**EMERGENCY PLAN TEMPLATE**

Please use accompanying guide

|  |
| --- |
| **Section A** |
| Facility Name |       | Provider Number |       |
| Plan Point of Contact |       | Phone Number |       |
| Physical Street Address |       | City |       | State |       | Zip |       |
| License Capacity |       | Phone Number |       |
| Email |       | Agency Contact |       |
| Agency Director |       | Phone Number |       |
| Case Manager |       | Phone Number |       |
| DCYF Region |       | Emergency Contact |       |
| Assigned Regional Licensor |       | Phone Number |       |
| Supervisor |       | Phone Number |       |
| After Hours Contact Number |       |  |  |

**IDENTIFIED PUBLIC HEALTH**

|  |
| --- |
| **Local Public Health:**       |
| Contact Name |       | Phone Number |       | EMAIL |       |
| Notes: |
| **Washington State Department of Health:**  |
| Contact Name |  | Phone Number |  | EMAIL |  |
| Notes: |
| **Hospital Contact:**  |
| Contact Name |  | Phone Number |  | EMAIL |  |
| Notes: |
| **Medical Provider:** |
| Contact Name |  | Phone Number |  | EMAIL |  |
| Notes: |

**Name(s) of staff who are responsible monitoring public health updates from:**

|  |  |  |  |
| --- | --- | --- | --- |
| [Directory of Local Health Departments](https://www.naccho.org/membership/lhd-directory?searchType=standard&lhd-state=WA#card-filter) |  |  |  |
| [DOH 2019 Novel Coronavirus Outbreak (COVID-19)](https://www.doh.wa.gov/Emergencies/Coronavirus) |  |  |  |
| [CDC Coronavirus Disease 2019 (COVID-19)](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html) |  |  |  |

|  |
| --- |
| **Section B** |

**Plan for implementing respiratory hygiene** throughout the facility, including implementing social distancing measures, watching for respiratory infection and COVID-19 symptoms in residents and staff, cleaning and disinfecting regularly, and communicating how to personally prevent spread.

**DESCRIBE PLAN HERE:**

|  |
| --- |
| 1. Social Distancing:
 |

|  |
| --- |
|        |

|  |
| --- |
| 2. Cleaning Measures**:** |

|  |
| --- |
|        |

|  |
| --- |
| **Section C** |

**Grouping of symptomatic residents** in order to prevent transmission. Please include layout of facility.

**DESCRIBE PLAN HERE:**

|  |
| --- |
|        |

|  |
| --- |
| **Section D** |

**Criteria and protocols for enforcing visitor limitations.** The [Proclamation by the Governor re: DCYF Child Visitation and Remedial Services](https://www.governor.wa.gov/sites/default/files/proclamations/20-33%20-%20COVID-19%20DCYF%20Visitation-Remedial%20Services%20%28tmp%29.pdf) waived and suspended in-person visitation requirements under RCW 13.34 that require in-person visitation of children in the custody of DCYF. If visitors do enter your facility, consider using the [DOH COVID-19 Coronavirus Announcement Form](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-CoronavirusAnnouncementforVisitors.pdf)

**DESCRIBE PLAN HERE:**

|  |
| --- |
|  |

|  |
| --- |
| **Section E** |

**Sick leave policy in place that addresses the needs of staff**. (Provide policy and current staff roster as attachments)

**DESCRIBE PLAN HERE:**

|  |
| --- |
|  |

|  |
| --- |
| **Section F** |

**Contingency staffing**

**DESCRIBE PLAN HERE:**

|  |
| --- |
|  |

|  |
| --- |
| **Section G** |

**Confirmed COVID-19 case(s) identified in your facility.**

**DESCRIBE PLAN HERE:**

|  |
| --- |
|  |

|  |
| --- |
| **Section H** |

**Quarantine plan-restricting** movement of well people who have been exposed.

**DESCRIBE PLAN HERE:**

|  |
| --- |
|  |

|  |
| --- |
| **Section I** |

**Communication Plan:** please list agencies/individuals and contact information

**DESCRIBE PLAN HERE:**

|  |
| --- |
|  |

**Date plan reviewed with Regional Licensor:**

DATE:

**Date plan reviewed with all staff and youth (may modify what is shared with youth):**

DATE: