**Weatherization COVID-19 Protection Plan – Permission to Proceed**

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|  |  | Agency Staff Contact: |  | Phone: | (360) 438-1100 *x* | 2101 |
|  | Client: |  | Project No: |  |  |
|  | Address: |  | Contact Phone No.: |  |  |
|  | City/Town: |  |  |  | WA |  | Zip Code: |  |  |
|  |  |  |  |  |  |  |  |

**PURPOSE:** At Community Action Council of Lewis, Mason & Thurston Counties we value the health and safety of our clients, staff, and contractors. We are committed to providing needed services to the community while doing everything possible to limit the risk of exposure to COVID-19. With guidance from multiple Washington state agencies, we have developed a *Weatherization COVID-19 Protection Plan* for conducting Weatherization work in the homes of the people we serve.

**EXPECTATIONS**: The attached *Weatherization COVID-19 Protection Plan* details the protocol that will be followed by Community Action Council staff and anyone we contract with to perform work in the home. It also includes several expectations of you, as the occupant of the home. **By signing below, you acknowledge all occupants living in the home at the address listed above will abide by the following expectations:**

* Agree to communicate with Community Action Council staff and contractors via phone, text, or video conferencing if at all possible
* ***Daily Health Symptoms Survey:*** Agree to a daily COVID-19 screening from Community Action Council staff or contractors for all household members on the days work is scheduled to be performed at your home
	+ Every workday morning, before sending daily Weatherization workers to job site, Community Action Council staff or a contractor will contact you (i.e. phone, text, etc.) to ask if:
		- Anyone in household feels ill or has a temperature?
		- Any essential visitors are anticipated for the day?
		- What occupants will be present in home?
	+ Project will NOT proceed if:
		- *Daily Health Symptoms Survey* cannot be completed
		- Anyone in household is ill.
* Immediately call the assigned Community Action Council staff members and tell workers on site if anyone in your household is feeling sick (fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell)
* No hand shaking. Maintain at least 10 feet distance from all workers at all times
* Adhere to any specific daily plan worked out with Community Action Council staff or contractors on where and how to best isolate yourself and others living in the home from workers/work being performed (e.g. remain indoors while work is being performed outside or outside while work is being performed inside)
* Give workers access to running water. Workers will supply their own soap and disposable drying towels.
* Give workers access to bathroom facilities if needed.
* While work is being performed at your home, encourage all members of the household to wash and disinfect their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose.
* If not able to isolate yourself from workers, agree that every occupant in the home will wear a mask while work is being performed on your home. A cloth face covering that meets the grocery store standard, is adequate.
* No non-essential visitors while Weatherization workers are on-site. Limit access to all visitors to your home for the entire duration of Weatherization Project.
* Log all occupants and visitors to home during the Weatherization job period of time (project start with the first site visit to final inspection which is the last site visit) and retain for your records for 4 weeks minimum.
* IF at any time, clients, Community Action Council staff, or contractors feel that work cannot be performed under the *Weatherization COVID-19 Protection Plan*, making the situation unsafe, the project must either be postponed until such time the work can be performed safely, or deferred permanently.

Furthermore, you agree to do everything possible to facilitate Community Action Council staff and contractors working in the home to successfully carry out the *Weatherization COVID-19 Protection Plan*. Not adhering to these expectations could result in the work being postponed or deferred.

**HIGH-RISK HEALTH ACKNOWLEDGMENT:** While in Phase 1 or 2 of the Governor’s *Washington’s Phased Approach Plan*, Community Action Council will avoid potentially exposing anyone who is classified by the Centers for Disease Control (CDC) as “[High Risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html)” to COVID-19. *Please indicate yes or no* if anyone living in the home at the address listed above meets any of the following conditions. (Please do NOT indicate the name of the person nor the specific condition.). We will NOT remove Households answering ‘Yes’ from the list for services. However, to assure safety (be safe; feel safe) during Phase 1 and 2 of the Restart, we need to prioritize serving households that are not considered high risk.

* 65 years and older
* People of all ages with underlying medical conditions (particularly not well controlled)
* Chronic lung disease or moderate to severe asthma
* Serious heart conditions
* Immunocompromised (many conditions may cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune-weakening medications)
* Severe obesity (body mass index [BMI] of 40 or higher)
* Diabetes or liver disease
* Chronic kidney disease undergoing dialysis
* Any other conditions the CDC deems as “[high risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html)”
* ***YES:*** *Someone living in the home has one of the above listed conditions.*
* ***NO:*** *No one living in the home has any of the above listed conditions.*

**RIGHTS**: If you determine specific activities and/or measures on the scope of work cannot, or are not, being accessed or completed according to the *Weatherization COVID-19 Protection Plan*, please contact Community Action Council staff in order to modify, postpone, or defer the work being performed.

**INDEMNIFICATION**: I hereby release and pledge to hold harmless, indemnify and defend Community Action Council of Lewis, Mason & Thurston Counties, Puget Sound Energy, AVISTA, Klickitat PUD, NW Natural, Cascade Natural Gas, Centralia Coal Transition Board (TransAlta), Housing Improvement & Preservation Program (HIP), the Washington State Department of Commerce, US Department of Agriculture, and the U.S.Dept. of Housing and Urban Development, their agents, servants, or employees, from and against any liability and all claims for injuries or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by Community Action Council and any business contracted by Community Action Council to perform work in the home located at the address listed above.

**PERMISSION TO PROCEED:** *I have read, understand and hereby agree to the expectations stated above and that I have provided accurate information for my household in the High-Risk Health Acknowledgement review. With my signature below, I hereby grant permission for Community Action Council of Lewis, Mason & Thurston Counties’ weatherization staff and its subcontractor(s) to access my home and proceed with weatherization work for the duration of the project.*

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| **CLIENT/CUSTOMER AUTHORIZATION TO PROCEED** |
|  |  |  |  |
| Name (PRINT) |  | Date |  |
|  |  |  |  |
| Signature |  | Email Address (if applicable) |  |