**COVID-19 Workspace Safety Plan**

This plan requires the review of the operational activities in your workspace to ensure effective controls are in place to prevent the transmission of COVID-19. Management and supervisory staff are responsible for developing and updating this document to meet current government mandated requirements. <https://covid19.ubc.ca/>

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| Department / Faculty | Faculty of Dentistry |
| Facility Location | 2151 Wesbrook Mall – Strangway Building |
| Proposed Re-opening Date | June 8th |
| Workspace Location | Dental Clinics |

**Introduction to Your Operation**

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| 1. Scope and Rationale for Opening |
| Following the March 16th directive from the Ministry of Health and the College of Dental Surgeons of BC, the Faculty of Dentistry has been providing only emergent and urgent care to its registered patients. A selected group of faculty members has been providing the care with the support of a skeleton staff (UBC Dentistry Urgent Care COVID-19 Clinic Protocol May 8 - Appendix 1). On May 15th, the Provincial Health Office announced that Dentistry was to resume the full scope of care in the province (see #3).  This plan is related to the necessary increase of our clinical activities in order to attend to the needs of hundreds of patients with incomplete treatment procedures, requiring treatment maintenance and urgent care, as well as to allow for the completion of simulation exercises required for undergraduate student promotion. For these, students, faculty, staff and patients are required to come to our clinical facilities.  The activities will follow the regulated infection prevention and control guidelines for the profession in addition to the Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan published May 15th (Appendix 2). Also, specific protocols have been developed to ensure that the appropriate number of people are present and physical distancing is maintained outside clinical areas (Appendices 3 and 4).  The plan has been discussed and reviewed by the Faculty’s COVID-19 Rapid Response Leadership Team chaired by Dean Mary MacDougall. |

**Section #1 – Regulatory Context**

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| 2. Federal Guidance |
| NA |
| 3. Provincial and Sector-Specific Guidance |
| https://file-ca.clickdimensions.com/cdsbcorg-aoixp/files/cdsbc_logo_cmyk_wfontpngversion.png   |  | | --- | | **COVID-19 Update: Expansion of Dental Care in Phase 2**  May 15, 2020    Dear Registrants,    As Premier Horgan has announced, next week is the start of the transition to phase 2 of the government’s COVID-19 response. This includes the expansion of community-based healthcare services, such as dentistry, under enhanced protocols.    Thank you for your patience as we awaited further direction from the Provincial Heath Officer. That direction has arrived, and we are pleased to share it with you here, so that you can begin to plan how to safely resume in-person services. We are also providing specific guidance and protocols for oral health professionals to prevent the transmission of COVID-19 during emergent, essential and non-essential care of patients.    **COVID-19: Important Update from the Provincial Health Officer**  (May 15, 2020)    In this letter to healthcare professionals, Provincial Health Officer Dr. Bonnie Henry discusses the easing of restrictions on health care services beginning the week of May 19. She highlights the accountability of health professionals to ensure the health and safety of patients and clients, colleagues, and support staff in every healthcare setting.    [Read Dr. Henry’s letter here.](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3AMA%3A%3AaHR0cHM6Ly93d3cuY2RzYmMub3JnL0RvY3VtZW50cy9jb3ZpZC0xOS9QSE9NZXNzYWdlLXRvLUhlYWx0aC1Qcm9mZXNzaW9uYWxzLTE1LU1heS0yMDIwLnBkZj9fY2xkZWU9WVdWemRHVjJaWE5BWkdWdWRHbHpkSEo1TG5WaVl5NWpZUSUzZCUzZCZyZWNpcGllbnRpZD1jb250YWN0LTY4Y2U4MTA4YjRlZGRmMTFiYzk3MDAxNTVkMDI2MjAwLWQ0ZDEwZmY3MDQ3MDQzODViMjMyMmVkNGY2YjgwOTYzJmVzaWQ9MmVmNDQ1MzUtMjc5Ni1lYTExLThkY2ItZDAzZjM1NWFmYjMx&K=wLU2QU-roe3fOfT-by_gbg)    **Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan**  (May 15, 2020)    This interim guidance document consolidates CDSBC’s existing standards, guidance, and interim recommendations on COVID-19 with recommendations and direction from other authoritative agencies. It has been endorsed by all four oral health regulators and applies to certified dental assistants, dental hygienists, dental technicians, dental therapists, denturists and dentists.    The College expects registrants to read this guidance and follow the expectations within it as you resume the provision of dental care. It is a comprehensive document that covers topics such as ongoing pandemic best practices, personal protective equipment, and infection prevention and control principles and strategies. It replaces CDSBC’s previous guidance and expectations published prior to May 15, 2020, i.e. for phase 1 of the pandemic.    [Read the document here.](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3AMQ%3A%3AaHR0cHM6Ly93d3cuY2RzYmMub3JnL0RvY3VtZW50cy9jb3ZpZC0xOS9UcmFuc2l0aW9uaW5nLU9yYWwtSGVhbHRoY2FyZS10by1QaGFzZS0yLnBkZj9fY2xkZWU9WVdWemRHVjJaWE5BWkdWdWRHbHpkSEo1TG5WaVl5NWpZUSUzZCUzZCZyZWNpcGllbnRpZD1jb250YWN0LTY4Y2U4MTA4YjRlZGRmMTFiYzk3MDAxNTVkMDI2MjAwLWQ0ZDEwZmY3MDQ3MDQzODViMjMyMmVkNGY2YjgwOTYzJmVzaWQ9MmVmNDQ1MzUtMjc5Ni1lYTExLThkY2ItZDAzZjM1NWFmYjMx&K=DF2bbaBAUYyBgi6IXiavfw)    **Recommended Resources for Health Professionals**  The following agencies have provided specific information about COVID-19:   * [BC Centre for Disease Control](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3AMg%3A%3AaHR0cDovL3d3dy5iY2NkYy5jYS9oZWFsdGgtcHJvZmVzc2lvbmFscy9jbGluaWNhbC1yZXNvdXJjZXMvY292aWQtMTktY2FyZT9fY2xkZWU9WVdWemRHVjJaWE5BWkdWdWRHbHpkSEo1TG5WaVl5NWpZUSUzZCUzZCZyZWNpcGllbnRpZD1jb250YWN0LTY4Y2U4MTA4YjRlZGRmMTFiYzk3MDAxNTVkMDI2MjAwLWQ0ZDEwZmY3MDQ3MDQzODViMjMyMmVkNGY2YjgwOTYzJmVzaWQ9MmVmNDQ1MzUtMjc5Ni1lYTExLThkY2ItZDAzZjM1NWFmYjMx&K=oCUIovNMhldCa_qrSodWDA) * [Provincial Infection Control Network](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3AMw%3A%3AaHR0cHM6Ly93d3cucGljbmV0LmNhLz9fY2xkZWU9WVdWemRHVjJaWE5BWkdWdWRHbHpkSEo1TG5WaVl5NWpZUSUzZCUzZCZyZWNpcGllbnRpZD1jb250YWN0LTY4Y2U4MTA4YjRlZGRmMTFiYzk3MDAxNTVkMDI2MjAwLWQ0ZDEwZmY3MDQ3MDQzODViMjMyMmVkNGY2YjgwOTYzJmVzaWQ9MmVmNDQ1MzUtMjc5Ni1lYTExLThkY2ItZDAzZjM1NWFmYjMx&K=fUOAwejNgzfFAfueZHOcbw) (PICNet) * Ministry of Health and the [Office of the Public Health Officer](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3ANA%3A%3AaHR0cHM6Ly93d3cyLmdvdi5iYy5jYS9nb3YvY29udGVudC9oZWFsdGgvYWJvdXQtYmMtcy1oZWFsdGgtY2FyZS1zeXN0ZW0vb2ZmaWNlLW9mLXRoZS1wcm92aW5jaWFsLWhlYWx0aC1vZmZpY2VyL2N1cnJlbnQtaGVhbHRoLXRvcGljcy9jb3ZpZC0xOS1ub3ZlbC1jb3JvbmF2aXJ1cz9fY2xkZWU9WVdWemRHVjJaWE5BWkdWdWRHbHpkSEo1TG5WaVl5NWpZUSUzZCUzZCZyZWNpcGllbnRpZD1jb250YWN0LTY4Y2U4MTA4YjRlZGRmMTFiYzk3MDAxNTVkMDI2MjAwLWQ0ZDEwZmY3MDQ3MDQzODViMjMyMmVkNGY2YjgwOTYzJmVzaWQ9MmVmNDQ1MzUtMjc5Ni1lYTExLThkY2ItZDAzZjM1NWFmYjMx&K=s-I6NKOf1WyjBaU6FK9a8g) * [WorkSafeBC](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3ANQ%3A%3AaHR0cHM6Ly93d3cud29ya3NhZmViYy5jb20vZW4vYWJvdXQtdXMvY292aWQtMTktdXBkYXRlcy9jb3ZpZC0xOS1yZXR1cm5pbmctc2FmZS1vcGVyYXRpb24vaGVhbHRoLXByb2Zlc3Npb25hbHM_X2NsZGVlPVlXVnpkR1YyWlhOQVpHVnVkR2x6ZEhKNUxuVmlZeTVqWVElM2QlM2QmcmVjaXBpZW50aWQ9Y29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2MyZlc2lkPTJlZjQ0NTM1LTI3OTYtZWExMS04ZGNiLWQwM2YzNTVhZmIzMQ&K=Wvuw6YM4td2tFgloEzu4AQ) * [BC’s Restart Plan](https://elink.clickdimensions.com/c/6/?T=NjMyNjkxNjc%3AMDItYjIwMTM2LTRmYjI0NWZjOTE4MDQ1Njg4NWE3YTc0YmE3ZDI0OGI3%3AYWVzdGV2ZXNAZGVudGlzdHJ5LnViYy5jYQ%3AY29udGFjdC02OGNlODEwOGI0ZWRkZjExYmM5NzAwMTU1ZDAyNjIwMC1kNGQxMGZmNzA0NzA0Mzg1YjIzMjJlZDRmNmI4MDk2Mw%3AZmFsc2U%3ANg%3A%3AaHR0cHM6Ly93d3cyLmdvdi5iYy5jYS9nb3YvY29udGVudC9zYWZldHkvZW1lcmdlbmN5LXByZXBhcmVkbmVzcy1yZXNwb25zZS1yZWNvdmVyeS9jb3ZpZC0xOS1wcm92aW5jaWFsLXN1cHBvcnQvYmMtcmVzdGFydC1wbGFuP19jbGRlZT1ZV1Z6ZEdWMlpYTkFaR1Z1ZEdsemRISjVMblZpWXk1allRJTNkJTNkJnJlY2lwaWVudGlkPWNvbnRhY3QtNjhjZTgxMDhiNGVkZGYxMWJjOTcwMDE1NWQwMjYyMDAtZDRkMTBmZjcwNDcwNDM4NWIyMzIyZWQ0ZjZiODA5NjMmZXNpZD0yZWY0NDUzNS0yNzk2LWVhMTEtOGRjYi1kMDNmMzU1YWZiMzE&K=FiOEvBuypTuHmGdkJ6avFA)     Please note that the material provided by these agencies is updated regularly as new information becomes available. Some guidance may not be updated to reflect Phase 2 requirements, and registrants should check the sites in the coming days.    **A Careful Restart**  As oral health professionals prepare to provide expanded dental care, it is critical to remember that May 19 is the beginning of a transition. This is intended to be a careful restart in keeping with the requirements of our “new normal.” CDSBC acknowledges and thanks all registrants for making practice accommodations to ensure patients receive safe and timely care during the COVID-19 pandemic. | |  | | Dr. Chris Hacker  Registrar and CEO  College of Dental Surgeons of BC | |
| 4. Worksafe BC Guidance |
| Please see # 3 |
| 5. UBC Guidance |
| Consultation with Paul Nakagawa, Safety Program Advisor at UBC Safety and Risk Services |
| 6. Professional/Industry Associations |
| |  | | --- | | NA | |  | |

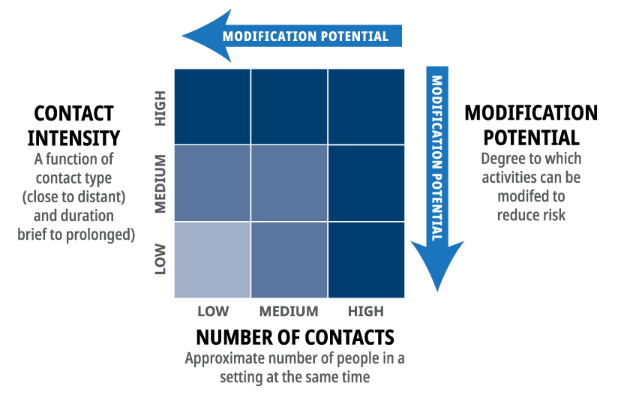
**Section #2 - Risk Assessment**

As an employer, UBC has been working diligently to follow the guidance of federal and provincial authorities in implementing risk mitigation measures to keep the risk of exposure as low as reasonably achievable. This is most evident in the essential service areas that have remained open on campus to support the institution through these unprecedented times. These areas have been very active with respect to identifying and mitigating risks, and further re-evaluating the controls in place using the following risk assessment process.

Prior to opening or increasing staff levels:

Where your organization belongs to a sector that is permitted to open, but specific guidance is lacking as to what activities under that sector are lacking, you can you the following risk assessment approach to determine activity level risk by identifying both your organization’s or activity’s contact intensity and contact number, as defined below:

1. What is the contact intensity in your setting – the type of contact (close/distant) and duration of contact (brief/prolonged)?
2. What is the number of contacts in your setting – the number of people present in the setting at the same time?



One or more steps under the following controls can be taken to further reduce the risk, including:

* Physical distancing measures – measures to reduce the density of people
* Engineering controls – physical barriers (like Plexiglas or stanchions to delineate space) or increased ventilation
* Administrative controls – clear rules and guidelines
* Personal protective equipment – like the use of respiratory protection

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| **7. Contact Density (proposed COVID-19 Operations)**  Describe the type of contact (close/distant) and duration of the contact (brief/prolonged) under normal operations - where to people congregate; what job tasks require close proximity; what surfaces are touched often; what tools, machinery, and equipment do people come into contact during work |
| Patient care: for those providing and/or supervising care, the contact is close and prolonged. Therefore, it requires strict and comprehensive infection prevention and control guidelines: appropriate PPE, disinfection of clinical areas, sterilization processes. In addition, all patients are screened for COVID-19 (Appendix 5). Any patient suspected or positive for the disease will be referred to obtain treatment at an appropriate facility.  Sterilization and clinic areas: The contact here can be considered close and prolonged. Those in these areas have access to appropriate PPE and disinfecting materials.  Reception area: At the reception, the contact is distance and brief. Plexiglass barriers have been installed for each workstation that attends the public. |
| **8. Contact Number (proposed COVID-19 Operations)**  Describe the number of contacts in your proposed COVID-19 operational setting (# of people present in setting at same time) |
| During regular operations, the number of people in the clinics is approximately 460 (including patients, students and faculty from seven educational programs and around 50 staff members). In this plan, only one or two programs attend the clinics in a given day with a decreased number of staff. The range is between 30 and 80 persons depending on the activities taking place. |
| **9. Employee Input/Involvement**  Detail how you have met the MANDATORY requirement to involve frontline workers, Joint Occupational Health and Safety Committees, and Supervisors in identifying risks and protocols as part of this plan |
| For the development of any of the protocols since March 16th, staff participation has been intense with communication via email, weekly zoom meetings and in-person meetings (with social distancing) with Clinic Director. In addition, there have been bi-weekly zoom town hall meetings with the Dean and Leadership Team so information can be provided and there is opportunity to address questions. Also, the Faculty’s JOHSC will review the plan and provide feedback within 30 days of its submission. |
| **10. Risk Level Determination (H/M/L)**  Identify the COVID-19 risk category (High / Medium / Low) pre-mitigations for your operation using the BC COVID-19 Go Forward Management Strategy Risk Matrix |
| The clinics are oral health providing facilities that are regulated and operate at a high level of infection prevention and control. By screening each patient, the risk for COVID-19 would be less than in the community. As health care providers, students, faculty and staff have the training, knowledge and responsibility to assess and decrease risks. Therefore, the clinics fall into low risk. |
| **11. Worker Health**  Detail how all Supervisors have been notified on appropriate Workplace Health measures and support available and how they will communicate these to employees |
| The Clinic Director has been in constant communication with the supervisors during this time and while the plan has been developed. Once the plan is approved, it will be presented and distributed to the supervisors and employees. At each shift, the supervisors go over the safety protocols.  Staff and students will be reminded through the Dean’s Office and Student Affairs communications of Workplace Health measures and supports available to them, such as https://wellbeing.ubc.ca/wellbeing-campaigns-and-initiatives/thrive and https://students.ubc.ca/health. |
| **12. Plan Publication**  Describe how you will publish your plan ONLINE and post in HARD COPY at your workplace for employees and for others that may need to attend site |
| The clinic plan will be published alongside the overall Faculty safety plan. The clinic staff will receive the plan via email. Copies of the plan will be available at specific areas in the clinics so can be reviewed at the start of each shift. |

**Section #3 – Hazard Elimination or Physical Distancing**

Coronavirus is transmitted through contaminated droplets that are spread by coughing or sneezing, or by contact with contaminated hands, surfaces or objects. UBC’s goal is to minimize COVID-19 transmission by following the safety hierarchy of controls in eliminating this risk, as below.



