

COVID-19 Safety Plan Template

COMPANY NAME:	
PLACE OF BUSINESS:	
ADDRESS:	
BUSINESS OWNER:	
SAFETY PLAN LEAD NAME CONTACT INFORMATION:	
DATE ISSUED:	
DATE UPDATED:	

In response to the novel coronavirus disease (COVID-19) pandemic, (the Company) has developed a COVID-19 Safety Plan.

This Safety Plan relies on a common understanding of a “multiple barrier approach” to reduce exposure and transmission of the COVID-19 virus. Simply put, people will be safer and businesses will be stronger when multiple barriers separate them from the virus.

Barriers include:

- Personal health & hygiene – be aware & stay home if you are sick and avoid touching your face
- Hand washing - effective and frequent
- Masking – face masks as recommended by CDC, required by Washington State and Benton-Franklin Health District
- Social distancing – aware of yourself and others, maintain 6 feet of separation
- Cleaning of workspace – effective and frequent
- Work planning – to maximize social distancing
- Workplace health screening – a collective commitment to others in the workplace
- Personal Protective Equipment (PPE) – as appropriate
- Workplace policies & procedures – to support and encourage implementation of multiple barriers

We are currently training all workers, contractors, subcontractors, suppliers, customers, and others who visit our business on the “multiple barrier approach” and content of the plan along with the guidelines issued by the State of Washington (Office of the Governor) and local public health authorities (Benton-Franklin Health District). We will be actively updating and managing the plan and our response as we receive new information or updated guidelines.

Our Safety Plan Lead (or designees) will be providing the training on the Plan and will be posting additional information at the work sites. The training will also include information

from the [Center for Disease Control and Prevention](#) (CDC), [Department of Labor and Industries](#) (LNI), Department of Health (DOH), and [Benton-Franklin Health District](#).

Training and educational documents will be provided in [other languages](#) as needed to ensure that our entire workforce will be trained in their native language. If additional language needs cannot be met, the Benton-Franklin Health District may assist with this request.

This Safety Plan follows the guidelines published by the Washington State Department of Labor and Industries, Publication [F414-164-000](#) (04-2020).

PURPOSE OF PLAN

The purpose of this Plan is to identify and communicate the Company’s COVID-19 Safety Plan for protecting the health of all workers, customers, and anyone who visits. This Plan is effective immediately in response to the current COVID-19 pandemic.

RESPONSIBILITY OF MANAGERS AND SUPERVISORS

The Company will designate a Safety Plan Lead and site-specific COVID-19 supervisor. If there are multiple locations, a lead will be designated for each site. The designated supervisor will monitor the health of workers and enforce the COVID-19 Safety Plan.

Location	Designated COVID-19 Lead

*See Appendix A for table to list additional sites.

All managers, supervisors, and the COVID-19 Safety Plan Lead must be familiar with this plan and be ready to answer questions from workers. Managers must set a good example by following this Plan. The COVID-19 Safety Plan Lead must practice active managerial control to ensure employee compliance with this Plan, which includes the following actions:

- Train all current employees on this plan immediately and train new employees before they begin their employment
- Visually monitor employee safety behavior at regular intervals throughout the day
- Immediately correct employee behavior when they do not adhere to the safety steps laid out in the Plan. Re-train employees who require frequent correction
- Modify the plan or process as needed to increase compliance
- Provide written and graphic materials when available to increase visibility of policies to employees

COMMUNICATION

The Safety Plan Lead (or others as designated) will direct all communications regarding COVID-19 and the Company’s responses, both within the Company and externally. Internal communications will be provided via (choose one or more):

<input type="checkbox"/> Email	<input type="checkbox"/> In-person meetings Frequency: Location:	<input type="checkbox"/> Posting to website portal
<input type="checkbox"/> Text messages	<input type="checkbox"/> Posted in communal work area	<input type="checkbox"/> Other:

Educational resources about COVID-19 illness and preparedness measures to control exposure and spreading of the illness are available (choose one or more):

<input type="checkbox"/> Posted in communal work area	<input type="checkbox"/> Posting to website portal	<input type="checkbox"/> Other:
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The Safety Plan Lead or designee will provide notification to workers, customers, contractors, subcontractors, suppliers, and others visiting the business of any operational changes and will provide frequent updates throughout the course of the COVID-19

pandemic. They will monitor for public health updates and issue advisories and alerts as conditions change. The Safety Plan Lead or designee will notify all affected parties when the outbreak impacts our ability to perform services, and will provide updates when the Company's operations resume.

