

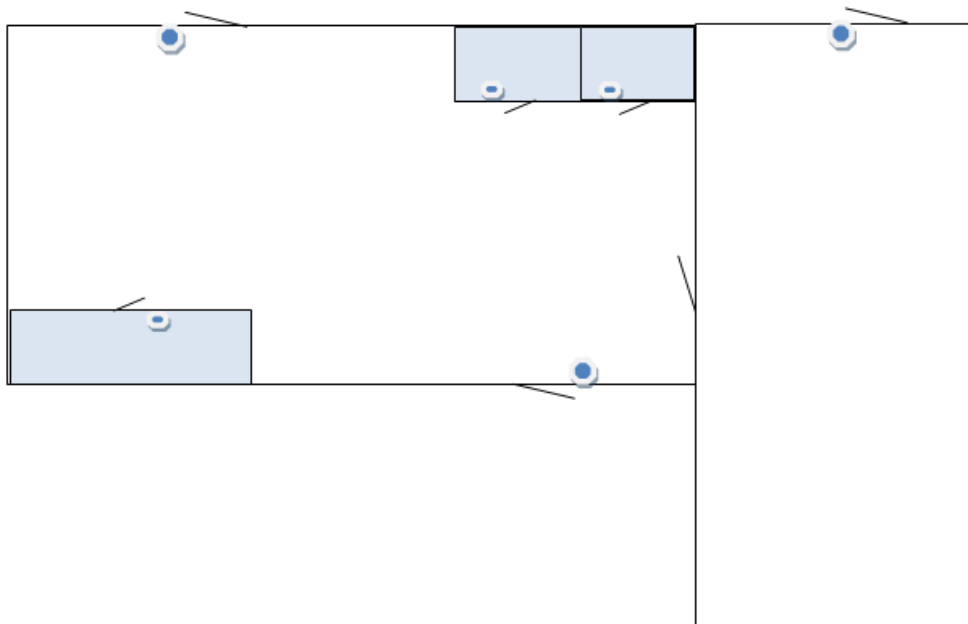
# COVID-19 Prevention Plan Worksheet

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Project Manager	John Graham	Team Members	Susie MacGregor	Date	04-27-20
Project Name/Topic	Prevent COVID-19 Spread				
<b>Objective statement</b> (What is the purpose or reason for the project?)					
To develop a process that prevents the spread of COVID-19 at a work environment					
<b>Desired outcome</b> (What will indicate successful implementation of the plan?) (these should be quantifiable measurements)					
1. COVID-19 will not be spread from one employee to another while at work					
<b>A. Resources required for the project</b> (What are the physical and human resources needed for the project?)					
<ul style="list-style-type: none"> <li>See list below</li> </ul>					
<b>B. Project timeline</b> (What actions need to take place?)				<b>C. Plan execution</b> (date & person)	
Activity				When	Who
1. Identify all areas of the company needing cleaning disinfection tools (see diagram)					
2. Purchase needed tools and supplies					
3. Apply disinfectant devices at all specified locations					
4. Schedule and conduct cleaning of all common use areas of the company on a regular basis					
5. Limit employee's use of outside sources for lunch. Require all lunches to be brought to work or provided internally by trusted outside source.					
6. Establish method to prevent spreading the virus when employees report that they have come in contact with an infected person					
7. Develop training on actions employees must take to prevent spreading the COVID-19 virus					
8. Establish and train a team responsible for ensuring that the plan is carried out as specified					
9. Implement planned activities and verify effectiveness of the plan					
10. Make any adjustments to the plan to ensure its effectiveness					
11. Conduct periodic monitoring of all established preventive measures to verify continued performance					
12. Report results of the effectiveness of the actions taken to management					
<b>D. Monitor success</b> (What demonstrates that the desired outcome has been satisfied?)					
Performance measure (restate desired outcomes as measure of successful completion)				Observation	
1. No employee has been infected with COVID-19 as a result of interaction with another employee					
<b>E. Adjustments needed for successful completion</b> (What is required to ensure the desired outcome is achieved?)					
Notes					

Complete area shaded in green to establish the plan

Complete area shaded in blue to report the status of the project when complete



## Protective Supply List

Supplies needed	Quantity needed	Quantity available	Supplier
General use surgical face masks			
Disposable supplies – paper cups, tissues and paper towels			
Paper towel dispenser			
Work station cleaning supplies (cleaner and washcloth)			
Door disinfectant dispensers			
Disinfectant for door dispensers			
Bathroom and lunch room disinfectant dispensers			
Soap for lunch and bathroom dispensers			
Non latex disposable gloves			
Reusable plastic gloves for cleaning			
Cleaning aprons			
Disinfectant, hospital grade or 10% Bleach (sodium hypochlorite) Solution			
Personal disinfectant for cleaning work station			
Thermometers – hospital grade			
Trash Receptacles			
Signage			