



To: The Managerial Authorities of Recognised Primary, Voluntary Secondary Schools in the Free Education Scheme, Community and Comprehensive Schools and The Chief Executives of Education and Training Boards

**Coronavirus (COVID-19):
Arrangements for certain employees of recognised Primary and Post Primary schools in the Free Education Scheme and of ETBs, employed using grant funding**

The special arrangements set out in this Circular apply to employees of recognised Primary and Post Primary schools in the Free Education Scheme and in Community National Schools under the patronage of ETBs, employed using grant funding provided by this Department, who are at very high risk of serious illness from contracting COVID-19, and who are employed in the following posts:

- School Secretary
- Caretaker
- Cleaner
- Bus Escort

The general principles to apply to the management of COVID-19 include the safety and welfare of employees and the minimisation of the impact on teaching and learning. Employers will need to consider how best to deploy employees to facilitate the delivery of educational services.

It should be noted that the terms of [Circular 0049/2020](#) apply to Clerical Officers and Caretakers employed in primary schools under the 1978/79 Scheme, Clerical Officers employed in post-primary schools under the 1978 Scheme and Secretaries and Caretakers in Department-approved posts in Community and Comprehensive schools.

Secretaries, Caretakers and Cleaners employed in ETB Post-Primary Schools are comprehended by the terms of [Circular 0050/2020 - Arrangements for staff other than Teachers and SNAs who are employed by ETBs](#).

The Roadmap for the Full Return to School published by the Department, sets out how schools will re-open for all pupils from the end of August and what the operation of schools will look like and be sustainable in a COVID-19 context. Employers are working to implement measures to ensure the safety of the workplace for all employees, as provided for in the Return to Work Safely Protocol.

Please ensure that copies of this Circular are provided to all members of the Education and Training Board/Board of Management and its contents are brought to the attention of all relevant staff in your employment including those on leave of absence.

All queries should initially be brought to the attention of the employer who may wish to consult with their representative organisation.

This Circular can be accessed on the Department's website at www.education.ie

Tara Carton
Principal Officer
External Staff Relations

Tom Deegan
Principal Officer
Schools Financial

Shirley Kearney
Principal Officer
School Transport

14 August 2020

1. Application of this Circular

- 1.1 The terms of this Circular apply to employees of recognised Primary and Post Primary schools in the Free Education Scheme and in Community National Schools under the patronage of ETBs, employed using grant funding provided by this Department, who are at very high risk of serious illness from contracting COVID-19, and who are employed in the following posts:
- School Secretary
 - Caretaker
 - Cleaner
 - Bus Escort
- 1.2 It should be noted that the terms of *Circular 0049/2020* apply to Clerical Officers and Caretakers employed in primary schools under the 1978/79 Scheme, Clerical Officers employed in post-primary schools under the 1978 Scheme and Secretaries and Caretakers in Department-approved posts in Community and Comprehensive schools.
- 1.3 Secretaries, Caretakers and Cleaners employed in ETB Post-Primary Schools are comprehended by the terms of *Circular 0050/2020 - Arrangements for staff other than Teachers and SNAs who are employed by ETBs*.

2. Very High Risk Group

- 2.1 The HSE advice on the 'very high risk' groups is at: <https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>. The 'very high risk' group is currently advised to cocoon.
- 2.2 (i) Employee of a recognised Primary, Voluntary Secondary school in the Free Education Scheme, Community and Comprehensive School:
Having considered the HSE advice and information available on the OHS website, an employee who believes he/she is at very high risk of serious illness from contracting COVID-19 must complete the online OHS Covid-19 Risk Assessment immediately and submit to the OHS. This Risk Assessment Form is available at the aforementioned OHS link. The employee must inform the employer immediately or on diagnosis, that they believe they are in the 'very high risk' group. The OHS Covid-19 Risk Assessment must be accompanied by a completed 'Report from Treating Consultant'. Where such a report cannot be obtained from the treating consultant within a short timeframe, a copy of the latest treating consultant's report can be obtained from the employee's GP. The Report from Treating Consultant template is available on the OHS website.
- (ii) Employee of an ETB:
Having considered the HSE advice and information available on the HSE website, an employee who believes he/she is at very high risk of serious illness from contracting COVID-19 must immediately contact their employer's HR Department for details of the ETB's OHS provider. The employee must then immediately contact the OHS provider for assessment and submit a completed 'Report from Treating Consultant' (Appendix C). Where such a report cannot be obtained from the treating consultant within a short timeframe, a copy of the latest treating consultant's report can be obtained from the employee's GP. Where the OHS confirms that the employee is at "very high-risk", the employee must complete a Declaration Form (Appendix D) and must inform the employer immediately of their requirement to cocoon.
- 2.3 Having considered the medical information provided with the 'OHS Risk Assessment', the OHS will provide the employee with a 'COVID-19 Risk Assessment Report' which advises whether he/she is at a very high risk of serious illness from contracting COVID-19.