The following general practices shall be applied for all UBC buildings and workspaces:

* Where possible, workers are instructed to work from home.
* Anybody who has travelled internationally, been in contact with a clinically confirmed case of COVID-19 or is experiencing “flu like” symptoms must stay at home.
* All staff are aware that they must maintain a physical distance of at least 2 meters from each other at all times
* Do not touch your eyes/nose/mouth with unwashed hands
* When you sneeze or cough, cover your mouth and nose with a disposable tissue or the crease of your elbow, and then wash your hands
* All staff are aware of proper handwashing and sanitizing procedures for their workspace
* Supervisors and managers must ensure large events/gatherings (> 50 people in a single space) are avoided
* Management must ensure that all workers have access to dedicated onsite supervision at all times.
* All staff wearing non-medical masks are aware of the risks and limitations of the face covering they have chosen to wear or have been provided to protect against the transmission of COVID-19. See [SRS](https://srs.ubc.ca/covid-19/) website for further information.

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| **13. Work from Home/Remote Work**  Detail how/which workers can/will continue to work from home (WFH); this is required where it is feasible |
| Since the operations have been substantially reduced, the staff has been working from home when not rotated into work to support patient care. This process will continue as operations are to increase but not reach the usual level. Those that are not required to be in person due to tasks can remain working from home. |
| **14. Work Schedule Changes/Creation of Work Pods or Crews or Cohorts**  For those required or wanting to resume work at UBC, detail how you are able to rescheduling of workers (e.g. shifted start/end times) in order to limit contact intensity at any given time at UBC; describe how you may group employees semi-permanently to limit exposure to specialized workers, if applicable |
| As per above, the staff rotation is done so the schedule can support operations but also be distributed equally. Please see Appendix 6 - Dental Assistants Sample Schedule. |
| **15. Spatial Analysis: Occupancy limits, floor space, and traffic flows**  Using UBC building keyplans:  1) Identify and list the rooms and maximum occupancy for each workspace/area;  2) Illustrate a 2 metre radius circle around stationary workspaces and common areas; and  3) Illustrate one-way directional traffic flows |
| The overall Faculty plan includes the list of rooms and occupancy limits. The clinics were visited by Paul Nakagawa, Safety Program Advisor at UBC Safety and Risk Services. It was verified that each operatory already offers the required 2 metre separation and each open clinical area (OHC north, OHC south, Reception) has the capacity to have 50 people. Other enclosed rooms will have signage indicating maximum capacity. While in the operatories and areas of sterilization, people will don appropriate PPE.  **Chantal is helping us with this one** |
| **16. Accommodations to maintain 2 metre distance**  Please detail what accommodations/changes you have made to ensure employees can successfully follow the rule of distancing at least 2 metres from another employee while working |
| The decreased schedule allows to maintain 2 metre distance in the Reception Area where there are five workstations and two staff members will be scheduled. In clinical areas, PPE is used to ensure safety. Also, in the waiting area the number of chairs has been reduced and placed 2meters apart with signs indicating which seat is to be used to maintain distance. |
| **17. Transportation**  Detail how you are able to (or not) apply UBC's COVID-19 vehicle usage guidelines to the proposed operational model - if you cannot apply these guidelines, please describe alternative control measures |
| The plan will follow the Faculty’s overall plan. |
| **18. Worker Screening**  Describe how you will screen workers: 1) exhibiting symptoms of the common cold, influenza or gastrointestinal; 2) to ensure self-isolation if returning to Canada from international travel; and 3) to ensure self-isolation if clinical or confirmed COVID-19 case in household or as medically advised |
| As health care providers, those in clinic are aware of the responsibility of self-screening and the need of self-isolation. In addition, those in clinic will follow the Faculty’s overall plan. |
| **19. Prohibited Worker Tracking**  Describe how you will track and communicate with workers who meet categories above for worker screenings |
| Following the Faculty’s overall plan. |

