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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) DSHS COVID-19 PLAN – PHASE 2 OUTLINE

**Phase 2 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](mailto:TrainingApprovalTPC@dshs.wa.gov)

|  |  |  |
| --- | --- | --- |
| 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 2 Requirements. **Refer to and follow the detailed descriptions for each item** required in the [Phase 2 Higher Education & Workforce Training COVID-19](https://www.governor.wa.gov/sites/default/files/COVID19Phase2Higher%20EducationGuidance.pdf) [Requirements.](https://www.governor.wa.gov/sites/default/files/COVID19Phase2Higher%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. For activities where the 6-feet cannot be maintained, how will you ensure that the recovery plan is thoroughly reviewed by all employees / students performing activities prior to commencing and appropriate PPE and other controls are implemented? | | |
| 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? | | |

|  |  |  |
| --- | --- | --- |
| NAME OF TRAINING PROGRAM | TRAINING PROGRAM NUMBER | DATE |
| 8. How will you ensure that only one group / class is in the same location / lab / classroom, restroom at the same time? | | |
| **Personal Protective Equipment (PPE)** | | |
| 9. How will you provide PPE at no cost to your students? |  |  |
| How will you ensure that facial coverings are worn by every employee, instructor, and student not working alone (with no chance of human interaction) at the location, and by all patients and clients except for those receiving dental or esthetician services, unless their exposure dictates a higher level of protection under [Washington](https://www.lni.wa.gov/safety-health/safety-topics/topics/coronavirus) [Department of Labor & Industries (L&I) safety rules and guidance](https://www.lni.wa.gov/safety-health/safety-topics/topics/coronavirus)? Also see the [Washington Department of Health](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf) [guidelines for face coverings](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf). | | |
| 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 are 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 that shared tools and other equipment are wipe sanitized between users? | | |

|  |  |  |
| --- | --- | --- |
| NAME OF TRAINING PROGRAM | TRAINING PROGRAM NUMBER | DATE |
| 18. If an employee reports feeling sick and goes home, how will you immediately disinfect the area where that person worked? | | |
| **Employee Health / Symptoms** | | |
| 19. What policies will you create 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 that develop symptoms of acute respiratory illness, 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 by asking them if they a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell? | | |
| 22. How will you communicate to employees / employees that they must 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 instruct employees / students to report to their supervisor / instructor if they develop symptoms of COVID-19 (e.g., fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell)? | | |
| 24. How will you inform employees / students that if symptoms develop during a shift, the employee / student should be immediately sent home, and that if symptoms develop while the employee / student is not working, the employee / student should not return to work / class until they have been evaluated by a healthcare provider? | | |
| 25. How will you communicate to 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.) | | |
| 26. How will you communicate to employees / workers that anyone coming to work / class on a 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? | | |
| 27. 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 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA)? | | |
| **Important note:** The employer should instruct fellow employees about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF TRAINING PROGRAM | | TRAINING PROGRAM NUMBER | | DATE |
| **Location Visitors** | | | | |
| 28. 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 | |
| PLAN REVIEWED BY: | PLAN APPROVED BY: | | DATE PLAN APPROVED | |