplets

at 0.5m, at 1m or at 2m. However, on current evidence a distance of 1m provides most or all of the

reduction in risk of infection afforded by interpersonal distance when distance is considered as one

of a package of control measures that work together to manage risk. Droplet transmission is by contrast with airborne transmission as a result of aerosols. Aerosols stay suspended in the air for a long period and can reach essentially all parts of an enclosed space within which they are generated. Aerosols are important in spread of measles, which relates to the extraordinarily rapid transmission of measles among susceptible populations. As above, aerosols are not considered as generally important in sustaining COVID-19 transmission, but they may contribute to spread in certain specific circumstances in particular in the context of certain healthcare procedures.

# **Managing the Risk of COVID-19 in WWETB FET settings**.

Managing the risk of spread of COVID-19 requires:

1. Minimising the risk of introduction of infection into FET Institutions
2. Minimising the risk of spread of the virus if it is introduced
3. Minimising the associated harm if introduction and spread happens within FET Institutions

# Minimising the risk of introduction of the virus

If the SARS-CoV-2 virus is not introduced into FET Institutions, it cannot spread or cause harm regardless of how much contact occurs between people on campus. The management of this risk is dependent on the behaviour of the individual members of the FET community at all times. If individual members of the community minimise their risk of exposure to COVID-19 in their life outside of the FET Institution, this reduces the likelihood that they become infected and reduces the risk that they introduce the virus into the FET community. The risk of a member of the FET community acquiring infection and subsequently introducing it to a FET Institutions is dependent on the level of control of the infection in the general community at any time. If transmission in the general community is low the likelihood of any individual member of the FET community becoming infected off-campus and introducing the virus to others in the FET community is low even if adherence to risk avoidance of campus is less than optimal.

## Specific Measures in WWETB FET Institutions

1. WWETB FET Institutions will have an ongoing communication to raise awareness amongst all members of its community about how COVID-19 spreads and how spread can be prevented.
2. Control of access to the FET Institution is vitally important. FET Institutions will enable safe access to indoor space. Where practical a one-way system and or marked lanes should be used to separate flow of people into, out of buildings.
3. Staff and learners will be supported to scrupulously observe guidance to absent themselves from the FET Institutions if they have any symptoms that suggest that they may have COVID-19 and if they have been identified as contacts of some someone with COVID-19, this greatly reduces the risk of introduction to FET Institutions.
4. The FET Institution will provide information regarding where learners should go to self-isolate if they develop symptoms of COVID-19. ETBS will provide an identified space where learners who develop symptoms that suggest COVID-19 can wait safely away from other learners while waiting to be picked up from the FET Institution.
5. WWETB will clearly communicate with all staff and learners that they should not attend if they are showing COVID-19 symptoms. Such communication should be re-affirmed on an ongoing basis and all members of the FET community will be encouraged to download the COVID-19 Tracker App and to use the symptom checker on the App on a daily basis. Advice on using the COVID-19 Tracker App will be included in email communication to learners, on the WWETB website and on noticeboards across our FET Institutions. Members of the FET community who travel to Ireland from other jurisdictions should follow Government advice on restricted movement on arrival in Ireland.

# Minimising the risk of spread of the virus if it is introduced

The virus may be introduced to the FET community if one or more members of the community does not adhere to advice regarding absenting themselves OR if one or more members of the community with infection is present because at the time, they have no symptoms to indicate to them that they are infected. This may be because they are pre-symptomatic in which case symptoms subsequently appear one or more days later. This may be because they have true asymptomatic infection and never develop symptoms. It is accepted that people who are pre-symptomatic or asymptomatic can spread the virus but it is less clear how infectious they are, and they are likely to be less infectious than symptomatic people. Hand hygiene, respiratory etiquette and environmental cleaning are critical elements in the minimising risk of spread if an infected person is present on in a teaching, learning or practice, workshop, or laboratory group.

## Specific Measures

1. Standard measures to reduce risk of infection (reducing time in shared space indoors, hand hygiene, cough etiquette, cleaning, use of masks) can be promoted and facilitated. However, it is likely that adherence will be far from complete.
2. The NPHET recommend the use of cloth face coverings in indoor settings where adequate physical distance cannot be maintained. The basis for this advice is that the mask is expected to minimise the scattering of droplets from the mouth and nose. Therefore, if an infected person is present it is expected that mask use will reduce direct droplet transmission (to anyone standing close by) and reduce contamination of the surfaces in the vicinity of the infected person. A similar rationale may be applied to the use of full-face visors in settings where mask use is not acceptable or not appropriate.
3. Other than cloth face coverings (or visors where appropriate) in indoor settings, there is no requirement for other personal protective equipment related to COVID-19 risk for teaching and learning[[4]](#footnote-5) activities.
4. Where FET staff are at a safe distance from the learner body there is no need for them to wear a mask or visor. The risk to those who maintain distance and are careful with respect to hand hygiene is low. It may be helpful to mark a boundary to define a safe distance for learners who have questions after a class. If FET staff wish to cover their face, a visor may be more convenient than a mask. Gloves should not be used unless required for other reasons (for example in a workshop, practice room or laboratory) and should be actively discouraged as they generate refuse and tend to distract from hand hygiene. In any situation in which gloves are required, people must be trained in their use and hand hygiene is required before putting on and after taking off gloves. Gloves must never be used as a substitute for hand hygiene.
5. Meetings in offices can be planned to maintain distance and to check if learners[[5]](#footnote-6) are symptomatic immediately before the meeting (for example by phone or email).
6. A careful review of out-reach activity is required to consider the appropriateness of the activity at this time and where appropriate how it can be organised safely.
7. Members of our FET community should be advised to avoid/minimise sharing personal items (pens, phones), beverage or food with others.
8. To the greatest extent possible, the entry and exit from teaching and learning spaces and taking of seats should be managed to avoid congregation at the entrance and exit. This is likely to be quite challenging[[6]](#footnote-7).
9. The WWETB FET Institution, to the greatest extent possible, should record attendance at all events and retain records for 4 weeks in case required for contact tracing purposes.
10. Teaching space should be laid out and managed in order to safeguard the health of both staff and learners. A physical distance of 2m should be maintained where possible. However, there are many situations where tuition can only be realistically delivered with less than 2m (but not less than 1m) distancing between learners, this is confined to laboratory ,workshops and practice rooms. This is safe and should proceed, provided both staff and learners take appropriate mitigation measures, such as the following:

a) As in all circumstances, good hand hygiene and cough/sneeze etiquette is of paramount importance.

b) Face coverings must be worn in teaching situations where distancing is reduced below 2m. c) Physical contact should be avoided.

d) Staff teaching stations should be located at least 2m from learners, or more where possible, and should maintain 2m physical distance insofar as possible. This provides for a safe teaching context, but where there is a risk that the 2m distance could be compromised a face covering or other appropriate protection should be used.

e) In the event that tuition requires the staff member to be less than 2m from learners, extra precautions are required. In such situations, staff should wear face shields, visors or other protective equipment which will be provided by the ETB. ETB must ensure that the necessary safeguards and protections are in place in accordance with the risk assessment that has been carried out for the particular context.

f) The maximum number of people allowed in a class will be in accordance with the prevailing public health guidance on indoor gatherings and it is recognised that this may change in accordance with the evolving COVID-19 situation nationally.

1. WWETB will arrange for systematic and orderly return of apprentices to training based on the two priority groups identified above. Each WWETB training facility will develop its schedule in liaison with SOLAS, and in particular with reference to the capacity of each facility to accommodate apprentices, in line with public health guidelines.
2. As a matter of priority and on receipt of the capacity information from each WWETB training facility, SOLAS will confirm the schedule for new apprentices to commence their Phase 2 training.
3. Communication with apprentices and their employers will be clear and comprehensive, shared on a pre-agreed basis by WWETB and SOLAS.
4. In advance of returning to or beginning training, all learners and apprentices will complete an induction on the new protocols in place in the FET Institution, e.g. PLC, Youthreach, Training Centre. Some or all of this induction may be completed online and in advance of learners and apprentices returning to the FET Institution.
5. Staggered start and finish times may be used to manage the inflow and outflow of learners apprentices to the FET Institution throughout the day / evening.
6. A range of measures may be used within the FET Institution to accommodate apprentice or other learner classes while adhering to the public health guidelines. These include splitting of classes into two groups, one for theory and one for practical, and increased use of blended learning for theory elements.
7. WWETB, in consultation with SOLAS, will optimise the use of blended learning for Phase 2 off-the-job training for apprentices. This aims to reduce the time apprentices are required to attend the FET Institution training facility and increase the volume of apprentices who can be accommodated completion of their off-the-job training. As coordinating provider for apprenticeship, SOLAS has confirmed, working with QQI, that blended learning approaches are appropriate and required as part of the response to the continuation of teaching,learning and assessment during the response to the COVID 19 pandemic.
8. All learners should be reminded at the start of each session that they should leave if they have symptoms of COVID-19.
9. There is no maximum duration of a tuition session (for example a workshop, practical or laboratory).
10. From an IPC perspective if people spend 2 hours or more in a shared space together they may be regarded as COVID-19 contacts in the event that someone present is subsequently identified as a case.
11. FET Institutions must adhere to the cleaning protocols recommended by the Practical Guidance for Further and Higher Education for returning on site activity issued by the Department.
12. Outsourced food service provision should conform to national guidance for food business operators.
13. Areas that support the consumption of food require particular attention to ensure that they remain clean at all times.
14. Office hours should be organised to avoid learners waiting in groups and with appropriate arrangements for distancing and mask use in keeping with public health Guidance.
15. Teaching and learning activities should use rooms capable of adhering to public health guidance.
16. Staff should develop rotas for use of self-catering facilities to ensure that distance can be maintained. Rotas should in so far as practical ensure consistent groups using facilities at the same time.
17. Where group work is required (for example among learners e.g. PLC Colleges, Youthreach and Training Centres) the groups should be as small as practical and in so far as practical the membership of groups should be consistent for as many activities as possible (pods) to minimise mixing of people.

