The University of Regina with partner institutions, and in consultation with public health and Saskatchewan’s Chief Medical Health Officer, is consistently working to safeguard students, faculty, and staff during the COVID-19 pandemic. On April 22, 2020 the Government of Saskatchewan introduced the province to the phased Re-Open Saskatchewan Plan. This plan is built on a methodical and phased-in approach to slowly and responsibly lift restrictions on businesses and services. These activities will be thoroughly assessed under the guidance of the Saskatchewan Health Authority and other governing bodies.

It is important that we continue to promote working remotely where possible, practice physical distancing and provide safe working conditions. While on campus, safe work practices will be strongly recommended including wearing a mask, consistent hand washing, increased cleaning and disinfecting protocols, physical distancing (minimum 2 metres), participation in U of R educational platforms pertaining to COVID-19, self-screening, and self-isolation, if signs of illness occur.

The following information is intended for academic, administrative, and supporting business units to identify risk and implement controls to minimize the potential exposure to COVID-19 while resuming normal campus function. This risk assessment should be completed by the Dean/Manager/Director prior to returning to campus and emailed to health.safety@uregina.ca.

What is a Risk Assessment?

A risk assessment is a careful examination of what, in any setting, could cause harm to people, so you can determine whether you have taken enough precautions or should do more to prevent harm. A risk assessment is foundational element of the health and safety management system.

Every faculty/unit is required to have a process in place to identify, assess and control the hazard(s).

☐ Consider your workspace(s), workflow, customer access, and work priorities to determine if there is adequate spacing to maintain physical distancing continuously throughout the workday. If not, determine what changes need to be made. You may need to identify which jobs can be continue to be completed from home, and which roles are an operational necessity in the office.

☐ Assess other areas within your office, such as conference rooms, break rooms, kitchens, etc. Document and communicate what the common area procedures are upon returning to the workspace.

☐ The University of Regina has secured a Saskatchewan Health Authority approved disinfectant. Custodial teams have employed approved methods for cleaning and disinfecting, but your team will be required to regularly disinfect high-touch contact areas and shared equipment (doors, desks, phones, tables, shared printers etc.).

☐ If an employee voluntarily self-identifies as being high-risk for COVID-19, contact the Healthy Workplace Advisor by calling (306) 337-3269 or by email at hwa@uregina.ca regarding possible employee accommodations. If an employee voluntarily discloses, this information is to be kept confidential.
☐ Ensure all employees have completed the university online Returning to Campus During Covid-19 e-training module on the Health, Safety, and Wellness website, available here https://www.uregina.ca/hr/hsw/COVID-19-Resources/index.html

☐ Employees who anticipate working on campus are reminded to self-monitor for any of the following new or worsening (of any severity) symptoms before arriving on campus. Employees with any of the symptoms below are instructed to stay at home and contact Saskatchewan Health Line at 811 for further assistance.

- fever
- headache
- sore throat
- runny nose
- conjunctivitis
- fatigue
- diarrhea
- altered sense of taste or smell
- difficulty breathing
- cough
- muscle and/or joint aches and pain
- chills
- nasal congestion
- dizziness
- nausea/vomiting
- loss of appetite (difficulty feeding for children)
- shortness of breath

Other Key Considerations:

☐ Contact Health, Safety and Wellness if an employee is concerned about workplace health and safety or refuses to work.

☐ Evaluate your risks to ensure policies, practices, and procedures are appropriate to achieve the desired outcome.

☐ Ensure your Academic/Business Continuity Plan is updated.
Please complete the following risk assessment and submit to [health.safety@uregina.ca](mailto:health.safety@uregina.ca)

Health, Safety & Wellness will review and submit recommendation to AVP/VP for final approval

1. Describe what areas of your unit/ faculty’s operation are deemed critical and need to be restored, and **DATE THIS IS TO BE IN EFFECT**

2. How many employees work within your faculty/department or business unit? Will all employees be on campus at one time? Will a schedule be created to rotate employees that will be on campus?

3. On average, how many clients (e.g., students, faculty, and staff) visit your faculty/department or business unit on a daily basis?

4. What other units/services do you need to support the operation(s) of your unit/faculty on campus?

5. Does your faculty/department or business unit have common areas that staff visit frequently? (e.g. Meeting rooms, kitchens, file rooms, photocopiers). If yes, describe how you will limit use or enhance cleaning in these areas.

6. How will your faculty/department or business unit enhance environmental cleaning, paying particular attention to high-touch surfaces and objects? (e.g. phones, elevator buttons, computer desks, lunch tables, kitchens, cash registers, photocopiers, customer service counters)
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
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<tr>
<td>7. How will you limit the number of visitors (e.g., clients, walk-ins,</td>
<td>How will you limit the number of visitors (e.g., clients, walk-ins, students) to your faculty/department/or business unit?</td>
</tr>
<tr>
<td>students) to your faculty/department/or business unit?</td>
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<tr>
<td>8. Are there any design considerations or reconfigurations that your</td>
<td>Are there any design considerations or reconfigurations that your faculty/department/unit will need to make prior to returning to the workspace? Please explain.</td>
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<tr>
<td>faculty/department/unit will need to make prior to returning to the</td>
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<td>workspace? Please explain.</td>
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<tr>
<td>9. Will employees be able to maintain a physical distance of 2 metres</td>
<td>Will employees be able to maintain a physical distance of 2 metres between coworkers or clients at all times? In not, what barriers or personal protective equipment will be required in order to do so?</td>
</tr>
<tr>
<td>between coworkers or clients at all times? In not, what barriers or</td>
<td></td>
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<tr>
<td>personal protective equipment will be required in order to do so?</td>
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<tr>
<td>10. How will you limit physical contact and minimize interpersonal</td>
<td>How will you limit physical contact and minimize interpersonal interactions?</td>
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<td>interactions?</td>
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<td>11. Will employees/clients be participating in activities that could</td>
<td>Will employees/clients be participating in activities that could promote transmission? Activities include singing, cheering, sports activities, close physical contact, touching common objects (e.g., hand rails, tools, utensils). If yes, what measures will you implement in limiting transmission of the COVID virus?</td>
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<tr>
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<td>in limiting transmission of the COVID virus?</td>
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<tr>
<td>12. Are employees required to travel to other locations or worksites</td>
<td>Are employees required to travel to other locations or worksites off-campus? If yes, describe how they will travel (e.g., alone, with a coworker) and what health measures made need to be implemented.</td>
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<tr>
<td>off-campus? If yes, describe how they will travel (e.g., alone, with a</td>
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</table>
Should the above circumstances change and/or new hazards/risks be identified, this risk assessment will be required to be reviewed and/or updated.

Please ensure this plan is shared with your working group. Thank you.

Name: ___________________________ Signature: ___________________________
[please print] Dean/Manager/Director

Email: ___________________________ Date: ___________________________

Reviewed by ___________________________ Signature: ___________________________
Health, Safety & Wellness [print name] HSW Member

Date: ___________________________

APPROVED BY: ___________________________

Signature AVP/VP Date: ___________________________