**Section 4 – Engineering Controls**

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| **20. Cleaning and Hygiene**  Detail your cleaning and hygiene plan, including identification for hand-washing stations and the cleaning regimen required to be completed by departmental staff for common areas/surfaces (BOPS Custodial has limitations on cleaning frequency, etc.) |
| In addition to the regular 164 handwashing stations distributed around the clinics, there are stations in the sterilization areas. Hand sanitation station are located in the reception area and main corridor to clinical areas. Clinic Director has met with Jeff Smith regarding re-initialing the regular cleaning protocol and schedule required for a health care facility. |
| **21. Equipment Removal/Sanitation**  Detail your appropriate removal of unnecessary tools/equipment/access to areas and/or adequate sanitation for items that must be shared that may elevate risk of transmission, such as coffee makers, kettles, shared dishes and utensils |
| Following the directions provided by Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan published May 15th (Appendix 2) for the clinical spaces. |
| **22.Partitions or Plexiglass installation**  Describe any inclusion of physical barriers to be used at public-facing or point-of-service areas |
| Plexiglass partitions have been installed at the Reception Area and ordered to be installed at the clinics’ dispensing areas as discussed with Paul Nakagawa. |

**Section 5 – Administrative Controls**

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| **23. Communication Strategy for Employees**  Describe how your unit has or will communicate the risk of exposure to COVID-19 in the workplace to your employee and the safety controls in place to reduce such risk. |
| Communication with employees has been through the on-going messaging from the Clinic Director, the Clinic Director and staff supervisors’ weekly meetings, in-person meetings with social distancing and the town hall with the staff. |
| **24. Training Strategy for Employees**  Detail how you will mandate, track and confirm that all employees successfully complete the **Preventing COVID-19 Infection in the Workplace** online training; further detail how you will confirm employee orientation to your specific safety plan |
| The Clinic Director will collect the certification for the online course from each staff member. The plan will be presented to the staff and reviewed prior to each shift. |
| **25. Signage**  Detail the type of signage you will utilize and how it will be placed (e.g. floor decals denoting one-way walkways and doors) |
| There is signage at the front door and around the clinics advising of COVID-19 symptoms and preventative hygiene measures. Additional signage will follow the Faculty’s overall plan.  **Chantal and Ben helping with this one** |
| **26. Emergency Procedures**  Recognizing limitations on staffing that may affect execution of emergency procedures, detail your strategy to amend your emergency response plan procedures during COVID-19.Recognizing limitations on staffing that may affect execution of emergency procedures, detail your strategy to amend your emergency response plan procedures during COVID-19. Also describe your approach to handling potential COVID-19 incidents |
| The clinics have been operating with the necessary staff, even in case of an emergency. Potential COVID-19 incidents will follow the Faculty’s overall plan and the determination of the Health Authorities**.** |
| **27. Monitoring/Updating COVID-19 Safety Plan**  Describe how you will monitor your workplace and update your plans as needed; detail how employees can raise safety concerns (e.g. via the JOHSC or Supervisor) - plan must remain valid and updated for next 12-18 months |
| The plan will be monitored and updated as necessary through the on-going meetings of the COVID-19 Rapid Response Leadership Team, the Clinic Director and staff supervisors’ weekly meetings, the regular town halls with the staff and students and the daily review of the plan prior to clinic’s session when questions can be brought directly with the Graduate Program Directors. |
| **28. Addressing Risks from Previous Closure**  Describe how you will address the following since the closure: staff changes/turnover; worker roles change; any new necessary training (e.g. new protocols); and training on new equipment |
| There was no closure of the clinics since attending to the patients’ emergent and urgent needs was considered crucial services. Therefore, not applicable. |

**Section #6 – Personal Protective Equipment (PPE)**

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| **29. Personal Protective Equipment**  Describe what appropriate PPE you will utilize and how you will/continue to procure the PPE |
| As a health care facility, the clinics utilize PPE as per the determination of the oral healthcare regulators (Appendix 2). PPE is procured through the current dental suppliers with long-standing relationship with the Faculty. |

**Section #7 - Acknowledgement**

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| **30. Acknowledgement**  Plan must demonstrate approval by Administrative Head of Unit, confirming: 1) the Safety Plan will be shared with staff and how; 2) staff will acknowledged receipt and will comply with the Safety Plan. |
| To be provided |

I acknowledge that this Safety Plan has been shared with staff both through email and will be made available as a shared document. Staff can either provide a signature or email confirmation that they have received, read and understood the contents of the plan.

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| --- | --- |
| **Date** |  |
| **Name** (Manager or Supervisor) | Andrea Esteves |
| **Title** | Associate Dean Clinical Affairs |

**Faculty and Staff Occupying Workspace**

|  |  |  |
| --- | --- | --- |
| Name | Email | Confirmation of Understanding |
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### **Appendix**

*Please attach any maps, pictures, departmental policies or risk assessments applicable UBC Guidance documents, where necessary, and other regulatory requirements referred to in document.*