# Minimising Harm if the virus is introduced and spreads

There are three key elements to managing the risk of harm to members of the FET community if the virus is introduced and spreads. The first is the vulnerability of individual members of the FET community to develop severe disease. The FET Institution should ensure that appropriate arrangements are in place whereby staff or learners who are vulnerable can declare this to the FET Institution and the FET Institution should put specific measures in place as may be appropriate.

The second key element of reducing risk of harm is that the FET Institution has processes in place to identify as rapidly as practical if there is any evidence of spread of COVID-19 in the FET Institution and has a plan to respond appropriately.

The final element of harm reduction is timely access to good medical care for anyone who becomes infected.

## 

## Specific measures

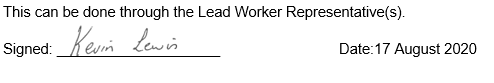
1. The FET Institution should enhance programmes to promote a healthy lifestyle to the greatest extent possible.
2. The FET Institution should encourage members of the FET community to signal to a central point in the FET Institution early if they are diagnosed with COVID-19[[7]](#footnote-8). The intention is to support the FET Institution in identifying early if there is evidence of transmission of COVID-19 related to FET community activity so that it can respond appropriately in association with public health authorities.
3. Pathways for access to healthcare should be clear so that people are clear who to contact for access to healthcare at any time if they develop symptoms of illness.
4. Staff who consider themselves specifically at risk of severe illness, or with vulnerable members of their household, should engage with WWETB as their employer to manage that risk as appropriate.

# APPENDIX 1 COVID-19 Policy Statement

[FET Institution name] is committed to providing a safe and healthy workplace for all our staff and a safe learning environment for all our learners. To ensure that, we have developed the following COVID-19 Response Plan. The BOM/ETB and all 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 learners 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 lead worker representative who is easily identifiable to carry out the role outlined in this plan
  + inform all staff and learners of essential hygiene and respiratory etiquette and physical distancing requirements
  + adapt the facility to facilitate physical distancing as appropriate in line with the public health guidance
  + keep a contact log to help with contact tracing
  + ensure staff and engage learners with the induction / familiarisation briefing
  + implement the agreed procedures to be followed in the event of someone showing symptoms of COVID-19 while at the facilities
  + provide instructions for staff and learners to follow if they develop signs and symptoms of COVID-19 during the time they are at the facilities
  + implement cleaning in line with HSE and GOV.ie advice

All 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).



# APPENDIX 2 WWETB 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 FET Institution: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Manager/Principal Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 manager 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: WWETB 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# APPENDIX 3 Lead Worker Representative – WWETB Further Education and Training

The COVID-19 Return to Work Safely Protocol is designed to support employers and workers to put measures in place that will prevent the spread of COVID19 in the workplace. The Protocol was developed following discussion and agreement between the Government, Trade Unions and Employers at the Labour Employer Economic Forum.

The Protocol provides for the appointment of a Lead Worker Representative (LWR) in each workplace. The LWR will work in collaboration with the employer to assist in the implementation of measures to prevent the spread of COVID -19 and monitor adherence to those measures and to be involved in communicating the health advice around COVID-19 in the workplace.

The purpose of this section is to set out the provisions in respect of the LWR in FET Institutions. These arrangements will operate for the 2020/21 school year and will be kept under review by the parties.

This document should be read in conjunction with:

* the COVID-19 Return to Work Safely Protocol;
* the Guidance and FAQs for Public Service Employers during COVID-19;
* Guidance for Further and Higher Education for returning to on-site activity in 2020: Roadmap and COVID-19 Adaptation Framework.

**1. Collaborative Approach**

Responsibility for the development and implementation of the COVID-19 Response Plan and the associated control measures lies with the Board of Management/ Education and Training Board FET Institution management.

Strong communication and a shared collaborative approach are key to protecting against the spread of COVID-19 in FET, and looking after the health, safety and wellbeing of staff and learners. Adherence to the Return to Work Protocol will only be achieved if everyone has a shared obligation in implementing the measures contained within the Protocol in their place of work.

If a staff member has any concerns or observations in relation to the COVID-19 Response Plan, control measures or the adherence to such measures by staff, learners, or others, they should contact the LWR who will engage with the management.

**2. Role of the Lead Worker Representative**

The role of LWR is separate to that of the Safety Representative under the health and safety legislation. However, the Safety Representative may act as the LWR if selected to do so by the staff.

In summary, the role of the LWR is to:

* Represent all staff in the workplace regardless of role, and be aware of specific issues that may arise in respect of different staff cohorts;
* Keep up to date with the latest COVID-19 public health advice;
* Work collaboratively with the management to ensure, so far as is reasonably practicable, the safety, health and welfare of employees in relation to COVID-19;
* Consult with the management on the control measures required to minimise the risk of staff and learners being exposed to COVID-19;
* Promote good hygiene practices, in conjunction with the management, such as washing hands regularly and maintaining good respiratory etiquette along with maintaining social distancing in accordance with public health advice;
* Assist the management with the implementation of measures to suppress COVID-19 in the workplace in line with the Return to Work Safely Protocol and current public health advice;
* Monitor, in conjunction with the management, adherence to measures put in place to prevent the spread of COVID-19;
* Conduct reviews of safety measures that are in place to address and suppress COVID-19 in the workplace. Reviews (including an examination of the workplace) should be conducted on a regular basis (at least twice per week);
* Report any issues of concern immediately to the management and keep records of such issues and actions taken to rectify them;
* Consult with the management on the COVID-19 Response Plan in the event of someone developing COVID-19 while in FET Institution including the location of an isolation area and a safe route to that area;
* Following any incident, assess with the management any follow up action that is required;
* Consult with colleagues on matters relating to COVID-19 in the workplace;
* Make representations to the management on behalf of their colleagues on matters relating to COVID-19 in the workplace.

**3. What can a Lead Worker Representative Do?**

The LWR may consult with, and make representations to, the management on any issue of concern in relation to COVID-19. These include issues in

relation to:

* Cleaning protocols and their implementation
* Physical Distancing
* Configuration/re-configuration of the facilities, including classrooms, corridors, halls, open areas, entry and exit points, grounds etc.
* Implementation of one-way systems to ensure social distancing including when entering and exiting the buildings.
* Hand Hygiene facilities including their location and whether they are stocked and maintained
* Hand sanitising
* Staff awareness around hand hygiene in the facility
* Respiratory hygiene
* Personal Protective Equipment
* At Risk Groups
* Visitors/Contractors

**4. Does an LWR have any legal responsibilities?**

No. A Lead Worker Representative does not have any duties in relation to COVID-19 other than those that apply to employees generally. In other words, the LWR is not responsible for the control measures within an organisation, which remains the employer’s responsibility.

**5. Lead Worker Representative(s)**

A Lead Worker Representative will be appointed to an individual WWFET Institution or with a cluster of smaller FET delivery sites. In FET Institutions with more than 40 staff, a second Lead Worker Representative will be appointed.

**6. Selection of Lead Worker Representative(s)**

The staff are entitled to select staff members for the LWR position(s). The LWR(s) represent all staff in the workplace regardless of role and must be aware of specific issues that may arise in respect of different staff cohorts. In this regard, where a FET Institution has two LWRs, the roles should be spread between teaching and non-teaching staff where feasible e.g. where there is a significant number of non-teaching staff in the school or centre and one or more expressions of interest are received from that cohort this will be discussed further between the parties.

The process for the selection and appointment of the LWR(s) is that management will seek expressions of interest from all staff in the first instance. A template email for this purpose is attached. If an election is necessary, all FET Institution staff have a vote to select the LWR(s).

The LWR(s) will, following selection by the staff, be formally appointed by WWETB. The LWR(s) will be required to confirm, prior to taking up the role, that they have been provided with and have completed the requisite training and that they are fully aware of the requirements of the role.

