

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: COVID-19 EXPOSURE CONTROL	2. Operational Period: Date From: 03/16/2020 Date To: 03/23/2020 Time From: Time To:
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: Clean all “high-touch” surfaces everyday - Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home. <ul style="list-style-type: none">• Clean and disinfect: Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.<ul style="list-style-type: none">○ If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.○ High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, vehicle steering wheels, vehicle dash, vehicle windshields (inside), and bedside tables.• Clean and disinfect areas that may have blood, stool, or body fluids on them.• Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.<ul style="list-style-type: none">○ Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.○ Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found here How do I know if I was exposed? <p>You generally need to be in close contact with a sick person to get infected. Close contact includes:</p> <ul style="list-style-type: none">• Living in the same household as a sick person with COVID-19,• Caring for a sick person with COVID-19,• Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR• Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.). What should I do if I was in close contact with someone with COVID-19 while they were ill but I am not sick? <p>You should monitor your health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school, and should avoid public places for 14 days</p> What should I do if I was in close contact with someone with COVID-19 and get sick? <p>If you get sick with fever, cough or shortness of breath (even if your symptoms are very mild), you likely have COVID-19. You should isolate yourself at home and away from other people. If you have any of the following conditions that may increase your risk for a serious infection—age 60 years or older, are pregnant, or have medical conditions—contact your physician’s office and tell them that you were exposed to someone with COVID-19. They may want to monitor your health more closely or test you for COVID-19.</p>	
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:	
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____	
ICS 208	IAP Page _____ Date/Time: _____

ICS 208

Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).