- 2.4 For employees where the 'OHS Risk Assessment Report' advises that they are at a very high risk of serious illness from contracting COVID-19 and cannot attend the workplace, the Declaration Form at Appendix A must be completed by the employee and returned immediately to the employer accompanied by the OHS Covid-19 Risk Assessment Report. Where medical diagnosis changes, the employee must inform the employer immediately.
- 2.5 Where an employee who is at a very high risk of serious illness from contracting COVID-19 and is medically fit for work, the employer should prioritise alternative working arrangements to the maximum extent possible e.g. working from home. Further details are available at paragraph 4.
- 2.6 Where an employee has been advised by the OHS that he/she is at a very high risk of serious illness from contracting COVID-19 and is not attending the workplace, the employee remains on their normal salary. The employer may appoint a substitute. Further details are available at paragraph 5.
- 2.7 Where an employee who is at very high risk of serious illness from contracting COVID-19 and has been assessed by the OHS as medically unfit for work due to a non-COVID-19 illness, the terms and conditions of any employer sick leave scheme applicable to the employee will apply.

3. High Risk Group

- 3.1 The HSE advice on the 'high risk' group is at: <https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html> An employee in the 'high risk' group who is not ill must attend the workplace, unless advised otherwise by the OHS.
- 3.2 In accordance with HSE advice, an employee in the 'high risk' group should take extra care to practice social distancing and hand hygiene. The use of face coverings and personal protective equipment may also be considered where maintaining social distancing is difficult.
- 3.3 Where concerns remain, particularly where an employee in the 'high risk' group has a role that requires close contact with pupils for prolonged periods, further advice can be sought from the OHS.
- 3.4 An employee of a recognised primary, voluntary secondary school in the free education scheme, Community or Comprehensive school can seek further advice from the OHS by completing the online OHS Covid-19 Risk Assessment available on the OHS website and submitting to the OHS. In the case of an employee of an ETB, the employee must immediately contact their employer's HR Department for details of the ETB's OHS provider and the process at section 2 above will be followed.
- 3.5 Where an employee in the high risk group has been advised by the OHS not to attend the workplace, the administrative processes at section 2 will apply.

4. Alternative Working Arrangements

- 4.1 An employee who is medically fit for work and is at very high risk of serious illness from contracting COVID-19 is available to work remotely.
- 4.2 The work assigned to the employee should be determined by the employer. If remote working in an employee's role is not feasible, then the assignment of work may be outside of their core duties.

5. Application for payment of a substitute

- 5.1 Where an employee has been advised by the OHS that he/she is at a very high risk of serious illness from contracting COVID-19 and is not attending the workplace, the employer may appoint a substitute.
- 5.2 Claims for funding for the salary of a substitute Secretary/Caretaker/Cleaner must be made using the form at Appendix B.
- 5.3 Claims for funding for the salary of a substitute Bus Escort must be made using the form at Appendix C.
- 5.4 One form should be completed in respect of each employee. If a claim is being made in respect of more than one Secretary for example, a separate form should be completed for each employee using anonymised data e.g. Secretary 1, Secretary 2.
- 5.5 Payment of a substitute employee will be based on the existing contractual weekly hours of the employee who is not attending the workplace due to being advised by the OHS that he/she is at a very high risk of serious illness from contracting COVID-19.
- 5.6 Claims are to be submitted in arrears at the end of each 2 month period e.g. claims for September and October to be submitted in November. It may be possible to accept more frequent claims if a school is experiencing financial difficulties.

Appendix A

Declaration Form

Very High Risk Group/High Risk Group (advised to cocoon by OHS)

The Declaration Form must be completed by the employee where the Occupational Health Service (OHS) Risk Assessment Report has stated that he/she is at a very high risk or high risk of serious illness from contracting COVID-19 and is advised to cocoon. The completed form accompanied by the OHS 'COVID-19 Risk Assessment Report' must be submitted to the employer as soon as possible.

Part 1 - Employee Details

Employee's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

School Name: _____ Roll No: _____

Part 2 – Declaration

Based on the attached OHS COVID-19 Risk Assessment Report, I am advised to cocoon.

In accordance with Circular 0054/2020 titled '*Covid-19: Arrangements for employees of recognised Primary and Post Primary schools in the Free Education Scheme and of ETBs, employed using grant funding*', I am available for work in accordance with the terms of this Circular.

Signature of Employee: _____ Date: _____

Part 3 – Employer Record

OHS Covid-19 Risk Assessment Report provided

Signature: _____ Date: _____
(Employer)

Application Form/Supporting Documentation should NOT be submitted to the Department of Education and Skills. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.

Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer is to enable the application to you of the special arrangements for employees of recognised Primary and Post Primary schools and ETBs using grant funding who are at very high risk of serious illness from contracting COVID-19. Your employer will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request from your employer.

