**COVID-19 Child Plan/Workspace Safety Plan Stage 2 Amendment for:**

 **<Lab PI or Shared Facility Lead, Lab Name, Brimacombe Room number(s), other >**

UBC is starting Phase/Stage 2 of the COVID-19 response. Timing of the restart and requirements may vary by Faculty. This form is intended to amend the original workspace plan submitted as part of the Phase 1 return to research. The amendment will be reviewed by members of the Local Safety Team and/or by others appointed by the Director of AMPEL. It will be signed off by the relevant department head.

**Resources to Consult**

The following guidance documents and resources were used in the development of this plan:

|  |  |
| --- | --- |
| [ ]  [Preventing Exposure](https://srs.ubc.ca/covid-19/health-safety-covid-19/prevention/) | [ ]  [Communications Resources](https://srs.ubc.ca/covid-19/communications-resources/) |
| [ ]  [Personal Protective Equipment](https://srs.ubc.ca/covid-19/health-safety-covid-19/working-safely/personal-protective-equipment/)  |  |
| [ ]  [Physical Distancing Guidelines](https://riskmanagement.sites.olt.ubc.ca/files/2020/04/COVID-19-Physical-Distancing-Guidance-FINAL-.pdf) | [ ]  [WorksafeBC](https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation) |
| [ ]  [Reporting COVID-19 Exposure](https://srs.ubc.ca/covid-19/health-safety-covid-19/reporting-covid-19-exposure/) |  |

Along with the Brimacombe Safety Plan/Intermediate plan (updated for Stage 2), as well as the Faculty of Science and Applied Science Safety Plans (Parent plan in the case of Applied Science).

During Stage 2, the overall laboratory occupancy should be the lower of either 2/3rds of normal occupancy, or the maximum number of people allowable given physical distancing requirements and access considerations. Weekend (7AM-6PM) access may now be requested. Faculty office use may be allowed in a limited number of cases.

In this document, workspace plan refers to the Return to Research document or Workspace Safety Plan that was filled out an approved as part of phase I. Stage II refers to the next phase (Stage 2 follows Phase 1).

1. **Occupancy**

*Normally occupancy will stay the same as it was in Phase 1, unless modifications are requested. If changes are requested, please indicate the new occupancy levels and provide a map depicting the individual workstations. Include a 2 m diameter circle for scaling. Also provide arrows indicating directions of circulation, if appropriate.*

(No response required. Leave blank unless changes are requested.)

**2. Updated Access List for Laboratory Space:**

*How many researchers and others normally have access to the laboratory space?*

*How many do you plan to have return at this time? Only those for whom access is important for completing their work should be admitted.*

*Please provide a list of all those who you wish to have access to laboratory space in Stage II.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Status** | **Phone Number** | **Rooms** | **Email** | **Already approved?** | **Trained for lab work?** | **Week-end access?** |
|  | Masters/PhD/Undergrad/PostDoc/Faculty/Research Associate/Other | 778 878 XXXX | 143A, 141 | ABC@ubc.ca | Yes/No | Yes/No | Yes/No |
|  | Undergrad | 604 300 VVVV |  | A@phas.ubc.ca | No | Y/N |  |

**3. Working within 2 m:**

*Working in close proximity should be avoided where possible. Double protection is required (face mask plus face shield) for people working within 2 m. Nitrile gloves and a lab coat are recommended.*

*Are there situations (training, special procedures etc.) where two or more people will need to work in close proximity?*

YES or NO

*Please describe the situations, including frequency, duration, and any hazards associated with them. How will the hazards and COVID-19 risks will be mitigated? If already covered in the workplan, simply mention this and refer to the section/page.*

**4. Weekend and After-Hours Access:**

*Access is now possible on weekends from 7 AM to 6 PM. During the weekends occupants should not make use of building common areas, except washrooms. Only the washroom nearest to the lab should be used. Do you plan to have researchers access the lab over the weekend (Saturday/ Sunday 7 AM to 6 PM) or after hours?*

YES/NO

*After Hours: Normally access between 6 PM and 7 AM is not permitted. If such access is needed, please justify it. For after-hours work, researchers must not impede building cleaning, and should post signage if working during cleaning times.*

*Describe how will occupancy limits and records of those who were present in the lab will be maintained. You may refer to the pages and sections of the Phase I workspace plan if there are no changes.*

**5. Supervision and Working Alone**

*Please outline any working alone, supervision and other safety procedures. If the procedures have not changed since Phase I, please refer to the relevant section(s)/pages in the workspace plan.*

