



Horsham
District
Council

COVID-19 Aware Scheme

Staff COVID-19 Awareness

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Ensure that the following instructions are understood and effected by all personnel, whether visiting, casual staff or full-time staff. The following form is to be completed by all staff and retained in the Central Safety File (employees) or the Contractors File and Visitors.

COVID-19 can be transmitted to and between non-vaccinated and vaccinated people. The aim is to reduce the number of infected people in the community to reduce the likelihood of non-vaccinated and vaccinated people requiring medical attention.

Conditions which must be considered by all employees and visiting contractors

1. Should be free of any Covid symptoms including:
 - a. A new, continuous cough
 - b. Change in smell or taste
 - c. High temperature

2. Should take lateral flow test at least weekly or if being exposed was likely.
 - a. If a positive lateral flow test is shown, then a PCR test needs to be taken. Visit the Government website to book a coronavirus test.

3. Follow current Government Guidance when returning from a foreign holiday.

4. Use the NHS Test and Trace system and respond as required by Track and Trace or a Public Health Official.

5. I have undertaken instruction on the COVID-19 Risk Assessment as detailed to me by my employer and will inform them of any non-compliance or areas of concern.

**I have read and understood the guidance note on COVID-19 Awareness.
I confirm I shall be carrying out the instructions.**

Signed:

Print Name:

Date:

COVID-19 case incident report

Use this form to record incidents of COVID-19 infection on your premises.

Keep a copy in your Incident Report File

Person Reporting Incident

Name:

Address:

Telephone:

Affected person:

a) An employee

Yes / No

b) A contractor's employee working on your premises

Yes / No

c) A guest, visitor or customer

Yes / No

Full name:

Private address:

Home telephone number:

Age:

Department:

Occupation:

Type of incident:

Date notified of COVID-19 infection:	
Date notified by NHS Test and Trace:	
Company/Subsidiary involved:	
Location of employment ie, tasks:	
Date of incident:	Time of incident:
Potential severity:	<input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor
Probability of recurrence:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Name, address, and telephone number of other close working colleagues:	
1.	
2.	
3.	
Further information:	
Any immediate infection route known:	
Secondary infection route: (what human, organisational or job factors could have caused the infection?)	
Remedial actions: (recommendations to prevent recurrence)	
Follow up actions:	

Name of reviewer:	Position/Title:
Signature:	Date:

For infections/exclusions involving employees only

a) Between what hours is the infected person expected to work (ensure cover is arranged)

Yes / No

b) What time did the infected person cease work?

Yes / No

c) When did the infected/excluded person return to work?

Yes / No