**7. Supports for the Lead Worker Representative/s**

The LWR(s) shall be entitled to:

* Be provided with information and training in respect of their role [further detail to be provided];
* Be consulted by the management on the control measures being put in place by the FET Institution to minimise the risk of being exposed to COVID-19;
* Regular communication with the management on issues related to COVID-19;
* Be informed of changes in practice arising from COVID-19 response measures;
* Have access to any risk assessments prepared or carried out in relation to COVID-19 and to details of incidents of suspected COVID-19 cases that have been notified to the HSE, where they occurred, and any actions taken.
* Be provided with the necessary facilities to enable them to consult with employees or prepare any submissions or reports. These might include access to a meeting room, photocopier, communications, and equipment.
* Where the LWR is an Instructor/Teacher/Tutor/Resource Worker they will receive protected time of 2 hours per week from timetable to enable them to carry out their duties in that role.
* Where the reduction to the timetable of the person selected for the LWR would cause difficulties in delivery which cannot be resolved, management will examine internal and external possibilities to enable the appointment to the role of LWR. Where the matter cannot be resolved, management will set out the reasons why this is the case. In this circumstance, an alternative individual must be appointed as LWR.
* Where the LWR is not directly involved in delivery of education and training, a reprioritisation of duties by management should be carried out to afford the staff member sufficient time to carry out their duties in that role within the scope of their normal contracted hours.

1. **Procedure for dealing with issues that arise**

Where a COVID-19 control concern is identified by the LWR (or is notified to the LWR by a staff member), the LWR should bring this to the attention of the management of the FET Institution. Action points for addressing the issue should where possible be agreed between the LWR and the management of the FET Institution as a matter of urgency. Staff should be informed of the outcome. It is envisaged that issues will be resolved at FET Institution level to the maximum extent possible.

If agreement cannot be reached, the LWR should notify the ETB Director of FET of the issue. Action points for addressing the issue should where possible be agreed between the LWR and the BoM/ETB head office as a matter of urgency. Staff should be informed of the outcome.

If, having exhausted the process above, a serious issue of concern remains outstanding, the LWR may have recourse to the Health and Safety Authority.

**9. Glossary of Terms**

* **COVID-19 Response Plan:** plan designed to support the staff and WWETB in putting measures in place that will prevent the spread of COVID-19 in the FET Institution environment. The plan details the policies and practices necessary for a FET Institution to meet the Return to Work Safely Protocol, the Guidance and FAQs for Public Service Employers during COVID-19; Guidance for Further and Higher Education for returning to on-site activity in 2020: Roadmap and COVID-19 Adaptation Framework which are available on gov.ie website.
* **Labour Employer Economic Forum (LEEF):** the forum for high level dialogue between Government, Trade Union and Employer representatives on matters of strategic national importance - involves the Irish Congress of Trade Unions, Government & Employers.
* **Return to Work Protocol:** national protocol designed to support employers and workers to put measures in place that will prevent the spread of COVID19 in the workplace.
* **Safety Representative:** Section 25 of the Safety, Health and Welfare at Work Act 2005 sets out the selection and role of the Safety Representative in the workplace. The rights of the Safety Representative are set out in legislation. (Note: A Safety Representative has rights and not duties under the 2005 Act). This role is separate to the LWR under COVID-19, but the Safety Representative may act as the LWR if selected to do so by the staff.

**TEMPLATE EMAIL TO STAFF REGARDING LEAD WORKER REPRESENTATIVE APPOINTMENT PROCESS**

Dear All,

As you will be aware, significant work and consultation has taken place to enable a return to education and training from the beginning of the 2020/21 school year.

The resumption of FET Institution facility-based teaching and learning and the return to the workplace of staff must be done safely and in strict adherence to the advice and instructions of public health authorities and the Government.

The COVID-19 Return to Work Safely Protocol is designed to support employers and workers to put measures in place that will prevent the spread of COVID19 in the workplace. The Protocol was developed following discussion and agreement between the Government, Trade Unions and Employers at the Labour Employer Economic Forum. In addition, every FET Institution has a COVID-19 Response Plan in place.

The Return to Work Safely Protocol provides for the appointment of a Lead Worker Representative (LWR) in each workplace.

The LWR will work in collaboration with the employer to assist in the implementation of measures to prevent the spread of COVID -19 and monitor adherence to those measures and to be involved in communicating the health advice around COVID-19 in the workplace.

A copy of the COVID-19 Response Plan is attached, and this includes further detail on the role of the Lead Worker Representative.

In this FET Institution, there are (1 or 2 – *delete as appropriate*) Lead Worker Representative positions.

Under the Protocol, the staff are entitled to select staff members for the LWR position(s). In this regard, I am now inviting expressions of interest from staff for these positions, by return email.

The LWR(s) represents all staff in the workplace regardless of role and must be aware of specific issues that may arise in respect of different staff cohorts.

Where a FET institution has two LWRs, the roles should be spread between teaching and non-teaching staff where feasible e.g. where there is a significant number of non-teaching staff in the FET Institution and one or more expressions of interest are received from that cohort.

Training for the role will be provided.

If an election is necessary, all staff have a vote to select the LWR(s). Further details on this process will be sent to you if this arises. Following selection by the staff, the LWR(s) will be formally appointed. The LWR details will be sent to all staff following their appointment.

Yours sincerely,

\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_

# APPENDIX 4 Risk Assessment

COVID-19 Risk Template (List identifies COVID-19 as the hazard and outlines control measures required to deal with this risk)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hazards | Is the hazard present?  Y/N | What is the risk? | Risk Rating  H=High  M=Medium  L=Low | Controls  (When all controls are in place risk will be reduced) | Is this control in place? | Action/ to do list/ outstanding controls  \*Risk rating applies to outstanding controls outlined in this column | Person responsible |
| COVID-19 | N | Illness | H | Covid19 Response Plan in place in line with the Return to Work Safely Protocol and public health advice |  | Examples of Actions   * Follow public health guidance from HSE re hygiene and respiratory etiquette * Complete COVID-19 Policy Statement * Return to Work Forms received and reviewed. * Undertake Induction Training. * Maintain log of staff, learner and visitors * Complete checklists as required: * Management * How to deal with a suspected case * Physical distancing |  |

If there are one or more High Risk (H) actions needed, then the risk of injury could be high and immediate action should be taken. Medium Risk (M) actions should be dealt with as soon as possible. Low Risk (L) actions should be dealt with as soon as practicable.

|  |  |
| --- | --- |
| Risk Assessment carried out by: | ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# APPENDIX 5 Contact Tracing Log

This data is being collected at the direction of the HSE and will only be used for the purpose of Covid-19 contact tracing and for no other purpose. It will be retained for no longer than 3 months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (Print)** | **Mobile Number** | **Internal Contact** | **Time In** | **Time Out** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# APPENDIX 6 Checklist for Covid Centre Management

This checklist supports planning and preparation, control measures and induction needed to support a safe return to education facilities for learners, staff, and others.

**For completion by the agreed person (Covid Centre Manager) with overall responsibility of managing the implementation of the COVID-19 Response plan within a WWETB FET Institution or cluster of smaller FET sites (with supports as agreed with the ETB).**

**Planning and Systems**

1. Is there a system in place to keep up to date with the latest advice from Government and DES, to ensure that advice is made available in a timely manner to staff and learners and to adjust your plans and procedures in line with that advice?
2. Have you appointed staff member/s to the Lead Worker Representative (LWR) position in accordance with the agreed protocol?
3. Have you advised staff as to who has been appointed to the position of LWR?
4. Have you prepared a COVID-19 response plan and made it available to staff and learners?
5. Have you a system in place to provide staff and learners with information and guidance on the measures that have been put in place to help prevent the spread of the virus and what is expected of them?
6. Have you displayed the COVID-19 posters in suitable locations highlighting the signs and symptoms of COVID-19?
7. Have you told staff and learners of the purpose of the COVID-19 contact log?
8. Have you a COVID-19 contact log in place to support HSE tracing efforts if required?
9. Have you informed staff on the measures that have been put in place to help prevent the spread of the virus and what is expected of them, and provided a system for them to raise issues or concerns and to have them responded to?
10. Have you reviewed and updated risk assessments in line with Department advice to take account of any controls to help prevent the spread of COVID-19?
11. Have you updated emergency plans, in particular to take account of the COVID response plan?

**Staff**

1. Have you made available to each staff member a COVID-19 return-to-work form to be completed and returned 3 days before they return to the workplace?
2. Are you aware of staff members who are at [very high risk under the HSE guidance](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html) on people most at risk and advised them of the ETB agreed arrangements for management of those staff?
3. Have you advised staff and learners they must stay at home if sick or if they have any [symptoms of COVID-19](https://www2.hse.ie/conditions/coronavirus/symptoms.html)?
4. Have you told staff and learners what to do and what to expect if they start to develop symptoms of COVID-19 while at FET Institutions, including where the isolation area is?

**Training and Induction**

1. Have you advised staff and learners to view [the Department of Education’s training materials](https://www.gov.ie/en/publication/dd7fb-induction-training-for-reopening-schools/) which are available online?
2. Have you taken the necessary steps to update your induction / familiarisation training to include all information relating to COVID-19?
3. Have first aiders, if available, been given updated training on infection prevention and control re hand hygiene and use of PPE as appropriate?

**Buildings / Equipment**

1. If you have mechanical ventilation does it need cleaning or maintenance before the facilities reopens?
2. Does your water system need flushing at outlets following low usage to prevent [Legionnaire’s Disease?](https://www2.hse.ie/conditions/legionnaires-disease.html)
3. Have you visually checked, or had an appropriate person check, all equipment in the facility for signs of deterioration or damage before being used again?
4. Have you arranged for the facility including all equipment, desks, benches, doors, and frequently touched surfaces points, been thoroughly cleaned before reopening?

**Control Measures in place**

**Hand / respiratory hygiene**

1. Have you accessed supplies of hand sanitizers and any necessary PPE equipment in line with the [HPSC health guidance relating to the reopening of schools](https://assets.gov.ie/78748/8796d60e-790e-4007-add1-de18e509a3c1.pdf) and educational facilities, from the supply agreement provided by the Department? This supply agreement close to being finalised and will be available for drawdown with guidance as to how and what to order accompanying it.
2. Are there hand washing/hand sanitising stations in place to accommodate staff, learners and visitors adhering to hand hygiene measures in accordance with Department guidance?
3. Have arrangements been made for staff and learners to have regular access to handwashing/hand sanitising facilities as appropriate?
4. Are hand sanitisers easily available and accessible for all staff, learners, and visitors – e.g. in each classroom and at entry and exit points to the buildings?
5. Have you made arrangements to ensure hand hygiene facilities are regularly checked and well-stocked?
6. Does the alcohol-based hand sanitiser have at least 60% ethanol or 70% isopropanol as the active ingredient?
7. Have you informed staff and learners about the importance of hand washing?
8. Have you arranged for staff and learners to view [how to wash their hands](https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html) (with soap and water for at least 20 seconds) and dry them correctly through the use of the HSE video resource?
9. Have you shown staff and learners how to use hand sanitiser correctly and where hand-sanitising stations are located?
10. Have you displayed posters on how to wash hands correctly in appropriate locations?
11. Have you told staff and learners when they need to wash their hands or use hand sanitiser? This includes:

* before and after eating and preparing food
* after coughing or sneezing
* after using the toilet
* where hands are dirty
* before and after wearing gloves
* before and after being on public transport
* before leaving home
* when arriving/leaving the facilities /other sites
* after each class
* after touching potentially contaminated surfaces
* if in contact with someone displaying any COVID-19 symptoms

1. Have you told staff and learners of the importance of good respiratory measures to limit the spread of the virus, including?

* avoid touching the face, eyes, nose, and mouth
* cover coughs and sneezes with an elbow or a tissue
* dispose of tissues in a covered bin

**Physical Distancing:**

1. Have you identified all available facilities space to be used to maximise physical distancing?
2. Have you arranged to revise the layout of the rooms and furniture?
3. Have you arranged in each room of the FET Institution so that staff desk are where possible 2 metres away from learners’ desks?
4. Have you arranged in each room that learners are 2 metres away from each other where possible?
5. Have you where possible and practicable assigned learners to main group cohorts to minimise the risk of infection from COVID-19?
6. Have you made arrangements to limit interaction on arrival and departure from FET Institution and in other shared areas?
7. Have you made arrangements, in so far as possible, to open additional access points to reduce congestion?
8. Can you provide a one system for entering and exiting the building, where practical?
9. Have you arranged for staff meetings to be held remotely or in small groups or in large spaces to facilitate physical distancing?
10. Have you taken steps to minimise rotation of staff between classes where possible?
11. Have you a system to regularly remind staff and learners to maintain physical distancing?
12. Have you advised staff and learners not to shake hands and to avoid any physical contact?
13. Have you stopped all non-essential travel for learner activities?

**Visitors to WWETB FET Institutions**

1. Have you identified the activities that involve interacting with essential visitors to facilities, made arrangements to minimise the number of such visitors and put in place measures to prevent physical contact, as far as possible?
2. Are there arrangements in place to inform essential visitors to facilities of the measures to help prevent the spread of infection?
3. Have you a system in place for all visitors who do need to come to the facilities to make appointment, arrange to contact a central point and to record their visit using the contact tracing log?

# APPENDIX 7 Checklist for dealing with a suspected case of COVID-19

Each main group / cohort should be considered a separate group for the purpose of managing suspected cases. Each staff member will be required to manage a suspected case in line with the protocol and training.

**A nominated member of the management team will be responsible for ensuring that all aspects of the protocol to deal with suspected cases have been adhered to.**

**Isolation Area**

1. Have you identified a place that can be used as an isolation area, preferably with a door that can close?
2. The isolation area does not have to be a separate room but if it is not a room it should be 2m away from others in the room.
3. Is the isolation area accessible, including to staff and learners with disabilities?
4. Is the route to the isolation area accessible?
5. Have you a contingency plan for dealing with more than one suspected case of COVID-19?
6. Are the following available in the isolation area(s)?

* Tissues
* Hand sanitiser
* Disinfectant/wipes
* Gloves/Masks
* Waste Bags
* Bins

**Isolating a Person**

1. Are procedures in place to accompany the infected person to the isolation area, along the isolation route with physical distancing from them?
2. Are staff familiar with this procedure?
3. Have others been advised to maintain a distance of at least 2m from the affected person at all times?
4. Is there a disposable mask to wear for the affected person while in the common area and when exiting the building?

**Arranging for the affected person to leave the FET Institution**

1. Staff – have you established by asking them if the staff members feel well enough to travel home?
2. Learner – have you established by asking them if the learner feels well enough to travel home? Under no circumstances can a learner use public transport to travel home if they are a suspected case of COVID-19.
3. The affected person should be advised to avoid touching other people, surfaces and objects.
4. The affected person should be advised to cover their mouth and nose with disposable tissue(s) when they cough or sneeze, and to put the tissue in the bin.
5. Has transport home or to an assessment centre been arranged if the affected person has been directed to go there by their GP?
6. Has the affected person been advised not to go to their GP’s surgery or any pharmacy or hospital?
7. Has the affected person been advised they must not use public transport?
8. Has the affected person been advised to continue wearing the face mask until they reach home?

**Follow up**

1. Have you carried out an assessment of the incident to identify any follow-up actions needed?
2. Have you advised the LWR of the incident in accordance with the agreed protocol?
3. Are you available to provide advice and assistance if contacted by the HSE?

**Cleaning**

1. Have you taken the isolation area out-of-use until cleaned and disinfected?
2. Have you made arrangements to clean and disinfect any classroom space where the staff or learners were located?
3. Have you arranged for cleaning and disinfection of the isolation area and any other areas involved, as soon as practical after the affected person has left the building?
4. Have the cleaners been trained in dealing with contaminated areas and supplied with the appropriate PPE?

# APPENDIX 8 Checklist Lead Worker Representative

1. Have you been selected by your colleagues on the staff and have you agreed with the ETB management of your FET Institution to act as a Lead Worker Representative?
2. Have you been provided with information and training in relation to the role of Lead Worker Representative? (*Training for this role is currently being explored with the HSA).*
3. Are you keeping up to date with the latest COVID-19 advice from Government?
4. Are you aware of the [signs and symptoms of COVID-19](https://www2.hse.ie/conditions/coronavirus/symptoms.html)?
5. Do you know [how the virus is spread](https://www2.hse.ie/conditions/coronavirus/how-coronavirus-is-spread.html)?
6. Do you know how to help prevent the spread of COVID-19?
7. Have training supports been provided to you to support you in this role?
8. Have you been made aware of the control measures your FET Institution has put in place to minimise the risk of you and others being exposed to COVID-19?
9. Are you helping in keeping your fellow workers up to date with the latest COVID-19 advice from Government?
10. Have you completed the COVID-19 return-to-work form and given it to your FET Institution? *(FET template Return-to-Work form available)*
11. Are you aware of the control measures your ETB has put in place to minimise the risk of you and others being exposed to COVID-19? (*Checklist for FET Management available)*
12. On behalf of the employer did your line manager consult with you when putting control measures in place. Consultation at ETB level should take place on any specific local arrangements necessary to implement the protocol.
13. Have you a means of regular communication with the management of your FET Institution and where applicable any other person with overall responsibility for the ETB COVID-19 plan?
14. Are you co-operating with your ETB to make sure these control measures are maintained?
15. Have you familiarised yourself with the cleaning requirements needed to help prevent cross contamination? (*Checklist for Cleaning available*)
16. Have you been asked to walk around and check that the control measures are in place and are being maintained?
17. Are you reporting immediately to the appropriate person within the management of the FET Institution that holds overall responsibility for the ETB COVID-19 plan any problems, areas of non-compliance or defects that you see?
18. Are you keeping a record of any problems, areas of non-compliance or defects and what action was taken to remedy the issue?
19. Are you familiar with what to do in the event of someone developing the symptoms of COVID-19 while at the FET Institution?
20. Are you co-operating with your ETB and FET Institution in identifying an isolation area and a safe route to that area? (*Checklist for dealing with suspected case of COVID-19 available)*
21. Are you helping in the monitoring and keeping under review the management of someone developing symptoms of COVID-19 while at the facility?
22. Once the affected person has left the facility, are you helping in assessing what follow-up action is needed?
23. Are you helping in maintaining the staff and learner contact log?
24. Have you been made aware of any changes to the emergency plans or first aid procedures for your FET Institution?
25. Are you making yourself available to fellow staff to listen to any COVID-19 control concerns or suggestions they may have?
26. Are you raising those control concerns or suggestions with your manager and feeding back the response to the staff member/s who raised the issue?
27. Have you been provided by the management with the supports to which you are entitled in your role as Lead Worker Representative?

