

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
<i>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.</i>	
Site Management:	
The maximum number of people in indoor areas (e.g. lobby, common room, dining area, laundry room, office, clinic space, OPS site) <input type="checkbox"/> Has been determined to facilitate physical distancing (minimum 2m) <input type="checkbox"/> Has been posted at the entrance to each area <input type="checkbox"/> 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	
<input type="checkbox"/> Residents are prohibited from having visitors in their room (unless deemed necessary) <input type="checkbox"/> Residents are reminded upon check in to physically distance in common spaces <input type="checkbox"/> Clustering in common areas is not permitted: _____ <input type="checkbox"/> There is a means to support dispersal: _____ <input type="checkbox"/> Activities for groups > 50 have been cancelled/discontinued (not including food service) <input type="checkbox"/> Group amenities (e.g. picnictables) have been limited to single party use	
We have installed physical barriers in the following indoor spaces where physical distancing may not be possible: <input type="checkbox"/> At front desk <input type="checkbox"/> Other- list: _____	
We are maintaining physical distancing by (check all that apply): <input type="checkbox"/> Shelter occupancy (maximum _____ occupants permitted)	

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- 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**)**

<input type="checkbox"/> 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:

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

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

Signage:

- [Physical Distancing:](#)
- [Hand Hygiene Poster:](#)
- [Mask Required:](#)

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<input type="checkbox"/> Screening: <input type="text"/>
Any other site specific considerations:
<hr/> <hr/> <hr/> <hr/>
What is the process to prevent entry to the facility (e.g. visitors, symptomatic clients – after hours or refusing to be tested)?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Procedure for Person Under Investigation:
Process for COVID-19 positive client:

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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)		

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