



\*Illness in family leave is subject to the following limits: 5 days in the case of a spouse, child or parent, 3 days in the case of a brother, sister, grand-parent, aunt, uncle or parent-in-law. Medical certification is required stating that the family member concerned requires constant care and attention.

Teacher has been advised by the HSE that s/he is a Close Contact of a Confirmed COVID-19 Case



## **Referred for Test**

COVID-19 Leave – Restricted Movement

Forward copy of HSE text confirming date/time for COVID-19 test to your school

## **Positive Result**

(i.e. COVID-19 detected)

Self isolate. Complete form at Appendix A of CL49/2020 & forward HSE text confirming result to your school

## Negative Result

(i.e. COVID-19 not detected)

Complete form at Appendix B of CL49/2020 & Restrict Movement for the required no. of days Member of Teacher's Household (e.g. child, someone sharing the same house) is a close contact of a confirmed case but has no symptoms

Household member referred for test.

Teacher attends work (or takes Illness in Family Leave)

**Positive Result** 

(i.e. COVID-19 detected)

Teacher takes COVID-19 Leave – Restricted Movement. Complete form at Appendix B of CL49/2020

## Negative Result

(*i.e.* COVID-19 not detected)

Teacher attends work or takes Illness in Family leave\* or Unpaid Leave

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