# APPENDIX 9 Checklist for Cleaning

1. FET Institutions should adhere to the cleaning protocols recommended by the Practical Guidance for Further and Higher Education for returning on site activity issued by the Department.
2. Have you a system in place for checking and keeping up to date with the latest public health advice from Government and the Department of Education, to ensure that advice is made available in a timely manner to staff and learners and to adjust your cleaning procedures in line with that advice?
3. Have you reviewed the HPSC health advice for the safe re-opening of, in particular *Section 5.6 Environmental Hygiene*?
4. Have you explained the need for the enhanced cleaning regime to staff and learners?
5. Are you aware that cleaning is best achieved using a general-purpose detergent ad warm water, clean cloths, mops and the mechanical action of wiping and cleaning, following by rinsing and drying?
6. Have you sufficient cleaning materials in place to support the enhanced cleaning regime?
7. Have you provided training for cleaning staff on the enhanced cleaning regime?
8. Have you made arrangements for the regular and safe emptying of bins?
9. Are you familiar with the cleaning options for education settings set out in the HPSC health advice for education settings for surfaces, toilets, cleaning equipment, PPE and waste management?
10. Are you aware that each FET Institution/setting should be cleaned once per day?
11. Have you in place a system for regular cleaning of the following frequently touched surfaces?

* Door handles,
* Handrails
* Chairs/arm rests
* Communal eating areas
* Sinks
* Toilets facilities

1. Have you provided cleaning materials to staff and learners so that they can clean their own desk or immediate workspace?
2. Have you advised staff that they are responsible for cleaning personal items that have been brought to work and are likely to be handled at work or during breaks? E.g. mobile phone laptop and to avoid leaving them down on communal surfaces or they will need to clean the surface after the personal item is removed.
3. Have you advised staff and learners to avoid sharing items such as cups, bottles, cutlery, pens?
4. Have you put in place a written cleaning schedule to be made available to cleaning staff including:

* Items and areas to be cleaned
* Frequency of cleaning
* Cleaning materials to be used
* Equipment to be used and method of operation

1. Details of how to clean following a suspected case of COVID-19 are at Appendix 8.
2. If disinfection of contaminated surfaces is required, is a system in place to do this following cleaning?
3. If cleaning staff have been instructed to wear gloves when cleaning, are they aware of the need to wash their hands thoroughly with soap and water, both before and after wearing gloves?
4. Have you a system in place for the disposal of cleaning cloths and used wipes in a rubbish bag? *Current HSE guidance recommends waste such as cleaning waste, tissues etc. from a person suspected of having COVID-19 should be double bagged and stored in a secure area for 72 hours before being presented for general waste collection.*
5. Have you ensured there is a system in place to make sure reusable cleaning equipment including mop heads and non-disposable cloths are clean before re-use?
6. Have you ensured there is a system in place to ensure that equipment such as buckets are emptied and cleaned with a fresh solution of disinfectant before re-use?
7. Have you ensured there is a system in place to ensure that equipment such as buckets are emptied and cleaned with a fresh solution of disinfectant before re-use?

**WWETB COVID-19 RESPONSE PLAN (FET)**

**PART 2**

*This document provides guidance on the steps and processes to be in place across further education and training institutes to effectively and efficiently respond to COVID-19 in these settings, including prevention measures, and procedures for effectively and efficiently responding to suspected and confirmed cases of COVID-19 on site.*

*Please note, HPSC case definitions and guidance in relation to COVID-19 are subject to change. Please see* [*HPSC website*](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/) *for up to date information.*

### Introduction

The government’s [Roadmap for Reopening Society and Business](https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/) and [Resilience and Recovery 2020-2021, Plan for Living with COVID-19](https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/), combined with the [HSA Return to Work Protocols](https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/) and ongoing public health advice provide the over-arching framework for all sectors of society to reopen facilities and premises.

Specific to further and higher education, the government has also published [Guidance for Further and Higher Education for returning to on-site activity in 2020: Roadmap and COVID-19 Adaptation Framework for returning to on-site activity in autumn 2020](https://www.gov.ie/en/publication/fc7a0-guidance-for-further-and-higher-education-for-returning-to-on-site-activity-in-2020-roadmap-and-covid-19-adaptation-framework/) accompanied by “[Implementation Guidelines for Public Health Measures in Higher Education Institutions (HEIs)](https://www.iua.ie/wp-content/uploads/2020/08/Public-Health-Implementation-Guidelines-for-HEIs_05.08.20_Final.pdf) and [Implementation Guidelines for Public Health Measures in the ETB Further Education and Training Institutions (FET).](https://library.etbi.ie/ld.php?content_id=33198243)

The above guidance provides robust advice to higher and further educational facilities on COVID-19 prevention measures, implementation of which will minimise the risk of infection for all learners and staff. Further and Higher Education Institutes should adapt and customise these recommendations for their own particular settings, adhering at all times to the overarching public health principles on which the guidance is predicated.

This document clearly outlines the steps to be taken should there be a suspected case of COVID-19 on site and subsequent procedures to facilitate HSE Public Health management of confirmed cases or outbreaks. The objectives of this guidance are:

* To put in place protocols and structures that can provide for a rapid response to outbreaks aligned with best public health practice.
* To be sector led so that the complexity of FET Institutions is built into the approach.
* To ensure consistency of approaches across ETBs and FET Institutions.
* To ensure that the systems developed are shared by all FET Institutions.
* To provide a coherent principle-level approach nationally that can facilitate a deeper dive by ETBs and FET Institutions where necessary.
* All communications, including the protocols, must be used as an opportunity to reinforce public health advice regarding prevention through making practices such as physical distancing, personal hygiene and environmental hygiene the norm on campus.

This COVID-19 Response Plan will be finalised in consultation with the HSE’s Health Protection Surveillance Centre (HPSC) and in liaison with the Department of Further, Higher Education, Research, Innovation & Science, and the Department of Health, management and staff representatives. Public health experts within the Further Education and Training Institution sector inputted to the development of the plan.

The priority for Further Education and Training Institutions is to ensure the health and safety of learners and staff in so far as possible, while offering learners a rich and meaningful learning experience. Access to Further Education and Training is a critical opportunity in the life of the citizen, a transformational and empowering experience. It is a national priority that, while living with the virus, education at all levels can continue and it is recognised that face-to-face engagement is an essential component of effective continued learning, especially for those learners with no prior experience of further education and training, and learners who require particular support, who risk being marginalised or disadvantaged without the support of the Further Education and Training community. It is a fundamental principle that Further Education and Training Institutions will operate in accordance with public health guidance. The specific features and context of Further Education and Training Institutions require that operationalisation of the overarching public health guidance is facilitated through context-specific guidance and measures that acknowledge and address the unique features of the sector.

Considerable work has already been completed across Further Education and Training Institutions in preparation for the return to learning. All learners and members of staff will be requested to follow current Government and Further and Higher Education and Training sector-wide guidelines at all times. There are approximately 230,000 learners in the publicly funded Further Education and Training sector, across 16 Education and Training Boards (ETB), supported by approximately 10,000 FET practitioners employed as teachers, tutors, instructors, trainers, guidance specialists, managers, coordinators, and administrative and support staff. The importance of ensuring educational facilities safely open to learners, and remain safely open for learners and staff, is acknowledged across society and supported within the Public Health medical community and the health services at large. Educational facilities are communities providing for not only the educational needs of learners, but also their holistic, health and pastoral needs.

Further Education and Training Institutions are a core component of local communities; therefore, it is a community endeavour to keep Further Education and Training Institutions open and learners, staff, and communities safe. It is crucial that all staff and learners follow national public health advice, within and outside the Further Education and Training setting, and carefully consider learning activities in order to minimise opportunities for COVID-19 transmission. Lower rates of COVID-19 in the community reduce the likelihood of significant number of cases and outbreaks in the Further Education and Training setting.

### Background - Managing the Risk of COVID-19 in Further Education and Training settings

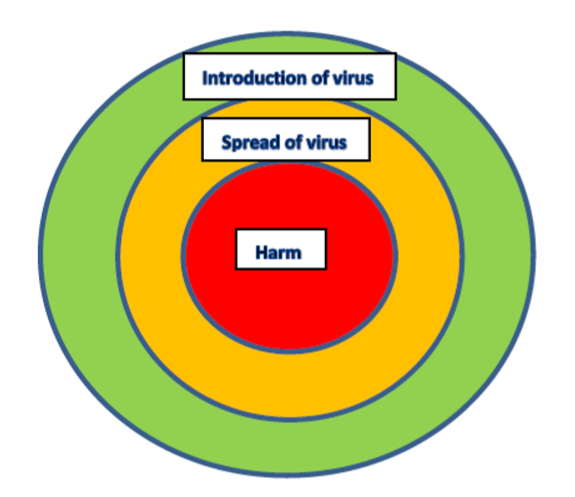
COVID-19 is an infectious disease caused by the SARS-CoV-2 virus first detected in December 2019 in Wuhan, China. Infection is understood to be mainly transmitted via respiratory droplets generated by breathing, sneezing, coughing, as well as direct contact with an infected person or indirect contact, through hand-mediated transfer of the virus from contaminated surface/objects (fomites) to the mouth, nose, or eyes. The virus cannot multiply outside of a living host but can survive on various surfaces for a period of hours or days (depending on the conditions) if these surfaces are not appropriately cleaned. It is not yet clear how long such viral residue is capable of infecting someone. Important prevention measures to mitigate risk of COVID-19 transmission include:

* People with symptoms of COVID-19 should immediately self-isolate and seek medical review.
* Close contacts of confirmed cases should follow Public Health advice as directed (e.g. restriction of movements for 14 days from last contact with the confirmed case, testing at day 0 and day 7 etc.)
* Physical/social distancing
* Hand hygiene
* Respiratory hygiene
* Wearing face coverings, except in specified limited circumstances
* Avoiding congregation

Each Further Education and Training Institution’s COVID-19 Response Plan needs to be supported by effective public health messaging, including messaging around the potential for severe illness and long-term sequalae. Preventative measures, including physical distancing, frequent handwashing, good respiratory hygiene and correct use of face coverings, should be facilitated and reinforced to prevent the spread of COVID-19 in Further Education and Training settings.

Managing the risk of spread of COVID-19 on a campus has been described in the “[Implementation Guidelines for Public Health Measures in Higher Education Institutions (HEIs)](https://www.iua.ie/wp-content/uploads/2020/08/Public-Health-Implementation-Guidelines-for-HEIs_05.08.20_Final.pdf)” and in the [Implementation Guidelines for Public Health Measures in ETB Further Education and Training Institutions (FET)](https://library.etbi.ie/ld.php?content_id=33198243) as three concentric circles:

1. Minimising the risk of introduction of infection into Further Education and Training Institutions
2. Minimising the risk of spread of the virus across Further Education and Training Institutions if it is introduced
3. Minimising the associated harm if introduction and spread across Further Education and Training Institutions does occur



### COVID-19 Response Plan

With COVID-19 circulating in the community, it is inevitable that cases will occur amongst learners and staff attending, or working within, Further Education and Training Institutions.

In such circumstances, the COVID-19 Response Plan must ensure:

* FET Institutions prepare, in consultation with the relevant HSE Department of Public Health, systems and pathways to ensure learners and staff have rapid access to testing where clinically indicated.
* FET Institutions prepare systems to ensure confirmed cases of COVID-19 are urgently followed up in collaboration with HSE Public Health Department
* FET Institutions prepare systems to support the public health risk assessment by HSE Public Health Department which will guide outbreak control measures
* FET Institutions develop systems and procedures for taking and retaining contact information[[8]](#footnote-9) to support the public health risk assessment
* FET Institutions develop communications and instructions to encourage students and staff to download the COVID-19 Tracker App[[9]](#footnote-10) to assist in recording their close contacts[[10]](#footnote-11) on a daily basis
* FET Institutions provide a dedicated space to isolate confirmed cases and facilities to support students or staff members in self-isolation
* FET Institutions prepare systems to facilitate public health communications on site.

The COVID-19 Response Plan described below elaborates on the [Implementation Guidelines](https://www.iua.ie/wp-content/uploads/2020/08/Public-Health-Implementation-Guidelines-for-HEIs_05.08.20_Final.pdf) and the [Implementation Guidelines for Public Health Measures in ETB Further Education and Training Institutions (FET)](https://library.etbi.ie/ld.php?content_id=33198243)  should cases of COVID-19 be confirmed on an FET site:

1. Prevention and Protection
2. COVID-19 Outbreak Response Team
3. Investigation of potential cases of COVID-19 on campus – clinical and testing pathway.
4. Confirmation of Cases and Contact Tracing
5. Public Health Risk Assessment
6. Outbreak Control Measures and Public Health Principles

### 1. Prevention and Protection

Guidance for the re-opening of Further Education and Training Institutions has been provided across a range of forums offering robust advice on COVID-19 prevention and awareness measures to protect learners and staff. The need for a clear communication plan for staff and learners is of paramount importance.

***Clear Communication Plan for staff and learners***

Further Education and Training Institutions should have a comprehensive and ongoing communication plan that covers the following:

1. **Raising and maintaining awareness** amongst all members of the Further Education and Training Institutions community in relation to the symptoms of COVID-19, how the disease spreads and how spread can be prevented on-site and off-site.
2. Clearly communicating with all staff and learners what they should do if they develop symptoms of COVID-19 on-site or elsewhere, i.e. immediately self-isolate and seek medical review (e.g. contact GP by telephone). Staff/learners should be registered with a GP and access testing through their GP.
3. Clearly communicating with all staff and learners that they should not attend their course if they have symptoms of COVID-19 and re-affirm this messaging on an ongoing basis.
4. Guidance for staff and students on testing pathways and advising all staff and learners to be registered with a GP and make available the location of the nearest test centre and arrangements for transport to testing centres if required.
5. Guidance for staff and learners on what to do if they receive a positive result, importance of informing the FET Institution, support available to learners and staff, and where isolation facilities are located on the FET Institution site.

Note: The distinction between [self-isolation](https://www2.hse.ie/conditions/coronavirus/managing-coronavirus-at-home/self-isolation.html) and [restricted movements](https://www2.hse.ie/conditions/coronavirus/managing-coronavirus-at-home/if-you-live-with-someone-who-has-coronavirus.html) should be clearly understood.

### 2. Further Education and Training Institution COVID-19 Outbreak Response Team

* **24-hour Rapid Response System**

Features of the Structures

The governance structures for responding to outbreaks of COVID-19 on site in liaison with HSE Public Health Department should have the following features:

1. A FET Centre Covid manager to lead Outbreak Response Team on campus as identified in Appendix 1.
2. A FET COVID-19 Outbreak Response Team will include each of the centre Programme Co-Ordinators and the LWR/s.
3. The Programme Co-Ordinator can be contacted by email . This contact will be communicated to learners within the FET Institution. The Programme Co-Ordinator will inform the Centre Covid Manager.
4. The National Outbreaks Oversight Group for FET is the RMT

All cases/outbreaks of notifiable infectious diseases, including COVID-19, are the legislative responsibility of the Medical Officer of Health (HSE Public Health)

### 3. Investigation of potential cases of COVID-19 – clinical and testing pathway

If a learner/staff member develops symptoms of COVID-19 clear protocols should be in place in line with national [HSPC Guidance](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/adviceriskassessmentandmanagementofpatients/):

Learners and staff members who develop symptoms suggestive of COVID-19 infection e.g. fever OR a new cough, shortness of breath, deterioration of existing respiratory condition OR loss of or change in sense of taste or smell *should not ignore those symptoms, or delay seeking medical advice, and must take the following action:*

* if they are at home[[11]](#footnote-12), stay at home, self-isolate, and contact their GP by phone.
* if they are away from home, return home by the safest means possible (avoid public transport if possible), self-isolate and contact their GP by phone.
* if they are on the FET Institution site they should immediately go home, self-isolate, and contact their GP by phone.
* if unable to travel home promptly, they should follow the institutional protocol to access the pre-identified COVID-19 isolation spaces in the Further Education and Training Institution, self-isolate there, and seek medical advice. Further Education and Training Institutions should ensure learners are guided to the isolation room in as safe a manner as possible to minimise risk of onward transmission.

Further Education and Training Institutions will ensure that:

* appropriate isolation spaces/areas are available and accessible, with good ventilation, preferably an open window to the outside.
* the protocol to access and use the isolation spaces is widely disseminated and understood by all members of the Further Education and Training community.
* the isolation space is appropriately supported, with medical and safety advice readily available.

The GP or medical adviser will assess and advise as per normal clinical practice and refer for testing if required and as outlined in HSE adult assessment and testing guidance[.](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/adviceriskassessmentandmanagementofpatients/COVID-19%20Assessment%20and%20testing%20pathway%20for%20children.pdf) Testing is advised for any adult who meets the case definition for COVID-19, or other testing criteria (e.g. close contact of a confirmed case of COVID-19), unless there is a strong clinical reason to do otherwise.

COVID-19 test results are confidential as per doctor/patient confidentiality. However, learners and staff members should be advised that current legislation empowers Public Health doctors to use data as required for the purposes of protecting public health, e.g. to protect people from infection under defined circumstances. Therefore, a positive COVID-19 test result for a named individual (learner/staff member) may need to be disclosed to the Further Education and Training Institution for the purposes of contact tracing/outbreak management. Only the minimum details necessary for the purposes of contact tracing/outbreak management are shared with the FET Centre Covid Manager in the Further Education and Training Institution, such that appropriate public health action can be undertaken.

