



## SITE AWARENESS POSTER

# Coronavirus (COVID-19)



### If you answer 'YES' to one or more of the following,

- 1) Have you been in close contact with a confirmed COVID-19 case?
- 2) Have you travelled to Ireland from another country other than Northern Ireland?
- 3) Are you showing symptoms of the COVID-19 virus (as per HSE guidelines: [www.hse.ie](http://www.hse.ie))?
  - a. Shortness of breath
  - b. Breathing difficulties
  - c. Fever (high temperature)
  - d. A cough (this can be any kind of cough, not just dry)

### Please take the following steps:

- 1) Do not enter site.
- 2) Contact your GP, or HSElive on 1850 24 1850 or email [hselive@hse.ie](mailto:hselive@hse.ie) to seek advice.
- 3) Contact Site Management and keep them informed.
- 4) Site Management will take advice from the HSE helpdesk and follow their instructions as necessary.
- 5) Site Management will issue an update to all site personnel on any additional actions to be taken.

### Confirmed POSITIVE Case!

Follow advice and instructions of the HSE and advise site of the appropriate action to be taken.

### Confirmed NEGATIVE Case!

No further action required with individual and continue to follow HSE guidelines and precautions.



## SITE QUESTIONNAIRE / SELF-DECLARATION



### Covid-19 Questionnaire / Self-Declaration

In the interests of safety of the people of this site, their families and the community, Site Management ask that you complete the following questionnaire / self-declaration. Your co-operation and support are appreciated. You will be requested to leave the site if you answer 'YES' to Questions 1, 2 or 3.

| Question   | Yes | No |
|--|-----|----|
| 1. Have you been in close contact with anyone who are confirmed with having COVID-19 virus?  |     |    |
| 2. Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?                            |     |    |
| 3. Do you have any of the following typical COVID-19 symptoms; fever, high temperature, persistent coughing, or breathing difficulties / shortness of breath |     |    |
| 4. Have you returned to the island of Ireland from another country within the last 14 days?  |     |    |
| If 'YES', where?   |     |    |

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the Site Management Team and excluding myself from site if this situation changes, (i.e. if a point in the future, I would answer "Yes" to any of the above questions).

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_