

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 worksite 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 required elements for a plan and align with University policies and procedures.

Date: 2021/08/02	Completed By: Dr. Benjamin Mako Hill (Asst. Prof.)
Name of Responsible Supervisor <u>or</u> COVID-19 Site-Supervisor: Edith Olguin	
Unit Name: Community Data Science Lab, Dept. of Communication	Worksite Location(s): CMU 306, 337
Unit COVID-19 Prevention Plan and Plan Location: Physically on table in CMU 306; Digitally on lab webpage	

MANAGEMENT AND OVERSIGHT	Check all that apply (all required):	Describe:
1. COVID-19 Prevention Plan Oversight	<ul style="list-style-type: none"> X A responsible supervisor or a designated COVID-19 Site Supervisor is assigned to ensure all the elements of the site-specific COVID-19 Prevention Plan are followed. X The supervisor will keep the site-specific plan updated and current with changes to COVID-19 guidelines, regulations, and University policies. X The supervisor will keep the site-specific plan on site in hardcopy or electronically, so it is available to all personnel. X The supervisor will train personnel on the contents of the plan and any updates. X The supervisor or designee is available to respond to issues and questions during work and class activities. 	Benjamin Mako Hill (PI) will serve as COVID-19 Site Supervisor and will ensure that plan is updated and available and that personnel are trained. He will be available to respond to issues and questions.
VACCINATION	Check all that apply (all required as possible):	Describe:

<p>2. Vaccination Verification</p>	<p>X All personnel have submitted the University COVID-19 Vaccine Attestation Form in Workday by established deadlines (see UW COVID-19 Vaccination Policy). Paper form or alternative method is used to verify vaccination status for personnel who do not have access to Workday.</p> <p>X Ensure personnel not verified to be fully vaccinated are required to wear a face covering.</p> <p>X Contractors, vendors, and visitors are notified of the UW COVID-19 Face Covering Policy and the requirement to wear face coverings at the University unless fully vaccinated except where face coverings are required regardless of vaccination status (e.g., health care, child care, K-12 settings).</p>	
<p>PROCEDURES FOR SICK PERSONNEL</p>	<p>Check all that apply (all required as possible):</p>	<p>Describe:</p>
<p>3. Describe how you are preventing people with symptoms from coming to the site and/or working while sick.</p>	<p>X Ask personnel to self-monitor their symptoms each day and to stay home if they have any symptoms of COVID-19 or if they are sick, regardless of vaccination status.</p> <p>X Requiring personnel who may be sick or symptomatic to go home, regardless of vaccination status.</p> <p>X Consult with the COVID-19 Response and Prevention Team.</p> <p>X Discuss accommodations for personnel at higher risk of severe illness with your HR consultant or AHR business partner.</p>	
<p>4. Describe practices for responding to suspected or confirmed COVID-19 cases.</p>	<p>X Inform personnel with COVID-19 symptoms to stay home, get tested, and notify the COVID-19 Response and Prevention Team, regardless of vaccination status.</p> <p>X Inform personnel with suspect or confirmed COVID-19 to stay home and notify the COVID-19 Response and Prevention Team.</p> <p>X Inform non-fully vaccinated personnel who have had close contact with someone with COVID-19 to stay home and notify the COVID-19 Response and Prevention Team.</p> <p>X Perform necessary cleaning and disinfection.</p>	
<p>CLEANING SURFACES</p>	<p>Check all that apply (all required):</p>	<p>Describe:</p>

5. Cleaning	<p>X Follow the COVID-19 Cleaning and Disinfection Protocol.</p> <p>X Provide supplies for spot cleaning.</p>	
6. List the product(s) used to disinfect.	<p><i>Check all that apply:</i></p> <p>X Alcohol solution with at least 70% alcohol (includes wipes)</p> <p>X 10% fresh bleach/water solution</p> <p>X EPA-registered disinfectant for use against SARS-CoV-2:</p>	All products are already available in CMU 306 and/or in hallway immediately outside room (CMU 318).
7. Describe the safety precautions taken when using disinfectant(s).	<p>X Ensure personnel know where to find safety data sheets (SDS) for each product.</p> <p>X Review the COVID-19 Chemical Disinfectant Safety Information.</p> <p>X Follow the manufacturer's instructions for the products used.</p> <p>X Use appropriate personal protective equipment (PPE) for the workplace and work tasks.</p>	

GOOD HYGIENE	Check all that apply (all required):	Describe:
1. Describe methods used to encourage good hygiene.	<p>X Provide soap and running water.</p> <p>X Provide hand sanitizer and/or wipes/towelettes.</p> <p>X Ask personnel to avoid touching others.</p> <p>X Use reminders to wash hands frequently and correctly at key moments, avoid touching face with unwashed hands, and cover mouth when coughing or sneezing.</p>	

FACE COVERINGS, ALTERNATE STRATEGIES AND PPE	Check all that apply:	Describe:
2. Require face coverings for individuals who are not verified to be fully vaccinated.	<p>X Follow the procedures in the UW COVID-19 Vaccination Policy to identify personnel who must continue to wear face coverings.</p> <p>X Ensure that non-fully vaccinated individuals wear face coverings indoors when other people are present and in all public and common areas.</p> <p>X Ensure all wear face coverings in areas where they are required regardless of vaccination status (e.g., health care, childcare, K-12)</p> <p>X Communicate through signage and other means to vendors, visitors, and the public on face covering requirements, as dictated by vaccination status or other space-use designations (healthcare, K-12 settings, etc.)</p>	
3. Alternate Strategies and PPE (if applicable)	<p>X No alternate strategies are necessary.</p> <p><input type="checkbox"/> Supervisor identified that alternate strategies are needed through review with EH&S and unit leadership approval.</p> <p><input type="checkbox"/> Develop or document a job hazard analysis that identifies the hazards and control strategies to minimize the risk of exposure.</p> <p><input type="checkbox"/> Refer to the Workplace COVID-19 Risk Level and Selection of Personal Protective Equipment to determine if additional PPE is required.</p> <p><input type="checkbox"/> Train personnel on alternative strategies use, including on the use and care of PPE if applicable. Document the training.</p>	
COMMUNICATION AND TRAINING	Check all that apply (all required):	Describe:
4. Communicate safe practices.	<p>X Ask personnel and students to activate the Washington Exposure Notifications – WA Notify on their mobile devices.</p> <p>X Ensure all personnel complete UW general COVID-19 Safety Training.</p> <p>X Provide documented safety training to personnel on this site-specific COVID-19 Prevention Plan, initially and when updates are made.</p> <p>X Post a COVID-19 safety posters/signage at the worksite.</p> <p>X Share information from the UW Novel coronavirus & COVID-19: facts and resources webpage.</p>	

5. Communicate hazards and safeguards to protect personnel.	X Provide information about working safely with disinfectants . X Communicating the hazards and safeguards required to protect individuals from exposure.	
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**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
Benjamin Mako Hill	2021/05/21	
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.