Information should be widely available on the location and contact details of general practitioners, health centres, isolation facilities, test centres, and how to access transportation to these locations, as appropriate.

Clear messages on cost for learners should be provided (GP review and testing via the HSE is free of charge at point of care).

Mass testing of learners or staff is not recommended under the current national testing strategy. Further Education and Training Institutions should not implement mass testing of learners/staff unless advised to do so by the HSE.

Test Results - COVID-19 “not detected” result:

If a symptomatic individual (who is NOT a close contact of a confirmed case of COVID-19) has a COVID-19 ‘not detected’ result, they should restrict their movements (including not attending Further Education and Training Institution) until they are symptom free for 48 hours. Close contacts of confirmed cases should follow Public Health advice, which currently advises restricted movements (including not attending Further Education and Training Institutions) for 14 days after most recent contact with a confirmed case.

As there will be a large number of suspected cases who will be referred for testing across Further Education and Training Institutions, it is important to await contact/direction from HSE Public Health before taking further action, e.g. activating the Further Education and Training Institutions COVID-19 Response team. This is necessary to prevent any misunderstanding and imposition of unnecessary restrictions of movement.

### 4. Confirmation of Cases and Contact Tracing

In the event a learner or staff member of a FET Institution tests positive for COVID-19, the HSE informs the individual of the positive result by text/phone. **It is important that learners and staff are aware of the requirement to inform the FET Programme Co-Ordinator of the result as soon as possible**.

*The FET Programme Co-Ordinator will inform the FET Centre Covid Manager.*

The HSE contact tracing team follow up with the case to identify household and close contacts. Confirmed cases will be contacted directly by the contact tracing centres and case information and contact identification will be initiated. The case will be referred to the Medical Officer of Health within the regional Public Health Department to conduct a Public Health Risk Assessment (PHRA). Please note that this protocol does not abrogate employee responsibility to notify their employer under standard sick leave procedures.

**COVID-19 Types of Contact Between Persons**

Different types of contact between people gives rise to different levels of risk from COVID-19.

It is a matter of expert judgement by a public health specialist as to whether a given contact constitutes ‘close contact’, with a significant risk of infection, requiring them to restrict their movements and seek a test. Close contacts within the FET setting are identified by Departments of Public Health following a Public Health Risk Assessment (PHRA). If there is any information from the HSE COVID Tracker App, this information will be considered in the risk assessment. However, it may be that not all people who are alerted through the APP are actually deemed close contacts, or vice versa — Public Health might determine that some people who have not been notified by the App are close contacts. While the COVID tracker App is a very useful tool for collecting information on potential close contacts, Public Health risk assessment and advice takes precedence over the App. This is because the Public Health Risk Assessment (PHRA) collects more nuanced, composite information to better appraise infection transmission risk in defined circumstances.

The Health Protection Surveillance Centre (HPSC) advises the types of contact (as set out below) will normally be considered ‘close’ from the point of view of contact tracing. If you have had contact with an infected person when they are deemed to be infectious and you fall into one of the following categories then you are likely to be contacted by the HSE and may be advised to restrict your movements and / or undergo testing:

* If you are a household contact of a confirmed case of COVID-19 (i.e. living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners.)
* If you have shared a closed space, including a workspace, with a person infected with COVID-19 for longer than two hours then you MAY be considered a close contact. A risk assessment will be undertaken by HSE (Public Health) to determine whether you are a close contact – the risk assessment will consider multiple factors, including the occupancy of the room, size of the room, ventilation and the distance of each individual from the confirmed case. If you are considered to be a close contact after risk assessment, you will be contacted by HSE and advised of appropriate action (i.e. restricted movements, COVID-19 testing).

Note: Restricted movement = stay at home, allowed out for exercise and essential shopping.

### 5. Public Health Risk Assessment (PHRA)

**The Medical Officer of Health (Consultant in Public Health Medicine, MOH), and teams will liaise directly with the FET Centre COVID Manager and inform them of the confirmed case, as necessary.** The Public Health team will undertake a Public Health Risk Assessment to inform any further actions and recommendations by the Medical Officer of Health.

**ACTION FOR FET INSTITUTIONS**

To inform the public health risk assessment and to manage cases and outbreaks and identify relevant contacts, the FET COVID-19 Outbreak Response Team should have prepared a summary outlining the below ready to give to the Medical Officer of Health as part of the statutory investigation and management of COVID-19.

* A brief description of the FET Institutions (type, numbers of staff and learners and special features) pertaining to the FET Institutions
* A list of relevant staff with appropriate contact telephone numbers
* A broad description of classrooms/FET Institution space involved in the case or outbreak
* A list of activities attended by confirmed case(s) on site, classes/practical’s/sports, and entertainment facilities
* List of possible close contacts of which the institution is aware in at least the 48 hours prior to symptom onset

The FET Institutions, to the greatest extent possible, should record attendance by learners and staff at all scheduled classes/practical’s/workshops and retain records for 4 weeks in case required for contact tracing purposes.

Staff are required to keep a personal log of their attendance and location on site on a daily basis.

To assist with this, and broader off-site contact tracing, every member of the FET community is strongly advised to download and use the Government’s COVID-19 Tracker App.

Some FET Institutions are using technological solutions to record learners attendance on site and/or individual classrooms and/or areas or seats within classrooms.

Some FET Institutions are encouraging staff and learners to keep their own COVID-19 Contact Diary to record details of the own activities when on site, including what locations they accessed, who they had contact with and for how long in each case. Learners attending classes/workshops/practicals etc. are also asked to record the seat location/number they sat in for each classes/workshops/practical’s etc. if applicable.

These contact diaries and similar records maintained by staff and learners, and any information held centrally by the FET Institution, should then be made available to the HSE for contact tracing purposes in the event of a positive COVID- 19 case on site.

### 6. Public Health Principles and Outbreak Control

* Public Health will urgently discuss with the FET Institutions COVID Co-ordinator to establish any appropriate exclusions i.e. advice to isolate for identified staff or learners and to remove from FET Institution setting based on an informed Public Health Risk Assessment (PHRA).
* Core to the PHRA will be assessing the likelihood of onward transmission from the case identified. This will inform their further actions.
* HSE Public Health will assess whether the index case is also likely to be the primary case within the FET Institution setting or a secondary case. They will assess the likelihood of onward transmission from the case identified. This will inform further action.
* Onward testing strategy will be determined by information from the initial risk assessment. The strategy will be determined after risk assessment of the confirmed case, considering the likely source of infection and the likely potential for onward transmission of infection within or without the FET Institution setting.
* The risk assessment may be dynamic and change as new information becomes available.
* Close contacts will be identified following PHRA and engagement with the FET Institution. They will be tested as per national contact guidelines (Day 0 and 7) and they should be advised to restrict their movements and remain alert for symptoms, as per national guidelines.
* The testing strategy may evolve as information unfolds.
* There may be other community close contacts who will also be excluded from the FET Institution but because of their community exposure NOT their FET Institution exposure e.g. family members if a learner is living at home etc
* Depending on results from testing, or following initial PHRA, the MOH may recommend widespread swabbing within a class or discipline under HSE mass testing processes.
* Whether all learners from a class/discipline/year are removed whilst undergoing testing, or whether they remain in the FET Institution, will be determined by the risk assessment.
* An Outbreak Control Team may be called as appropriate, and to assist the Medical Officer of Health in the investigation and control of COVID-19 cases and outbreaks.
* A general outbreak plan for COVID-19 outbreaks can be found [here](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/outbreakmanagementguidance/)

The PHRA will consider information, including the following, to inform control measures:

* Unique information and factors relevant to each Further Education and Training Institution, including infrastructure, and how these factors impact risk of COVID-19 transmission
* Interactions of learners and staff, both within the Further Education and Training Institution and in the wider community
* Patterns of infection within the wider community
* Infection rates in the regions served by the Further Education and Training Institution

This information will inform the decision regarding control measures, up to and including the need for full or partial closure of a Further Education and Training Institution. A range of issues (e.g. multiple cases in different Departments/Schools within a Further Education and Training Institution) may inform a decision by the Medical Officer of Health that maintaining an open facility presents an ongoing risk to learners, staff and the wider community. Additionally, keeping a Further Education and Training Institution open may not allow for adequate control of the spread of infection or removal of conditions favourable to infection.

# Consideration of the need for full, or partial, closure of a Further Education and Training Institutions

If there are concerns regarding the need for closure, or partial closure, of a FET Institution, these will be discussed by the MOH in conjunction with ETB FET management, and as part of local or national outbreak control teams within the Departments of Public Health. Any decision to close, or partially close, a FET Institution will be based on the best approach to control the spread of COVID-19 and allow opportunity to remove the conditions favourable to such infection, as deemed necessary and appropriate by the MOH, and, where applicable, any national outbreak control team. In the evaluation of the need for closure of any FET Institution affected by any outbreak of infectious disease, the standard Public Health approach is to utilise a Risk Assessment model. This enables the most accurate and effective determination of the likely health impacts of a range of possible interventions, ranging from exclusion and testing of a small group of learners, up to and including closure of an affected class or discipline. The actual criteria used by an MOH, may be modified in the light of local conditions or specific local information, which informs the Public Health Risk Assessment (PHRA) required to provide for sensible and safe decisions regarding closure and, by extension, reopening of a FET Institution.