RESPONSIBILITY OF WORKERS

Please be responsible for your own health and ensure you participate in our "multiple barrier" prevention efforts while at work. To minimize the spread of COVID-19 at our worksites, everyone must play their part. We are instituting various housekeeping, physical distancing, and other best practices at our worksite to prevent the spread of COVID-19. All workers must follow these practices. Specific question about this plan or COVID-19, should be directed to your manager or supervisor.

You are expected to report to your managers or site-specific COVID-19 Lead, if you are experiencing signs or symptoms of COVID-19, as described below.

The following symptoms are consistent with COVID-19 and may be cause for heightened safety measures. A display of these symptoms as identified below is called "COVID-like illness" (CLI) until an official COVID-19 test and diagnosis is made. *One of the following symptoms:*

- Cough
- Shortness of breath or difficulty breathing

Or at least two of the following symptoms:

- Fever(subjective or measured)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

If you have any of these symptoms or a combination of these symptoms you must stay home. Do not come to work until you are free of symptoms for at least 72 hours, without the use of medicine, as [recommended by the CDC](#).

Best practices for control and prevention, regardless of exposure risk are:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol
- Avoid touching your eyes, nose, or mouth
- Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow, not your hands. Then wash hands or use sanitizer

- Avoid close contact (standing within 6 feet) with others at all times
- Use a face mask or covering when you must have close contact with others

Workers are encouraged to engage the Company directly to resolve any workplace safety concerns. Workplace safety complaints about coronavirus or other issues can be filed by calling L&I directly at 1-800-423-7233

WORKSITE PROTECTIVE MEASURES

GENERAL SAFETY POLICIES AND PROCEDURES

- Signs will be posted at the entrance discouraging any person who is showing symptoms of COVID-like illness from entering the business. Customers who are symptomatic can access our services in the following ways:

- Physical Distancing Policy:

All workers and volunteers must maintain at least six feet of physical distance from each other, when feasible. Breaks and lunches will be staggered to prevent the groupings of staff and require a least six-feet between workers.

All meetings will be held virtually, unless physical distancing can be maintained in the meeting room. Virtual meetings will be held by phone or video conferencing.

If shift work is necessary, the Company will require workers to remain on their dedicated shifts. If there is a legitimate reason for a worker to change shifts, this may or may not be accommodated to ensure the safety of all workers.

In an office setting:

Where workstations cannot be separated, barriers to create an effective 6 foot separation will be provided. Work schedules will be staggered so workers don't crowd when they arrive and leave work.

- Worker Hygiene Policy:
 - The Company will provide hand washing stations and hand sanitizer in the following locations:

Service	Location	Maintenance frequency
<i>EX: Hand sanitizer</i>	<i>Second floor break room</i>	<i>Once per day</i>

- If you find maintenance or servicing is required, the COVID-19 Safety Lead will be notified immediately.
- Employees must wash their hands with warm, soapy water for 20 seconds upon entering the worksite, before and after eating or smoking, after visiting a public area, after touching high-use equipment (such as copier), after blowing their nose, and prior to leaving the job-site. If soap is not available, use hand sanitizer with at least 60% alcohol.
- Cover your cough and sneeze with tissues, or cough and sneeze into your elbow shirt sleeve.

Visitors to the Work Place

- Entrances to the business will be controlled and monitored. Customers will be screened for COVID-19 symptoms and required to maintain physical distancing.
- Contractors or vendors must wash or sanitize their hands upon entering the work area.

Personal Protective Equipment and Engineering Controls

- The Company will provide and train employees on the use of personal protective equipment (PPE) such as gloves and face coverings as appropriate, for the activity being performed.
- The Company recommends workers wear a cloth face covering if they are required to work within six feet of another employee or customer.
- The Company will provide physical barriers or marking to indicate physical distance of 6-feet in areas where lines or gathering may occur. Break and lunch rooms will be have marking to show the required spacing between workers.
- When feasible, the Company will provide physical barriers to separate employee work stations.

Worker Health Screenings

The Company will screen all workers, contractors, and subcontractors to the worksite. Workers will use a designated facility entrance. Screening will consist of the following (example screening questions):

YES or NO, since your last day of work, or since your last visit to this facility, have you had any of the following:

- A new fever (100.4°F or higher), or a sense of having a fever?
- A new cough you cannot attribute to another health condition?
- New shortness of breath you cannot attribute to another health condition?
- A new sore throat you cannot attribute to another health condition?
- New muscle aches (myalgia) you cannot attribute to another health condition, or may have been caused by a specific activity (such as physical exercise)?
- New loss of taste or smell?
- Have you been near anyone diagnosed with COVID-19?

In addition, all employees will be required to measure their temperature prior to each work day. The Company will provide an infrared digital thermometer for employees to screen at the entrance.

If a worker or visitor answers YES to any of the screening questions, or has a measured body temperature of 100.4°F or above, they must immediately notify the COVID-19 Safety Lead. The designated screener, or COVID-19 Safety Lead must:

- Review of the screening results for accuracy. If a fever was measured, re-take the employees body temperature to verify results.
- If results appear accurate, immediately exclude the employee from work (send them home) and provide them [guidance](#) on isolation while they are ill.
- Remind the employee to continue monitoring symptoms and encourage them to visit their health care provider when possible.
- Remind the employee to communicate with you during their isolation. Results of COVID-19 tests should be communicated to the COVID-19 Safety Lead for follow up.

CLEANING AND DISINFECTION

The Company has instituted regular housekeeping, including cleaning and disinfection of frequently used equipment and high touch surfaces (door knobs, railings, etc.). Workers should regularly do the same in their personal work areas.

Chemicals capable of disinfection must be used on surfaces to eliminate COVID-19. All disinfectants provided by the Company will be approved for use by the EPA and can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. A Safety Data Sheet will be maintained at each site at <<provide location>>. The following chemical disinfectants have been selected for use on shared equipment and high touch surfaces:

Chemical Name	Manufacturer	Storage location
<i>Ex: CaviWipes XL</i>	<i>Metrex</i>	<i>First floor janitorial closet</i>

Shared areas such breakrooms, lunchrooms, restrooms and conference rooms will be cleaned at least (choose one of the following):

Location	Maintenance frequency	Assigned to
<i>Ex: Second floor bathroom</i>	<i>Once per day</i>	<i>Safety supervisor</i>

- Cleaning supplies are available for workers throughout the worksite at ***the above listed locations***.
- High-touch surfaces, such as handrails, doorknobs, keyboards, mice, telephones, elevator buttons, shared equipment and tools, pens, and clipboards should be cleaned using disinfectants listed above.
- Each chemical has an associated “contact time” listed on the directions. Surfaces must remain wet for this amount of time to effectively disinfect. Employees designated to disinfect will be trained on, and adhere to, listed contact times.

EXPOSURE PLAN

Recognizing COVID-19 Symptoms

COVID-19 symptoms include a fever, persistent cough, and shortness of breath, but may also include headache, sore throat, chills, or loss in taste or smell. If you think you have these symptoms, contact the Safety Plan Lead (or other designee) and go home, self-isolate, and contact your health provider. If you think someone in your work place has these symptoms, contact the Safety Plan Lead (or other designee) on follow-up procedures.

NOTE: Work with the Human Resource Director and local public health officials to ensure the completion of necessary required follow-up procedures in the event of suspected COVID-19 individual.

Response Protocol for a confirmed COVID-19 Case

In the event a worker or customer tests positive for COVID-19, the Company will perform cleaning and disinfection of areas and buildings frequented by this individual in accordance with CDC guidelines. The Company will contact others who may have come into contact with this individual and follow exposure follow up actions as stated above.

Except for circumstances in which the Company is legally required to report workplace occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. When it is required, the number of persons who will be informed that an unnamed worker has tested positive will be kept to the minimum needed to comply with reporting requirements and to limit the potential for transmission to others. We reserve the right to inform other workers that an unnamed co-worker has been diagnosed with COVID-19 if the other workers might have been exposed to the disease so the workers may take measures to protect their own health. We also reserve the right to inform sub-contractors, vendors, suppliers, customers or visitors that an unnamed worker has been diagnosed with COVID-19 if they might have been exposed to the disease so those individuals may take measures to protect their own health.

