COVID-19 Safety Plan Template - Shelters

island health

Facility Name:	
Facility Address:	
Date:	Prepared by:
Purpose	To provide direction for COVID-19 prevention with client care and services
Applies to	All direct staff, affiliates, program leadership, and administrative support
Review Frequency	As determined by Program Leadership

Refer also to WorkSafeBC for COVID Safety Plan template with respect to Occupational Risk and Exposure. Ensure CONFIDENTIALITY for any contacts listed, by storing names and #s in a secure location.

Site Management:

The maximum number of people in indoor areas (e.g. lobby, common room, dining area, laundry room, office, clinic space, OPS site)

☐ Has been determined to facilitate physical distancing (minimum 2m)

☐ Has been posted at the entrance to each area

☐ Is monitored by staff, with reminders given to residents and visitors as needed

If applicable the staff member responsible for managing occupancy limits is (name &/or role):_____

Gatherings and visitor restrictions/allowances

☐ Residents are prohibited from having visitors in their room (unless deemed necessary)

☐ Residents are reminded upon check in to physically distance in common spaces

☐ Clustering in common areas is not permitted:

☐ There is a means to support dispersal:

☐ Activities for groups > 50 have been cancelled/discontinued (not including food service)

☐ Group amenities (e.g. picnic tables) have been limited to single party use

We have installed physical barriers in the following indoor spaces where physical distancing may not be possible:

☐ At front desk ☐ Other- list: _____

We are maintaining physical distancing by (check all that apply):

☐ Shelter occupancy (maximum _____ occupants permitted)

Shelter Name:_____   Date: _____

☐ Eliminating hand-to-hand contact with clients and employees

☐ Having residents wait outside when entry, common spaces are becoming crowded

☐ Providing markers to indicate 2m spacing in lineups/congestion points

☐ Operating every other sink and/or urinal in common washrooms

☐ Staggering start/end/break times for employees

☐ Having employees stay 2m apart and wear masks when not possible

☐ Masks are provided for those without

☐ Discontinuing organized activities (unless stand-alone COVID Safety Plan implemented for the activity, i.e. educational training)

☐ Following additional precautions for high contact areas (e.g. laundry rooms)

☐ Any additional precautions to be outlined – describe:

_____

_____

We are collecting and retaining resident contact information:

☐ Where is this located? Describe:_____

☐ Information is stored for 30 days and then destroyed

☐ Guests of residents must provide contact information to access property

Wellbeing of Staff and Residents:

☐ Residents asked health-screening questionnaire Screening Script example (on page 27)
Frequency: *upon arrival, daily and as noted to change*

☐ Staff and residents advised to wear masks in all indoor common areas

☐ Staffing guidelines in place to preclude working while sick

☐ Staff indicate wellness upon sign in/arrival to work

☐ Symptomatic residents are advised to isolate, seek COVID testing and avoid common areas

(**Procedure outlined below**)

☐ **Hand Hygiene by staff and by residents encouraged:**	Hand sanitizer available:	
	Hand washing stations (warm running water, liquid soap, paper towel) available:	

Cleaning and Hygiene:

Shelter Name:_____   Date: _____

Last revised: December 11, 2020
Department: Health Protection and Environmental Services

Appropriate Disinfectant used:

☐ Chlorine solution -- mix 1:100 for regular sanitizing; and 1:50 where body fluids and waste has contaminated a surface

☐ Other as per Island Health Environmental Cleaning document

Facility sanitation increased to following frequencies:

Rooms	_____ *times per day*	Who is responsible:_____
Washrooms	_____ *times per day*	Who is responsible:_____
Picnic Tables	_____ *times per day*	Who is responsible:_____
Common rooms	_____ *times per day*	Who is responsible:_____
Lobby	_____ *times per day*	Who is responsible:_____
Laundry (if applicable)	_____ *times per day*	Who is responsible:_____
Door Handles	_____ *times per day*	Who is responsible:_____
Elevators	_____ *times per day*	Who is responsible:_____
Coffee station or dining area	_____ *times per day*	Who is responsible:_____

Additional equipment/other high touch surfaces to be regularly sanitized by staff:

Signage:

☐ Physical Distancing:

☐ Hand Hygiene Poster:

☐ Mask Required:

Shelter Name:_____   Date: _____

Last revised: December 11, 2020
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☐ <u>Screening:</u>

Any other site specfic considerations:

_____
_____
_____
_____

What is the process to prevent entry to the facility (e.g. visitors, symptomatic clients – after hours or refusing to be tested)?

_____
_____
_____
_____
_____
_____

Procedure for Person Under Investigation:

Process for COVID-19 positive client:

Shelter Name:_____ Date: _____

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Communication and Training of COVID Safety Plan:
Describe (e.g. onboarding new staff, via the JOSH committee): _____ _____ _____ _____ _____

Key contacts (to be kept in a separate and secure location for confidentiality):		
Site lead:		
Nurse (on-call):		
Physician (on-call):		
COVID Testing line:		
Communicable Disease:		
Island Health switchboard (used only if necessary to reach MHO on call)		

Shelter Name:_____   Date: _____