# Criteria for closure (Full or partial)

Decisions regarding the need for full or partial closure of a FET Institution are made by the Medical Officer of Health, informed by Public Health risk assessment. Criteria typically considered in the risk assessment include, but are not limited to:

1. Evidence or clear concern that spread within the Further Education and Training Institution is the primary driver of confirmed and suspected cases. This is as opposed to spread of infection externally within the community setting (e.g. within households where learners / staff members live etc).
2. The numbers of, or rate of increase of, COVID-19 cases detected among learners/staff is concerning.
3. Physical structure or layout of a FET Institution which limits the range or adequacy of implementation of recommended preventive measures e.g. further social distancing, specific recommendations relating to hygiene or cleaning measures.
4. Any evidence that significant spread in the wider local community can be shown or be highly suspected of being linked or intertwined with the FET Institution setting.
5. Results from any testing and contact tracing regimen identified a large number/high proportion of asymptomatic cases, particularly among groupings not previously considered to be at high risk of infection transmission.

In all Public Health investigations, in which closure of a FET Institution affected by any infectious disease outbreak is being considered, the criteria guiding closure will broadly provide the criteria for reopening. However, outbreaks are dynamic, and in the course of the investigation new risks may be identified and therefore new parameters required to be included for criteria to re-open or allow for full learner/staff member return. A list of the agreed criteria for closure (involving for example, high levels of disease, the requirement of decontamination to a level that meets with the approval of the MOH, (OCT), the compliance of management and staff etc.), will form the basis for the criteria to guide reopening. It would only be when all these criteria, and any additional identified in the process of investigation have been satisfied, that a decision on reopening, or full return of learner /staff would be made by the MOH.

**Appendix 1. Responding to a confirmed case of COVID-19 on campus**

|  |  |  |
| --- | --- | --- |
| Persons / Role | Responsibilities | Issues Arising |
| FET Learner | 1. Learner has a responsibility to keep a record of their activities on site and their daily “close contacts” 2. Download and use the COVID-19 Tracker App 3. Keep a record of on-site classes/activities attended 4. Keep a record of what seat was used for each class 5. Keep a record of social contacts and activities 6. Contact the FET Institution as soon as they become aware that they are a positive case | Failure by a learner to use the App or to keep proper records of the classes they attended and where they sat will result in poor quality/insufficient data being passed to HSE Public Health/ the Contact Tracing Ctr. Consequently, any follow up by the HSE to a known positive involving such a student could lead to entire classes being advised to isolate and needing to be tested. |
| FET Staff Member | 1. Download and use the COVID-19 Tracker App 2. Ensure that they know their ‘work pod’ if applicable 3. Keep a record of onsite activities, e.g. meetings attended, social activities, etc. 4. Contact the FET Programme Co-ordinator or their nominee as soon as they become aware that they are a positive case or if they share a household with a confirmed case 5. The Programme Co-ordinator will contact the relevant Centre Covid Managers | If a staff member does not use the App or keep adequate records this may result in poor quality/insufficient data being passed to HSE Public Health/ the Contact Tracing Ctr.  The HSE could apply a precautionary approach to a positive case in such a staff member and advise that a wide range of their colleagues self-isolate and be tested. Whilst the numbers involved here may be less than with a learner who does not keep adequate records, there is always the potential for business continuity issues for the FET Institution if a large group for staff from the same area have to isolate |
| FET Centre Covid Manager | 1. Act as a central coordination point for the FET Institution’s response To a suspected/ confirmed case or outbreak of COVID-19 on site 2. Coordinate the collection of data in the early stages of the FET Institutions response for forwarding on to the Contact Tracing Centre. (CTC) 3. Act as the FET Institution’s central point of contact for the HSE / Public Health 4. Ensure that key persons are kept informed as to the progression / status of any HSE PH response 5. Liaise with the FET Institutions Director/Manager’s Nominated Persons regarding class lists and messaging to learners. 6. Liaise with the HSE regarding information flow to the Contact Tracing Centre, messaging to affected learners, other medical / risk assessment issues (as appropriate and in consultation with HSE Public Health). 7. Liaise with FET Programme Co-Ordinator in relation to classroom mapping of confirmed case for contact tracing/ risk assessment purposes. | The role of the FET Centre Covid Manager is key. If they fail to collect adequate, and accurate, information, then the response to any confirmed case/outbreak on site will be compromised. The more data that the FET Centre Covid Manager can collect and pass on to the Contact Tracing Centre the more targeted the response of all parties can be. |
| FET Programme Co-Ordinators | 1. Ensure that within their Institution exists a set of class lists for each module detailing which learners were assigned to which face to face session 2. Ensure that they have a communication process in place for contacting lists of learners as and when required / advised by the HSE Public Health 3. Ensure that they are familiar with how to access the information re what learner has been assigned to what face to face class 4. Be familiar with the communication process for contacting designated learners | This is a critical point in the management of on-site cases. A lack of access to this information will slow down and stunt any response to same. If this information is not easily accessible then there will be considerable challenges in identifying who needs to send targeted communications, who may need to isolate and who may need to be tested. |
| FET Programme Co-Ordinator | 1. Ensure that where necessary staff have been assigned to work pods so as to limit their close contacts amongst their colleagues. |  |
| FET Caretaking Services | 1. Arrange rapid decontamination of affected occupied by suspected/confirmed cases of COVID-19 on campus 2. Provide room seat mapping to assist HSE in contact tracing/ risk assessment. | This is critical to ensuring health and safety on-site.  This is critical to ensure timely identification of relevant cohorts. |
| FET Programme Co-Ordinator | 1. Ensure accurate records are maintained for classes, CRN and any teaching groups and these are kept up to date 2. Ensure the lists are provided to FET Centre Covid Manager or their nominee | This is a critical point of management to ensure timely identification of relevant cohorts.  Lack of accurate information may result in a delay in PH response. |

**Appendix 2 – Legislative role of the Medical Officer of Health**

## Infectious Disease regulations

The Infectious Diseases Regulations (S.I. No. 390 of 1981) confer a general power on the Medical Officer for Health (MOH) to *“take steps…for preventing the spread of [an]infection”* where the MOH is aware of a suspected case of infection or a probable source of infection. The 1981 Regulations were amended by S.I. No 53 of 2020, to include COVID-19. Article 11 of S.I. No. 390 provides that:

*“On becoming aware, whether from a notification or intimation under these Regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a medical officer of health, or a health officer on the advice of a medical officer of health, shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favourable to such infection.”*

This power may be enforceable by the risk of criminal liability under Article 19: *“19. A person who refuses to comply with a requirement or direction given or a request for information made in pursuance of any of the provisions of these Regulations shall be guilty of a contravention of these Regulations.”*

After investigating the outbreak, and having put in place the necessary prevention measures, the MOH may determine that there is an ongoing risk to staff, learners, or the wider community. In this instance, a recommendation to close, or partially close, an educational facility may be made based on criteria and powers in S.I. No. 390 of 1981. The reasons for closure, and criteria for reopening, should be clearly communicated.

In practice, actions by the MOH are usually considered in the context of an OCT. Experience from other settings demonstrates that closures typically result when implementation of a set of preventive actions is not sufficient to control an outbreak.

1. **FET Provision comprehends Post Leaving Certificate (PLC), Back to Education Initiative (BTEI), Vocational Training**

   **Opportunities Scheme (VTOS), Adult Literacy, Numeracy, and ICT, Youthreach, Community Training Centres**

   **(CTCs)Community Education, Bridging/Foundation courses, English for Speakers of Other Languages (ESOL),**

   **Apprenticeship and Traineeship, Specific Skills Training (SST), Skills for Work, Traineeship, Evening Courses, Specialist Training Providers (STPs), Local Training Initiative (LTI).** [↑](#footnote-ref-2)
2. Informed by the HSE’s Health Protection Surveillance Centre and the Department of Further, Higher Education, Research,

   Innovation & Science. [↑](#footnote-ref-3)
3. FET Institutions: term refers to FET facilities i.e. campuses, colleges, and centres. [↑](#footnote-ref-4)
4. personal protective equipment may be required for other reasons in particular in certain workshop, practical

   or laboratory settings [↑](#footnote-ref-5)
5. similar precautions apply to meetings of FET staff [↑](#footnote-ref-6)
6. more time to enter and exit may need to be considered therefore scheduling an hour class with a maximum of 40

   minutes of tuition/instruction may support this or reducing numbers attending [↑](#footnote-ref-7)
7. confidentiality and data protection issues pertain [↑](#footnote-ref-8)
8. In keeping with data protection and confidentiality requirements [↑](#footnote-ref-9)
9. In keeping with data protection and confidentiality requirements [↑](#footnote-ref-10)
10. Using the HSPC definition of a close contact [↑](#footnote-ref-11)
11. For learners, “home” refers to their current accommodation [↑](#footnote-ref-12)