**PANDEMIC RECOVERY PLAN**

**UNIVERSITY OF THE PACIFIC**

**SAN FRANCISCO CAMPUS**

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**PANDEMIC RECOVERY PLAN**

**INTRODUCTION**

The SARS-CoV-2 pandemic caused major disruption to every segment of society in the United States and in the world. This plan outlines how the University of the Pacific Campus and Arthur A. Dugoni School of Dentistry will resume operations after a period of severely limited onsite activity. The plan outlines activities, tasks and resources for 4 phases of resumption: pre-return, early return, the first quarter of the new academic year: 2020/21, and resumption of normal activities. The intention is to continue to modify the plan as situations arise and change, and to extend the plan to a longer period when it is appropriate to make further projections regarding needs.

The San Francisco Department of Public Health (SFDPH) determines policy on social distancing, stay at home orders, permitted work activities and all aspects of community interaction during the current crisis. The return to normal operations will be incremental and will require flexibility to changing information, possible surges in new infections, and consideration of the health and safety of the entire campus family over expediency and convenience. The SFDPH identifies key indicators that will determine when restrictive measures may be relaxed. These indicators are:

**SFDPH Key Indicators**

1. The trend of the number of new COVID-19 cases and hospitalizations per day.
2. The capacity of hospitals and the health system in the County and region, including acute care beds and Intensive Care Unit beds, to provide care for COVID-19 patients and other patients, including during a surge in COVID-19 cases.
3. The supply of personal protective equipment (PPE) available for hospital staff and other healthcare providers and personnel who need PPE to safely respond to and treat COVID-19 patients.
4. The ability and capacity to quickly and accurately test persons to determine whether they are COVID-19 positive, especially those in vulnerable populations or high-risk settings or occupations.
5. The ability to conduct case investigation and contact tracing for the volume of cases and associated contacts that will continue to occur, isolating confirmed cases and quarantining persons who have had contact with confirmed cases.

From: ORDER OF THE HEALTH OFFICER No. C19-07c. San Francisco Department of Public Health. April 29, 2020

**RESUMPTION PHASES (dates subject to change based on public health orders)**

***Phase 1—pre-return: up until June 1, 2020***

***Phase 2—early return: June 2 – July 2, 2020***

***Phase 3—new academic year July 13 – September 25, 2020***

***Phase 4—return to normal operations***

**ASSUMPTIONS**

For the purposes of planning, certain assumptions are made until further information is available. These assumptions will change over time, resulting in modifications to some of the plan.

Phase 2 (June 1 – July 2, 2020)

1. Building will be at 50% capacity
2. Patient load will be at 25% and increase incrementally
3. Social distancing rules will be in place – 6 feet of personal distance
4. Screening of all entrants
5. Wearing face coverings
6. Online educational content continues through this period
7. Emergency-only patient care continues through May
8. Limited use of aerosol-generating devices (handpieces, ultrasonic scalers, air/water syringes)
9. Enhanced use of PPE (face shield, respirators, etc.)
10. Patient care with students resumes in week 3, with patients prioritized by needs
11. People returning from travel will need to quarantine for 14 days
12. Personnel at risk for complications or high susceptibility to infection will be prioritized to work from home.
13. Extended hours may be necessary for clinics and simulation lab, including some Saturdays
14. Students and employees working in shifts to minimize number of people in the building
15. Increased communication with patients, students, employees.
16. Suspension of all extracurricular events on campus.

Phase 3 (July 3 – September 25, 2020 or until social distancing and other public health orders are lifted)

1. Building capacity will begin to increase incrementally
2. Social distancing will continue
3. Face coverings potentially required
4. Continue screening of all entrants to the building
5. Increased use of aerosol-generating devices
6. Increases in number of patient visits
7. Preparation to pull back if required by health department (in case of a surge in new cases of COVID-19)
8. Extended hours may be necessary for clinics and simulation lab.
9. Increased communication with patients, students and employees continues
10. Suspension of all extracurricular events on campus

Phase 4 (date determined by public health department)

1. Resumption of normal activities
2. Continued additional sessions as needed to compensate for earlier closure and reduced clinic and simulation clinic experiences
3. All individuals return to campus
4. Resumption of extramural events

