



ATTACHMENT A:

UNIT OR SITE-SPECIFIC COVID-19 PREVENTION PLAN TEMPLATE

University units are required to document their workplace COVID-19 prevention measures and review them with personnel. This template may be used for that purpose and used at a work-site level or department level as appropriate for the unit. If an alternative format is used (e.g., Return to In-Person Research Plan), it must include all six required elements for a plan and align with University policies and procedures (e.g., daily symptom attestation).

Date:	Completed By:
Name of COVID-19 Site-Supervisor:	
Unit Name:	Worksite Location(s):
Unit COVID-19 Prevention Plan and Plan Location:	

MANAGEMENT AND OVERSIGHT	Check all that apply (all required):	Describe:
1. COVID-19 Prevention Plan and Site-Supervisor	<input type="checkbox"/> A COVID-19 supervisor is assigned to ensure all of the elements of the site-specific COVID-19 Prevention Plan are followed. <input type="checkbox"/> The COVID-19 site supervisor will keep the site-specific plan updated and current with changes to COVID-19 guidelines, regulations and University policies. <input type="checkbox"/> The COVID-19 site supervisor will keep the site-specific plan onsite in paper or electronically so it is available to all personnel. <input type="checkbox"/> The COVID-19 site supervisor will train personnel on the contents of the plan and updates made.	



	<input type="checkbox"/> The COVID-19 site supervisor or designee is available to respond to issues and questions during work and class activities.	
SOCIAL AND PHYSICAL DISTANCING	Check all that apply (all required as possible):	Describe:
<p>2. Describe how you are implementing the social distancing requirements (maintaining 6+ feet spacing between people, minimizing interpersonal contact).</p>	<input type="checkbox"/> Telework options offered <input type="checkbox"/> Shifts/breaks times/start times staggered <input type="checkbox"/> Maximum space capacity determined based on room size <input type="checkbox"/> In-person meetings (conference call, virtual) limited <input type="checkbox"/> Non-critical in person meetings postponed <input type="checkbox"/> Spread out work areas/physically separate workstations <input type="checkbox"/> Allowing only infrequent/intermittent passing within 6 feet in between personnel <input type="checkbox"/> Minimizing the number of people in a work area <input type="checkbox"/> Designated drop-off/pick-up areas for shared tools and equipment <input type="checkbox"/> Barriers to block direct pathways between individuals are installed <input type="checkbox"/> Layouts to prevent air pathways less than 6 feet have been created <input type="checkbox"/> Ensuring good ventilation in work areas <input type="checkbox"/> Tasks have been rescheduled <input type="checkbox"/> Work tasks have been modified <input type="checkbox"/> Organizing work tasks to facilitate social distancing	



<p>3. Describe how you are communicating social distancing requirements to personnel, students, vendors, contractors and visitors.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Posters/signage/floor markings installed or posted <input type="checkbox"/> Communicating during staff meetings <input type="checkbox"/> Email communication <input type="checkbox"/> Establishing policies and procedures <input type="checkbox"/> Providing notice to vendors/contractors 	
<p>4. Describe critical tasks not possible to be done while maintaining the 6-foot distance. Unit head pre-approval required.</p>	<p>Describe task, frequency, duration and required PPE and safety measures in place. If none, specify none.</p>	
<p>PRECAUTIONS FOR SICK PERSONNEL</p>	<p>Check all that apply (all required as possible):</p>	<p>Describe:</p>
<p>5. Describe how you are preventing people with symptoms from coming to the site and/or working while sick.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Performing daily symptom screening or attestation for personnel who work on-site at a UW work location <input type="checkbox"/> Following UW policies for time away from work <input type="checkbox"/> Informing and requiring personnel who may be ill or symptomatic to stay (or go) home <input type="checkbox"/> Requiring close contacts of COVID-19 cases to stay or go home <input type="checkbox"/> Consulting with EH&S Employee Health Center <input type="checkbox"/> Discussing accommodations for personnel at higher risk of severe illness with your HR Consultant or DSO for academic personnel 	



	<input type="checkbox"/> Keeping a log of visitors to the work-site (maintain for 4 weeks)	
6. Describe practices for responding to suspected or confirmed COVID-19 cases.	<input type="checkbox"/> Informing personnel with COVID-19 symptoms to stay home, contact their healthcare provider and to notify the Employee Health Center <input type="checkbox"/> Informing personnel with suspect or confirmed COVID-19 to stay home and notify the Employee Health Center <input type="checkbox"/> Informing personnel who have had close contact with someone with COVID-19 to stay home and notify the Employee Health Center <input type="checkbox"/> Performing enhanced cleaning and disinfection	
CLEANING AND DISINFECTING	Check all that apply (all required):	Describe:
7. Describe the procedures used to clean and disinfect general areas and high-touch surfaces. This includes the cleaning frequency and areas/items to be cleaned.	<input type="checkbox"/> Following a cleaning schedule <input type="checkbox"/> Cleaning supplies are available for spot cleaning <input type="checkbox"/> Cleaning and disinfecting high touch surfaces daily, between uses or when unclean <input type="checkbox"/> Wiping down shared equipment/objects after each use (e.g., door/refrigerator/microwave handles) <input type="checkbox"/> Following COVID-19 Enhanced Cleaning and Disinfection Protocols	



<p>8. List the product(s) used to clean and disinfect.</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol solution with at least 70% alcohol (includes wipes) <input type="checkbox"/> 10% bleach/water solution <input type="checkbox"/> EPA-registered disinfectant for use against SARS-CoV-2: <ul style="list-style-type: none"> a. Manufacturer: _____ b. Name: _____ c. EPA Registration #: _____ 	
<p>9. Describe the safety precautions that are taken when using disinfectant(s).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewing safety data sheet (SDS) for each product <input type="checkbox"/> Reviewing COVID-19 Chemical Disinfectant Safety Information <input type="checkbox"/> Following manufacturer's instructions for products use <input type="checkbox"/> Using personal protective equipment 	
GOOD HYGIENE	Check all that apply (all required):	Describe:
<p>10. Describe methods used to encourage good hygiene practices.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Providing soap and running water <input type="checkbox"/> Providing hand sanitizer and/or wipes/towelettes <input type="checkbox"/> Asking personnel to avoid touching others <input type="checkbox"/> Using reminders to wash hands frequently, correctly at key moments, avoid touching face with unwashed hands, cover mouth when coughing or sneezing 	



PERSONAL PROTECTIVE EQUIPMENT	Check all that apply:	Describe:
<p>11. Provide personal protective equipment (PPE) and guidance on how to use it.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Face shields and/or eye protection is worn. <input type="checkbox"/> Respirators are worn. <input type="checkbox"/> Surgical/medical masks are worn. <input type="checkbox"/> Face coverings (cloth) are worn indoors when others are in the work area and outdoors when a 6 foot distance from others cannot be maintained. <input type="checkbox"/> Providing instructions on the use, care, cleaning, maintenance, removal, and disposal of PPE 	
COMMUNICATION AND TRAINING	Check all that apply (all required):	Describe:
<p>12. Communicate safe practices.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Personnel completing UW general COVID-19 Safety Training <input type="checkbox"/> Providing documented safety training to personnel on site-specific COVID-19 Prevention Plan initially and updates communicated <input type="checkbox"/> Posters/signage installed and/or posted in the worksite <input type="checkbox"/> Email communications <input type="checkbox"/> Covering COVID-19 safety information in staff meetings <input type="checkbox"/> Sharing information from the UW Novel coronavirus & COVID-19: facts and resources webpage 	
<p>13. Communicate hazards and safeguards to protect personnel.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Providing information about working safely with disinfectants <input type="checkbox"/> Communicating the hazards and safeguards required to protect individuals from exposure 	



ATTACHMENT B:
Sample Training Documentation Form for
Unit or Site-Specific COVID-19 Prevention Plan

Workplace/Lab Name		
Documentation of Training		
COVID-19 Prevention Plan		
Name	Training Date	Signature
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	
Click here to enter name.	Click here to enter date.	

By signing this log, you confirm that you have been provided with COVID-19 safety training, that the content of the training is understood, and that you have had an opportunity to ask questions.