

Communicable Disease Prevention and Response Plan for Temporary Worker Housing WAC 246-358-175



The operator must develop a communicable disease prevention and response plan (plan) as part of the requirements in WAC 246-358-175. The plan assists the operator to take the required steps, when necessary, to prevent and respond to a communicable disease case or outbreak to protect the occupants of the temporary worker housing.

The operator must:

- Cooperate with the Local Health Jurisdiction (LHJ) in the investigation and control of cases, suspected cases, outbreaks, and suspected outbreaks of communicable diseases.
 - To help facilitate a quick response to an investigation, the plan must include processes to address common communicable disease control recommendations like Isolation and/or quarantine and screening occupants for common communicable disease symptoms.
- When notified by the occupant, the operator must report to the Local Health Jurisdiction the name and address of occupants with notifiable conditions or when two or more occupants share similar symptoms specified in WAC 246-358-175.
- Facilitate transportation to medical care for ill occupants as needed.
- Educate occupants about communicable disease prevention and response.
- Designate a person or persons that are responsible for executing the plan and document their training at least annually.
- Submit new and revised plans to the state Department of Health. Please submit your plan by:
 - **E-mail to:** Housing@doh.wa.gov OR
 - **Mail to:**
Washington State Department of Health
Housing Programs
PO Box 47824
Olympia, WA 98504

Failure to submit a plan or properly implement the requirements of WAC 246-358-175 may result in administrative action, including license denial, license suspension, or fines.

Variations. Consistent with WAC 296-307-16120(1) and WAC 246-358-040(1), an operator may request a variance from the requirements of the rule when another means of providing equal protection is provided.

The following TWH communicable disease prevention and response checklist may be used as a template.

**TWH Communicable Disease Prevention and Response Plan
WAC 246-358-175**

FACILITY INFORMATION

Facility Name	
Owner Name	
Facility Street Address	
Facility City	
Facility ZIP	
Designated Point of Contact	
Role/Position	
Phone	Primary:
	Cell:
	Alternate:

MEDICAL AND LHJ INFORMATION

Preferred Medical Clinic Name	
Preferred Medical Clinic Address	
Phone	Primary:
	Alternate:
Closest Emergency Room Name	
Emergency Room Address	
LHJ Name	
LHJ Address	
Point of Contact	
Phone	Daytime phone number:
	After hours phone number:

OCCUPANT EDUCATION

All occupants will be trained in a language or languages understood by the occupants on the Employer/Operator's health and safety policies

	YES	NO	N/A
How to identify common symptoms of communicable diseases, such as fever, vomiting, diarrhea, jaundice, sore throat, cough lasting more than three weeks, or coughing up blood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who to report to when not feeling well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and when to wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper hygiene regarding sneezing and coughing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and where occupants can secure medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry of community health workers and community-based outreach workers to provide additional education is allowed (with coordination of employer/operator).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPONDING TO COMMUNICABLE DISEASES

Develop and follow a communicable disease prevention and response plan

	YES	NO	N/A
Local Health Jurisdiction contact information available for immediate contact for reporting cases and outbreaks and cooperating in the investigation and control of communicable diseases – space is provided under “Medical and LHJ Information” above to detail this contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written process for tracking reports of illnesses by occupants while maintaining confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written process for screening for symptoms when requested by public health authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers available for occupant use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written transportation plan for medical evaluation of occupants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective equipment available for individuals providing transportation to occupants for medical evaluation when not using transportation provided by aid service or ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If directed to isolate or quarantine an occupant, the ability to supply:			
Separate isolation and quarantine spaces from other occupants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone service for occupants to access emergency care if occupant does not have a personal phone capable of reaching emergency services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information to occupants about paid leave and workers compensation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to medical professionals as required by the Local Health Jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and water at no cost to the occupants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documented name and contact information of person responsible to execute the communicable disease prevention and response plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Log of training dates of person responsible to execute the communicable disease prevention and response plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLEANING AND DISINFECTING SURFACES

Provide training in a language (or languages) understood by occupants and contracted workers regarding cleaning, disinfecting, and sanitizing protocols prior to cleaning temporary worker housing. In addition to any personal protective equipment required under Department of Labor and Industries rules to perform the cleaning activities, provide and require that occupants and contracted workers use disposable gloves while handling cleaning chemicals.

	YES	NO	N/A
EPA-approved disinfectant available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate supply of single use soap, like liquid hand soap, at all sinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate supply of single use paper towels at all sinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable handwashing sinks available (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Data Sheets and training available for anyone using cleaning chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide additional details such as schedules, drawings, plans to describe/show compliance with requirements.

Operator Name (PRINTED)

Date