**ENTRY TO THE BUILDING AND HEALTH SCREENINGS**

**During Phase 1,** allow only employees identified as essential workers to enter the building. Emergency patients are seen by appointment only. Screening of patients and employees takes place as they enter the building. Patients are also screened by telephone the day before their appointment. Anyone who has symptoms of COVID-19 or has had an exposure within the past 14 days may not stay in the building. If they do not have a face covering, they will be given a mask and told to go home. If they are acutely ill, they are referred to their primary healthcare provider. All others must request access using the online visitor form. The crisis team reviews the request and the individual receives a response regarding their request the next business day if submitted before 3 pm. Response on requests submitted after 3 pm will be within two business days. The crisis team informs Public Safety of the approved visit and the assigned time of the visit. Employees and students may not remain in the building to perform work that could be done remotely. The Social Distancing Policy (required by the SF Department of Public Health) in place for the duration of the stay at home orders is located in Appendix 1(add when combining files in pdf).

**During Phase 2,** employee and student entry to the building is restricted and by assignment only. Visitors who are essential to operations or educational program will be allowed by prior appointment. During phase 2, employees and students complete the screening form in the COVID-19 dashboard just prior to leaving home for work. Any person who has positive symptoms will notify their Group Practice Leader, manager, or department chair. Approved visitors are screened upon entry to the building. Patients will continue as emergency-only for the first 2 weeks of Phase 2. Patients will be screened by telephone the day before their appointment, and then again when they present for care. After two weeks, a limited number of patients will be given appointments and will be screened by phone the day before their appointment and again when reporting for treatment. The patient screening form (AxiUm-based) is in Appendix 3. When entering the building, and when moving around any areas of the building (except for a single person in a private office space) all occupants must wear face coverings. Surgical masks or other respiratory protection (e.g.; respirator) must be worn in accordance with the infection control policy when providing patient care. Masks and respirators are for patient care only.

**During Phase 3,** screening of patients, visitors and employees will be performed as recommended or required by public health agencies. Modification of schedules and assignment of students and employees in shifts will continue based on current public health orders.

**During Phase 4** screening of patients for respiratory illness will continue. Students and employees will no longer be screened, but will be instructed to report any illness and stay home for the duration of their illness.

**GENERAL INFECTION PREVENTION GUIDELINES FOR ALL PEOPLE**

There are general hygiene practices that all people should take to protect themselves and other during the COVID-19 outbreak. Transmission of the virus that causes COVID-19 is possible through contact with respiratory droplets when an infected person coughs, sneezes or breathes. There is also a risk of transmission when a person touches contaminated surfaces and then touches the mucous membranes of their eyes, nose or mouth.

**Environmental infection control**

Individuals should take responsibility for their immediate work area by cleaning high touch surfaces (keyboards, telephones, lockers, etc.), and disinfecting as necessary. The members of the janitorial services will continue to clean and disinfect high-touch surfaces throughout the building, such as door handles and surfaces in the classrooms. When traveling between spaces in the building, occupants should avoid touching their faces, adjusting their face coverings, and should frequently perform hand hygiene.

**Stay home when ill**

Individuals must stay home when ill, particularly in the presence of respiratory symptoms and a fever. If diagnosed with, or under investigation for COVID-19, students should notify the Senior Advisor of Student Life, and contact the nurse practitioner in Student Health Services. Employees who are diagnosed with COVID-19 should notify the Assistant Dean for Human Resources and Support Operations, who will facilitate contact with the public health department in their contact tracing efforts.

**Hand hygiene and cough etiquette**

Everyone should observe good hand hygiene and cough etiquette practices. These practices include frequent hand hygiene using an alcohol based hand rub (ABHR) with 60% - 95% alcohol, or handwashing with soap and water. Avoid touching the mucous membranes of your eyes, nose and mouth, and cover your cough or sneeze with a paper tissue which is then immediately discarded into a waste bin.

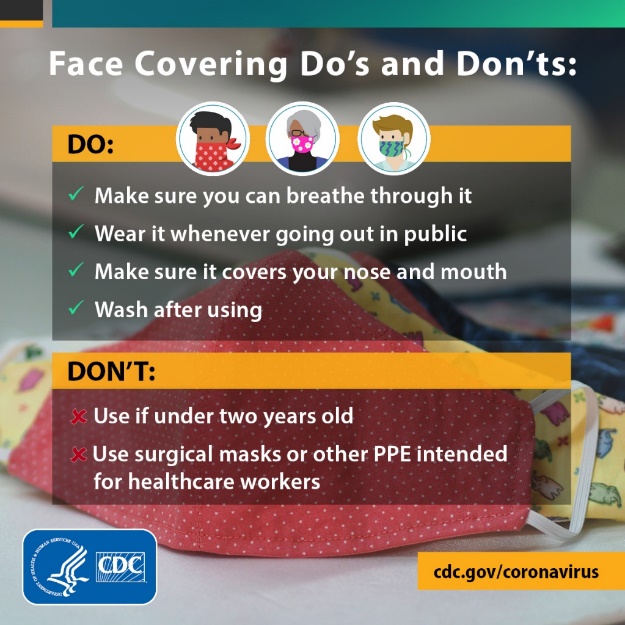
**Face coverings, facemasks, and respirators**

