



**Óglaigh
na hÉireann**
IRISH DEFENCE FORCES

Situation - Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases. COVID-19 is a new strain of viruses that has not been previously identified in humans.

Symptoms Main - Fever > 37.8° C, Dry Cough, Shortness of breath & breathing difficulties, Muscle aches.

Mission - To protect yourself & your colleagues from contracting the COVID-19 viruses and interrupt human to human transmission of the virus to others by;

1. Regularly Washing hands.
2. Cough etiquette
3. Avoid touching eyes, nose and mouth.
4. Maintain social distance 2 metre (6 Feet).

Execution

DO NOT PRESENT AT MAP/MMF WITHOUT PHONING FIRST

Action at work - If you believe you are symptomatic of COVID-19 OR have been in close contact with a COVID-19 patient. Phone local MAP/MMF to be triaged. Follow medical instructions & unit SOP's advised to self-isolate

Action at home - If you believe you are COVID-19 symptomatic OR have been in close contact with a COVID-19 patient. Remain at home. Phone local MAP/MMF to be triaged and contact unit orderly room. Follow medical instructions & unit SOP's on self-isolation.

In a medical emergency (Severe symptoms) phone 112 or 999.

HSE advice is to be followed & if clarification is required HSE contact number is 1850241850

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Copy of Annex D to GRO 05/2020 that has to be filled in by all Personnel

SELF ISOLATION DECLARATION FORM

Service Number	
Rank	
Name	
Unit	
Date of Birth	
Number of days advised to self- isolate, self-quarantine.	
Date Commencing (DTG)	
Date of Return to Work (DTG)	
Advised to Isolate by	HSE <input type="checkbox"/> GP <input type="checkbox"/> Hospital <input type="checkbox"/> OTHER : _____ (Specify)
Method of Notification (Attach Copy with this form where appropriate)	Telephone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> OTHER : _____ (Specify)
Name of adviser (Name of GP, Health professional , other , (specify))	
DTG of advice received	
Details provided to the adviser by you (e.g. Service Details / Contact details of Formation Medical Officer, places and dates of exposure etc.)	
I have attached relevant documentation (where applicable)	

Signed _____ Number _____ Rank _____ DTG _____
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Personnel are reminded of the requirement to keep their unit updated as to their disposal.

UNIT HQ:

Received by _____ DTG _____