The Privacy Notice outlining further information in relation to this application form can be found at: <https://www.education.ie/en/The-Department/Data-Protection/gdpr/gdpr.html> Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at <https://www.education.ie/en/The-Department/Data-Protection/>. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions. Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath, N37

APPENDIX B

**Claim form for payment of a substitute to replace a
Secretary/Caretaker/Cleaner who is not attending the workplace
as they have been assessed by the Occupational Health Service (OHS) as being a
VERY HIGH RISK or HIGH RISK of serious illness from contracting Covid-19 and has been advised to cocoon.**

Note 1: One form to be completed per employee.

Note 2: If a claim is being made in respect of more than one Secretary for example, please complete a separate form for each using anonymized data that will enable you identify the individual concerned e.g. Secretary 1, Secretary 2.

School Name & Address				
School Roll Number				
Details of employee who cannot attend the workplace				
Job Title				
Absence Start Date				
Absence End Date (where applicable)				
Details of contracted hours of attendance.	Days	Contracted working arrangements		Hours per Day
		Times worked		
		From	To	
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Total hours per week				

Payment Claim details				
(Claims are to be submitted in arrears at the end of each 2 month period e.g. claims for September and October to be submitted in November. It may be possible to accept more frequent claims if a school is experiencing financial difficulties)				
Period Payment Claim refers to		From: _____ To: _____		
Total No. of hours for which payment is claimed (excluding School Closures and Bank Holidays. However, payment can be claimed for Bank Holiday entitlements payable under the terms of the Organisation of Working Time Act 1997)	Hourly rate paid (excluding ER PRSI)	Gross payment Including Holiday Pay (excluding ER PRSI)	ER PRSI	Total payment claimed

--	--	--	--	--

Declaration:

1. I confirm that this employee is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and have been advised to cocoon.
2. I understand that an employee who is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and have been advised to cocoon is available to work remotely. I confirm that relevant duties have been assigned to the employee to the greatest extent possible, including duties outside of their usual core duties where remote working in their current role is not feasible.
3. I confirm that this application for payment of a substitute Secretary/Caretaker/Cleaner is based on the existing contractual weekly hours for the secretary/caretaker/Cleaner.
4. I certify that all the information set out in this application form is correct and I understand that the information provided may be subject to audit and verification with the FSSU.

Signature of School Principal

Date _____

Signature of Chairperson of BOM

Date _____

Please return this information at your earliest convenience to **Schools Division Financial, Department Of Education and Skills, Cornamaddy, Athlone, Co. Westmeath.**

For official use only:	
Total Payment due: €	
Prepared by:	Date:
Approved by:	Date:

APPENDIX C

**Claim form for payment of a substitute to replace a
Bus Escort who is not attending the workplace
as they have been assessed by the Occupational Health Service (OHS) as being at a
VERY HIGH RISK or HIGH RISK of serious illness from contracting Covid-19 and has been advised to cocoon.**

Note 1: One form to be completed per employee.

Note 2: If a claim is being made in respect of more than one Bus Escort for example, please complete a separate form for each using anonymized data that will enable you identify the individual concerned e.g. Bus Escort 1, Bus Escort 2.

School Name & Address				
School Roll Number				
ETB Name and contact details (where applicable)				
Details of employee who cannot attend the workplace				
Job Title				
Absence Start Date				
Absence End Date (where applicable)				
Details of contracted hours of attendance.	Days	Contracted working arrangements		Hours per Day
		Times worked		
		From	To	
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Total hours per week				

Payment Claim details				
(Claims are to be submitted in arrears at the end of each 2 month period e.g. claims for September and October to be submitted in November. It may be possible to accept more frequent claims if a school is experiencing financial difficulties)				
Period Payment Claim refers to		From: _____ To: _____		
Total No. of hours for which payment is claimed	Hourly rate paid	Gross payment (excluding ER PRSI)	ER PRSI	Total payment claimed

(excluding School Closures and Bank Holidays. However, payment can be claimed for Bank Holiday entitlements payable under the terms of the Organisation of Working Time Act 1997)	Including Holiday Pay (excluding ER PRSI)			

Declaration:

1. I confirm that this employee is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and have been advised to cocoon.
2. I understand that an employee who is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and has been advised to cocoon is available to work remotely. I confirm that relevant duties have been assigned to the employee to the greatest extent possible, including duties outside of their usual core duties where remote working in their current role is not feasible.
3. I confirm that this application for payment of a substitute Bus Escort is based on the existing contractual weekly hours for the Bus Escort.
4. I certify that all the information set out in this application form is correct and I understand that the information provided may be subject to audit and verification with the FSSU.

Signature of School Principal/ Designated ETB Official

Date _____

Signature of Chairperson of BOM/ Designated ETB Official

Date _____

Please return this information at your earliest convenience to **Schools Transport, Department Of Education and Skills, Portlaoise Road, Tullamore, Co. Offaly**

For official use only:	
Total Payment due: €	
Prepared by:	Date:
Approved by:	Date: