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| NAME OF TRAINING PROGRAM | TRAINING PROGRAM NUMBER | DATE |

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) DSHS COVID-19 PLAN – PHASE 1 OUTLINE

**Phase 1 Higher Education and Workforce Training COVID-19 Requirements**

No location or activities may operate until the program can meet and maintain all requirements, including providing materials, schedules, and equipment required to comply.

Return this completed form to: TrainingApprovalTPC@dshs.wa.gov

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| NAME OF CONTACT PERSON FOR THIS PLAN | CONTACT PERSON’S EMAIL | CONTACT PERSON’S PHONE |
| COUNTY / COUNTIES WHERE TRAINING IS PROVIDED |
| **Instructions:** Please respond to each item and explain in detail how you will fulfill each requirement. There should be no blank responses. This document is a guideline for responding to Phase 1 Requirements. **Refer to and follow the detailed descriptions for each item** required in the [Phase 1 Higher Education & Workforce Training COVID-19](https://www.governor.wa.gov/sites/default/files/COVID19Phase1Higher%20EducationGuidance.pdf) [Requirements.](https://www.governor.wa.gov/sites/default/files/COVID19Phase1Higher%20EducationGuidance.pdf)**COVID-19 exposure control, mitigation, and recovery plans must include the following items at minimum.** |
| **COVID-19 Site Supervisor** |
| 1. A site-specific COVID-19 Supervisor shall be designated by the program at every location. Who is the COVID-19 Supervisor? List for each location. |
| **COVID-19 Safety Training** |
| 2. What safety training will you conduct on the first day of returning to teaching and weekly thereafter to explain protective measures? |
| How will you maintain physical distancing at all gatherings? |
| 3. How will the trainer verbally communicate attendance and sign in each attendee? |
| **Physical Distancing** |
| 4. In instances where the 6-feet cannot be maintained, how will you ensure all employee / students review the Plan prior to those activities, including appropriate use of PPE and other controls? |
| 5. How will you ensure gatherings of any size including breaks, lab-type activities, restrooms and lunches are done in shifts to ensure 6-feet separation whenever two or more persons meet? |
| 6. What are the “choke points” and “high-risk areas” on your teaching area, and how will you control them so that physical distancing is maintained? |
| 7. How will you minimize interactions during class activities to ensure the minimum 6-foot separation? |
| 8. How will you ensure that only one group / class is in the same location / lab / classroom, restroom at the same time? |

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| **Personal Protective Equipment (PPE)** |
| 9. How will you ensure workers and students have the appropriate PPE? PPE should be provided to students at no cost. |
| How will you ensure face coverings, in accordance with [Washington Department of Health guidelines](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf) or as required by [Washington Department of Labor & Industries (L&I) safety rules,](https://www.lni.wa.gov/safety-health/safety-topics/topics/coronavirus) are worn at all times by every employee and visitor / student at the location? |
| 10. **Important note:** If appropriate PPE cannot be provided by the school, the activity is not authorized to commence, recommence, or the site must be shut down. |
| **Sanitation and Cleanliness** |
| 11. How will you ensure soap and running water are abundantly provided at your location for frequent handwashing? |
| 12. How will you ensure that employees and students are encouraged to leave their workstations to wash their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose? |
| 13. If running water is not available, how will you provide portable washing stations, with soap? |
| **Important note:** Alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol can also be used, but are not a replacement for the water requirement. |
| 14. Describe how you will post, in areas visible to all workers, required hygienic practices, including not to touch face with unwashed hands or with gloves; washing hands often with soap and water for at least 20 seconds; using hand sanitizer with at least 60% alcohol; cleaning and disinfecting frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs; covering the mouth and nose when coughing or sneezing as well as other hygienic recommendations by the U.S. Centers for Disease Control (CDC). |
| 15. How will you make disinfectants available to workers throughout the worksite and ensure cleaning supplies are frequently replenished? |
| 16. How will you ensure the frequent cleaning and disinfecting of high-touch surfaces at locations and in areas, such as shared tools and other equipment, handrails, doorknobs, and restrooms? |
| **Important note:** If these area cannot be cleaned and disinfected frequently, the locations shall be shut down until such measures can be achieved and maintained. |
| 17. How will you ensure shared tools and other equipment are sanitized between users? |
| 18. If an employee or student reports feeling sick and goes home, how will you immediately disinfect the area where that person worked? |

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| **Employee Health / Symptoms** |
| 19. What are your policies to encourage workers to stay home or leave the worksite when feeling sick or when they have been in close contact with a confirmed positive case? |
| How will you ensure that workers who develop symptoms of acute respiratory illness, are informed that they must seek medical attention and inform their employer? |
| 20. How will you ensure that employees / students inform their supervisors if they have a sick family member at home with COVID-19, or if an employee / student has a family member sick with COVID-19, that employee / student follow the [isolation/quarantine requirements](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/IsolationandQuarantine) as established by the State Department of Health? |
| 21. How will you screen all employees / students at the beginning of their day (symptoms such as fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell)? |
| 22. How will you inform students / employees of the need to take their temperature at home prior to arriving at work / school, or to take their temperature when they arrive? |
| **Important note:** Thermometers used at the school must be ‘no touch’ or ‘no contact’ to the greatest extent possible. If a ‘no touch’ or ‘no contact’ thermometer is not available, the thermometer must be properly sanitized between each use. Any employee / student with a temperature of 100.4oF or higher is considered to have a fever and must be sent home. |
| 23. How will you inform the employees / students of this requirement: if symptoms develop during a training the worker/ student should be immediately sent home; If symptoms develop while the employee / student is not at the training site, they should not return to work until they have been evaluated by a healthcare provider? |
| 24. How will you notify employees / students that failure to comply will result in employees / students being sent home during the emergency actions, for example if an employee / student refuses to wear the appropriate facial covering except where medically excused? |
| 25. How will you notify / ensure employees / workers coming to a training location in Washington from any state that is not contiguous to Washington must self-quarantine for 14 days to become eligible to work or attend class in Washington? |
| 26. If an employee or student is confirmed to have COVID-19 infection, how will you inform fellow employees / students of their possible exposure to COVID-19? |
| **Location Visitors** |
| 27. How will you ensure a daily class attendance log of all employees, students, and visitors (such as guest speakers) are kept for at least four (4) weeks? |
| **Important note:** Visitors are strongly discouraged. |  |  |  |
| **For DSHS Use Only** |
| NAME OF TRAINING PROGRAM | THIS PLAN FOR PHASE (CHECK ONE)1 2 3 4 |

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| PLAN REVIEWED BY: | PLAN APPROVED BY: | DATE PLAN APPROVED |