Safety Message/Plan (ICS 208)

| **1. Incident Name: Drive Through Clinics** | **2. Operational Period:** Date From: Date To:  Time From: Time To:  |
| --- | --- |
| **3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:****See attached map****#1 Safety of Clinic personnel is Priority #1.****#2 Safety of attending public is Priority #2.****#3 Safety is everyone’s responsibility.** **The most significant hazard with this operation is vehicle movement. The attending public is generally assumed to be at least slightly stressed given the circumstances of them attending the clinic. Due to this situation the public may not be as attentive as necessary. Not seeing personnel providing them instructions could result in injury or death. Additionally, the public my inadvertently hit the gas instead of the vehicle brakes and this could also result in injury or death.****All clinic personnel should be wearing high visibility vests (exception for clinicians conducting the actual swabbing of public).****All personnel need to watch vehicles as they approach and always be sure to stand to the side and not in a vehicles direct path.****Make sure you sign in and out of the Incident. Be sure to know your assignment and your supervisor. Do not assume.****If injury occurs, render aid if safe to do so, notify your supervisor and call 911 if appropriate.** **Avoid touching your eyes, nose and mouth with unwashed hands. Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Maintain distancing of at least 6 feet between personnel or wear a mask if distancing cannot be maintained.** **Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.** |
| **4. Site Safety Plan Required?** Yes ⬜ No ⬜**Approved Site Safety Plan(s) Located At:**  |
| **5. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 208** | **IAP Page \_\_\_\_\_** | Date/Time:  |