During the COVID-19 outbreak, San Francisco Department of Public Health (SFDPH) requires the wearing of face coverings for the general public at all times when away from home. The Centers for Disease Control and Prevention (CDC) has interim guidelines for the wearing of surgical facemasks and respirators for healthcare workers who provide care to patients, and for face coverings for patients and others in the healthcare facility when they are not providing patient care.

While there is ongoing community transmission of COVID-19**,** everyone entering the building must wear face coverings**.** Face coverings are generally made of cloth, are reusable and are not a part of healthcare personal protective equipment (PPE). They are worn to reduce the risk of the wearer exposing others to potentially infectious respiratory droplet. People should avoid touching the face coverings, and if they touch them to adjust, should wash their hands both before and after touching the face shield. Face shield should be changed if they become soiled or moist, and should be laundered daily.

The use of surgical facemask in combination with other PPE is reserved for the delivery of patient care. Respirators are also reserved for patient care deliver, and are prioritized for procedures that involve aerosol generating devices such as dental handpieces. More specific information on the use of PPE for delivery of healthcare is in the Infection Control Protocol.

Source: Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>



**Testing for COVID-19**

Before returning to work, students, faculty and staff are encouraged to contact their local public health department to obtain PCR (nasal swab) testing for COVID-19. This is available to all individuals returning to work in San Francisco. Individuals may make appointments online at [www.sf.gov/gettestedSF](http://www.sf.gov/gettestedSF)

Individuals who test positive should consult with their primary care provider regarding precautions to take to prevent the spread to household contacts and other and must remain away from the school until they are cleared of the virus. See Return To Work For Individuals With Confirmed Or Suspected Covid-19 policy on page [enter final page number].

Many companies have developed antibody tests for COVID-19, including rapid tests to quickly provide results onsite. Currently, the CDC does not recommend the use of these tests as the sole means for diagnosing infection with COVID-19. According to the CDC, “Antibody test results should not be used as the sole basis to diagnose someone with an active SARS-CoV-2 infection. It typically takes 1 to 3 weeks after someone becomes infected with SARS-CoV-2 for their body to make antibodies; some people may take longer to develop antibodies. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with an active infection.” Additionally, it is uncertain whether detection of antibodies indicates immunity. Individuals testing positive for antibodies should not assume they are protected, and should continue to take the same precautions recommended for everyone.

As of May 5, 2020 (the writing of this section of the plan), numerous other methods of testing are in development. The crisis team will continue to evaluate tests that may be appropriate for use as a screening tool for patients, students and employees. Individuals who would like to be tested should contact their primary healthcare provider or in the case of students, Student Health Services.

Source: Serology testing for COVID-19. Available at <https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html>

**CRITICAL OPERATIONS**

The table below identifies the operations that are critical to the two primary charges of the School of Dentistry; educating competent dentists and providing patient-centered oral health care. The person with primary responsibility for each of these operational areas develops a plan specific to each Phase of recovery. This is done in consultation with other departments, employees in their areas, and using the agreed-upon assumptions found in the introduction to this plan. The following sections address each of these areas through the first 3 phases, and is subject to modification as more information becomes available or timelines change based on public health orders.

**Critical Operation Primary responsibility**

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| --- | --- |
| **Academics** | Cindy Lyon |
| **Administration** | Nader Nadershahi |
| **Admissions/Student Life** | Stan Constantine |
| **Campus Administration** | Kara Bell |
| **Clinics** | Des Gallagher |
| **Communications** | Dan Soine |
| **Facilities (building operations)** | Neil Kingston/Drew Malimban |
| **Financial operations** | Ed Pegueros/Sean Metter |
| **Human Resources** | Kara Bell |
| **Information Technology** | Raybel Ramos |
| **Public Safety** | John Feeney/Emilio Fastidio |
| **Research** | David Ojcius |