**6. Faculty Offices**

*The Faculty level stage II plan limits the number of faculty returning to 25%. All returning faculty must complete the mandatory safety training. If you are requesting the use of faculty offices, please outline the rationale. Due to the limited access allowed at this time, we may not be able to approve all requests.*

**7. Staff and Researcher Office Space**

*Researchers and office staff who can work from home are expected to continue to work from home. Please contact the AMPEL Director if you have a need to use office space in Brimacombe.*

**8. High Risk**

*Activities are considered high risk for COVID-19 if they meet any three risk considerations below. Please note, the risk assessment is done before the risk mitigations are in place.*

*o Risk #1 – public facing units (interactions with 10+ people who are not your regular colleagues)*

*o Risk #2 – Prolonged close interaction with others (not in the usual cohort of colleagues); if contact lasts for more than 15 minutes*

*o Risk #3 – The workplace or activity is indoors and windows cannot be opened (e.g., some classroom and meeting spaces)*

*o Risk #4 – Employees/students/visitors have frequent contact with high-touch surfaces*

*o Risk #5 – The activity involves people who are at higher risk of severe illness (i.e., older adults or those with chronic health conditions)*

*o Risk #6 – The activity involves people who are not able to follow hygiene practices such as washing hands frequently, and identifying when they are feeling ill and staying home (e.g., Childcare Facilities, summer day camps)*

*Do 3 or more of these situations potentially apply to any of your activities and spaces within Brimacombe?*

YES/MAYBE/NO

*If maybe or yes, please discuss these with the AMPEL Director and the Local Safety Committee. If certain risks cannot be eliminated then an alternate review path will be needed.*

**Signatures**

I/We agree to abide by the procedures described in the approved phase I workspace plan, as amended by this document. I/We will ensure that all researchers and staff who have access to the spaces covered in this document are aware that they also need to abide by these procedures, and that they complete safety training, including COVID-19 training, before returning to work. They have been made aware of physical distancing requirements, procedures for working in close proximity (where relevant), scheduling, working alone procedures and other safety considerations. I/We will arrange to keep track of and maintain records of occupancy during the period of COVID-19 restrictions. I/We will arrange for records of completed training and of the procedures (workspace plan and this amendment) to be accessible from the workspaces. All users of my space will complete the Brimacombe user access agreement (copy below). Occupancy limits will also be posted in each space.

Principal Investigator (Director or Manager in case of shared facilities)

Name: Signature:

Date:

Additional PI/Manager (copy as needed)

Name: Signature:

Date:

**Approvals**

Director of AMPEL or Designate

Name: Signature:

Date:

Department Head or Designate

Name: Signature:

Date:

**Brimacombe Access Agreement/Return to Campus Activity Commitment Form**Building requirements for conduct related specifically to COVID-19 safety have been developed for the Brimacombe building in general and workspace in particular. The building guidelines have been co-developed by the LST. **All students, staff and faculty** who are permitted to resume activities in the Brimacombe building are required to complete the following requirements. The signed form is to be stored such that it can be readily accessed from the spaces for which this plan is developed.

|  |  |
| --- | --- |
| **Requirement** | **Check when****complete** |
| Review the building safety plan |  |
| Review the workspace safety plan including this amendment |  |
| Complete the SRS online COVID-19 safety course and sent the certificate to the lab supervisoror the manager of the space.  |  |
| *[List any other specific training you require]* |  |

By your signature you agree that you:

* Will check-in and check-out (FOB and QR code access) of the Brimacombe building
* Will protect yourself and others against getting COVID-19 (stay home if ill; avoid touching your face; wash hands frequently; physical distancing > 2 m)
* Will not enter the building unless authorized by the schedule set up by your group/ supervisor
* Know the guidelines for entry/exit to/from the building and getting around it
* Understand access rules for washrooms and the photocopy room
* Understand the eating and common area guidelines
* Will clean and disinfect commonly touched surfaces and shared equipment/tools, and complete the sanitization checklist, following the procedures of your workspace plan
* Know who to contact for safety and interpersonal concerns/problems
* Will abide by the working alone policy for your lab
* Know and follow the building evacuation procedures in case of emergency
* Know what to do if someone shows signs of respiratory illness
* Understand that not following the procedures can put yourself and others at risk, and may result in loss of building and campus access

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Dept. \_\_\_\_\_\_\_\_\_\_\_\_ Your main room no. \_\_\_\_\_\_\_

Your role (faculty, staff, grad student, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please keep a copy of this page in your lab, or readily accessible from it.