Response Plan
Control Measures Template:

Under this you outline the control measures you are implementing to prevent and minimize the spread of COVID-19 in your workplace

The following measures must be complied with: (Section in blue AACPI is highlighting to consider)

Control Measures	Yes	No	Action Required
Hand hygiene/Hand sanitizing Controls: are there enough hand-washing & sanitizing stations to accommodate worker, visitors and services users?			
Are hand-washing & sanitizer stations in convenient locations; All entry/exit points High traffic areas			
Have you made arrangements to ensure hand hygiene facilities are regularly checked, well stocked, hot running water, soap dispensers, paper towels, touch free bins & hand sanitizer			
Are there stations where there are high touch points and footfall?			
Employee awareness around hand hygiene in the workplace Controls Have you informed all workers about the importance of hand-washing?	**Yes**	**No**	**Action Required**
Have you shown all workers where hand sanitizer stations are in the workplace?			
Have you informed worker when they need to hand sanitize?			
Respiratory Hygiene Controls	**Yes**	**No**	**Action Required**
Have you told all workers of good respiratory measure to limit			

the spread of the virus?			
• Avoid touching the face, eyes, nose and mouth • Cover coughs & sneezes with elbow or tissue • Dispose of tissues in a cover bin?			
Will you be making tissues available to workers and facilitating safe disposal?			
Will you be making tissues available for service users and facilitating proper disposal after each service user leaves or asking them to take tissues with them?			
Is there a system in place to regularly empty bins?			
Physical distancing Controls	**Yes**	**No**	**Action Required**
Have you looked at how you can change the layout of your workplace to allow physical distancing?			
Have you a system to regularly remind workers to maintain physical distance?			
Have you identified systems with service users and other visitors to ensure physical distancing?			
Can to arrange different work times to minimize the number of people working together?			
Can you arrange staggered break times to minimize physical contact?			
Can you arrange a one -way system for entering and leaving your premises?			
Will you have to install physical barriers at reception or in therapy rooms?			
Will you be making masks available to staff and/or clients?			
Will you be asking staff & clients to bring their own water etc?			
Minimising Contact Controls:	**Yes**	**No**	**Action Required**
Have you minimized the need for face –to- face meetings, making technology available to workers?			
Where meetings have to take place, can you ensure physical distancing can be and for as short a time as possible?			
Have you advised all workers to not shake hands with clients.			
At risk Groups	**Yes**	**No**	**Action Required**

	Yes	No	Action Required
Have you determined which, if any of your workers are at risk from COVID-19?			
Have you enabled at risk or vulnerable workers to work from home where possible?			
Have you enabled at risk workers to maintain physical distancing?			
Changes to Work Practice	**Yes**	**No**	**Action Required**
Have you considered changes to work practice to minimize the spread of COVID-19?			
Changes to Clinical work Practice (to consider)	**Yes**	**No**	**Action Required**
Will you be providing water to clients or asking them to bring their own?			
Will you be providing tissues to clients?			
Will you be asking clients to take their used tissues with them when leaving?			
Will you be asking client & therapist to wear masks?			
Will you be installing a protective barrier between therapist and client?			
Have you made changes to the confidentiality agreement outlining the sharing of information in the event of contact tracing?			
Have you an appointment system in place that ensures social distancing? No waiting area			
Have you a system in place to clean down all surfaces after a client leaves?			
Have you made arrangements for contactless payment where possible?			
Will you provide remote counselling when fact-to-face is not possible?			
Will you provide each therapist with cleaning materials, including disinfectant wipes and advised them to clean their own work space (therapy room) after each client? • Door handles • Chairs			

• Light switches • Tissue box • Table • Payment card machine • Receipt book • Isolation Room on premises • Other			
Additional Information			