Workers who have been exposed to COVID-19

Steps for workers

Do	Don't
Take your temperature before work	Stay at work if you become sick
Wear cloth face covering at all times	Share headsets or objects used near the face
Practice social distancing at workplace as work duties permit	Congregate in the breakroom or other crowded spaces

Steps for employers

DO

- Take workers temperature and assess symptoms before starting work**
- If a worker gets sick during the day, send them home immediately**
- Test the use of cloth face coverings to make sure they do not interfere with workflow**
- Increase air exchange in the building**
- Increase the frequency of cleaning of commonly touched surfaces**

COVID-19 Exposure Definitions & Procedures

Potential Exposure: A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual include the period of time of 48 hour before the individual became symptomatic.

Confirmed COVID: A person who is confirmed by local authorities as having COVID-19.

Probable COVID: A person displaying mild respiratory flu-like symptoms that had a known contact with a confirmed COVID-19 case or has travelled to one of the high risk areas as defined by the CDC.

Unrelated illness: A person displaying illness unrelated to COVID-19

COVID Symptoms (may appear 2-14 days after exposure): Fever 100.4 or higher, cough, shortness of breath or trouble breathing, chills, repeated shaking with chills, muscle pain, headache sore throat, new loss of taste or smell.

Self-Quarantine: Quarantine is used to keep someone who might be have been exposed to COVID-19 away from others. Someone in self-quarantine stays separated from others.

Close Contact: Being within approximately 6 feet of a COVID-19 case for 10 minutes or more; close contact can occur while caring for, living with, visiting, or sharing a hospital room or other with a COVID-19 case – **or**– having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on).

Self-Monitor: Individuals monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever (over 100.4 degrees), cough, or difficulty breathing during the self-monitoring period, they should not report to work and contact their supervisor.

X _____
Employee

Date: _____

COVID-19 EXPOSURE SCENARIOS & ACTIONS

A



This is Jane. She is an employee.



Jane has been in **Close Contact** with a **Confirmed COVID-19**. If Jane has no symptoms she may return to work but **must wear a cloth face covering for 14 days** and **Self-Monitor**.

B



This is John. He is an employee.



John has been in **Close Contact** with Lauren, Lauren has had **Close Contact** with a **Confirmed COVID-19 Case**. Yesterday, Lauren developed a fever (or other COVID symptoms). Lauren is now a **Probable COVID** and John may remain at work but **must wear cloth face covering for 14 days** and **Self-Monitor**.

C



This is Fred. He is an employee.



Fred has been in **Close Contact** with Mary. Mary has spent time with a **Confirmed COVID-19** case. Mary is healthy. Fred can remain at work and must **Self-Monitor**.

D



This is Tom. He is an employee.



Tom has been in **Close Contact** with Bob who has recently returned from international travel. Yesterday, Bob developed a fever (or other COVID symptoms) Bob is now a **Probable COVID** and Tom may remain at work but **must wear cloth face covering mask for 14 days** and **Self-Monitor**.

E



This is Shawn. He is an employee.



Shawn has been in **Close Contact** with Mary. Mary has recently returned from international travel, is under **Self Quarantine** and healthy. Shawn can remain at work and must **Self Monitor** for 14 days from the day Mary returned home.

F



This is Suzy. She is an employee.



Suzy's son is ill. He has an ear infection, but has not had any known contact with anyone who tested positive or is being tested for COVID-19. This is an illness case and the worker has no identifiable risk and can remain at work.

G



This is Lisa. She is an employee.



Lisa is a **Symptomatic Confirmed or Probable COVID**. Lisa **must NOT return to work until both**:

- **3 days** after *recovery* (no fever and respiratory symptoms have improved)
- **10 days** since *symptoms first started*

H



This is Joe. He is an employee.



Joe's employer recently tested all their employees for COVID-19. Joe was notified by his employer that he **tested positive** for COVID-19. Joe **never developed symptoms** of COVID-like illness. Joe **must stay home from work** for at least **10 days** from the date of his first positive test and **self-monitor**.

I



This is Tyler. He is a supervisor.



Tyler has been notified by his employee Brad that Brad had contact with a **Confirmed COVID-19** case and has now developed a fever. Tyler should **send Brad home immediately** and:

- Disinfect Brad's work space
- Identify employees who had contact with Brad for the two days prior and notify **those employees**, while following all privacy guidelines, that they need to **self-monitor** and report to him if they develop any COVID-like symptoms.