

Instructions

Use this form to request a physical barrier (e.g., divider, plexiglass) in a designated area. Complete one form for each individual location requiring a barrier. To complete your request, follow the procedure in the [Standard Work: Physical Barrier Request Process](#)

Submit this completed form to designated Program or Department Manager

REQUESTOR INFORMATION

Requestor(s)	<i>[list all staff requesting physical barrier for the specific area]</i>		
Department/Program			
Requestor Email		Phone:	
Program/Unit Manager			
Manager Email		Phone:	
Request Date			

APPROVER AND COST CENTRE INFORMATION

Approver			
Approver email		Phone:	
Cost Centre	<i>[completed by Approver]</i>		

REQUEST DETAILS

1. Description of request

Describe what is requested, including the location (area, room number).

2. Reason for request

This section should explain why a barrier is needed, including existing conditions of staff and patient presence within the area. Describe the workflows of patients and staff, which have resulted in the need for barriers. Include patient/staff flow volumes, timelines with heavier flows during the day.

3. Steps taken to-date, to minimize the need for a physical barrier

Please list all measures taken, in the attempt to minimize the existing challenge. Refer to the hierarchy of controls, and include the consideration of Elimination, Engineering controls, Administrative controls, PPE.

4. Resources, References

List or attach any additional references, to support the request.

continued on reverse

REQUESTOR SIGNATURES

SIGNATURE	PRINTED NAME	DATE
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Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
21-Dec-2020	C-0506-06-60887 C&W Physical Barrier Installation Request Form	Approved at: CW COVID-19 Working Group

Disclaimer

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APPENDIX 1: CORE PRINCIPLES AND PRACTICES FOR SERVICE; HIERARCHY OF CONTROLS

The following measures should be put in place to minimize the risk of transmission. Refer to the [WSBC Protocols for Healthcare Workers](#), and applicable [Infection & Prevention Control requirements](#) for more information. Measures should include consideration of the hierarchy of controls (see image below).

