



COVID-19 IWAI Work Party Induction

This checklist has been prepared to help prevent the spread of Covid-19 while participating in IWAI work parties. All volunteers must be brought through this induction before starting work.

| | Control | Yes | No | Action needed |
|-----|---|-----|----|---------------|
| 1. | Have you a system in place to keep up to date with the latest COVID-19 advice from Government and to pass that advice on to volunteers? | | | |
| 2. | Have you covered the signs and symptoms of COVID-19 ? | | | |
| 3. | Have you demonstrated physical distancing, good hand hygiene and respiratory etiquette? | | | |
| 4. | Have you explained the mandatory wearing of face masks if working within 2m of another volunteer or if entering an enclosed space? | | | |
| 5. | Have you told volunteers they must stay at home if sick or if they have any symptoms of COVID-19 | | | |
| 6. | Have you told volunteers what to do and what to expect if they start to develop symptoms of COVID-19 | | | |
| 7. | Have you told workers of your plan to maintain a contact log and the reasons for doing so? | | | |
| 8. | Have you included any relevant changes in your risk assessments? | | | |
| 9. | Have you explained any changes to first aid procedures? | | | |
| 10. | Have you told volunteers to wash their hands before leaving home and on arrival, and at regular intervals throughout the day? | | | |
| 11. | Have you explained the need for workers to avoid physical contact with other volunteers or visitors and to avoid touching their faces? | | | |
| 12. | Have you explained the need to avoid sharing items such as cups, bottles, cutlery, pens etc.? | | | |
| 13. | Have you advised volunteers to avoid sharing transportation if possible? | | | |
| 14. | Have you advised volunteers who have to share a vehicle to wear a face covering and to sit as far apart as possible? | | | |
| 15. | Have you told volunteers to avoid sharing equipment and to clean touch points of equipment before and after use? | | | |
| 16. | Have you a supply of disinfectant wipes and hand sanitiser available for use? | | | |

Name.....Signature.....Date.....

Work Party Location

Date

Induction Attendees

| Print Name | Signature |
|-------------------|------------------|
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