**EMERGENCY PLAN TEMPLATE**

Please use accompanying guide

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| **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**

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| **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:**

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| [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) |  |  |  |

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| **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:**

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| 1. Social Distancing: |

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| 2. Cleaning Measures**:** |

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| **Section C** |

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

**DESCRIBE PLAN HERE:**

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| **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:**

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| **Section E** |

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

**DESCRIBE PLAN HERE:**

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| **Section F** |

**Contingency staffing**

**DESCRIBE PLAN HERE:**

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| **Section G** |

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

**DESCRIBE PLAN HERE:**

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| **Section H** |

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

**DESCRIBE PLAN HERE:**

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| **Section I** |

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

**DESCRIBE PLAN HERE:**

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**Date plan reviewed with Regional Licensor:**

DATE:

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

DATE: