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/

Department / Faculty
Cedar Project
Facility Location
School of Population and Public Health, UBC
BC Children’s Hospital Research Institute

Proposed Re-opening Date
April 6, 2020

Workspace Location
Vancouver Cedar Project
378 Powell St. Vancouver, BC V6A 1G4

Prince George Cedar Project
101-1112 6th Ave. Prince George, BC
V2L 3M6

Introduction to Your Operation

1. Scope and Rationale for Opening

The Cedar Project cohort study offers culturally safe supports – including harm reduction and facilitated linkage to life-saving health/social services – to young Indigenous people who use drugs and are extremely vulnerable during the COVID-19 pandemic. The Cedar Partnership have directed us to remain operational.

Cedar work is guided by the Truth and Reconciliation Commission (TRC) Calls to Action, the Tri-Council Policy Statement (TCPS), and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The TRC directs us to meaningfully address the health and wellness needs of Indigenous people living away from home in urban centres (Call to Action #20) and to practice reconciliation through establishing and maintaining respectful relationships (Call to Action #21). The TCPS reminds us to go beyond the scope of ethical protections for Indigenous research participants in circumstances where they may be more vulnerable and need special protections to ensure their safety (Article 9.6).

Complete shutting the doors of the Cedar Project during COVID-19 will exacerbate colonial harms and inequities.
Section #1 – Regulatory Context

2. Federal Guidance

Coronavirus disease (COVID-19): Awareness resources

3. Provincial and Sector-Specific Guidance

- BC Centre for Disease Control
- BC COVID-19 Go-Forward Management Strategy

4. Worksafe BC Guidance

- Guide to reducing the risk of COVID-19
- COVID-19 Safety Plan
- COVID-19 Forms and Resources

5. UBC Guidance

- SRS COVID-19 Resources
- FoM plan/guidance document

6. Professional/Industry Associations

- VCH Infection Prevention and Control
- Government of Canada Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic
- See attached VCH SOP document in appendix A

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 as to activities under that sector are lacking, you can use 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 pre-mitigation – 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? As a result of the mass gatherings order, over 50 will fall into the high risk.

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

7. Contact Density (proposed COVID-19 Operations)
Describe the type of contact (close/distant) and duration of the contact (brief/prolonged) under COVID operations - where do people congregate; what job tasks require close proximity; what surfaces are touched often; what tools, machinery, and equipment do people come into contact with during work

Now that we are in phase 3 of British Columbia’s COVID-19 Strategy outlined by PMO, Dr. Bonnie Henry, study staff will work during the COVID-19 pandemic, and have committed to focusing on supporting participants either through outreach, in office, or telephone in the following ways:

- Ensure access to opiate agonist treatment (as illicit opiates are now scarce)\(^1\) and safe housing;
- Ensure those on HCV and/or HIV treatment remain connected to care; and
- Provide education/referrals for COVID-19 symptoms and care.
- We have always distributed party packs (safe injection materials). Crack pipes are essential in preventing COVID-19. Currently, on order is inhalation/smoking equipment. Each study site is in the process of putting together party packs for participants.
- Cedar Project has never been a high traffic office for students and staff. The maximum number of staff/students permitted in each office is no more than 8. This is approximately 100% of the normal occupancy, as social distance measures can be maintained.
• Cedar Project research: when completing an interview with a participant, there will be one staff seated with one participant at a time. Each research office can accommodate 3 participants at a time while ensuring social distancing measures are in place.
• Each office will monitor and allow who enters each work site.
• Staff are usually in their individual office or in the common area where social distance measures are outlined.
• Light switches, computer keyboards, tablets, telephone, photo copier are high touch areas. Staff in each study site are responsible for cleaning high touch areas during the work day.

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)

• As mentioned, no scheduling of staff/students will be over the limit of 8.
• If a full staff meeting is needed between all three offices, we will ensure that there are no more than 8 people at each site.
• Staff are to ensure that all measures are taken to be at least 2 metres from one another. There are marked areas on the floor that allow everyone to see the 2 metre distance.
• In common areas, staff are advised to be situated closest to the wall away from the area used for traffic to and from for people to get from one end of the office to another.

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

• Staff will:
  - Review the safety plan, provide feedback and ask questions.
  - Be given instructions on when and where PPE is required.
  - How to properly put on PPE e.g.: donning and doffing of masks and gloves
  - Be actively involved in developing interview sites for participant interviews ensuring social distance measures are adhered to.
  - Review the proper PPE required when social distancing measures cannot be maintained during an interview e.g.: blood work.
• Dr. Patricia Spittal and Vicky Thomas have worked with the UBC OHS committee and BCNU OHS to receive guidance.

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

Maintaining the two metre rule in the facility: Low.
  - Staff must agree to maintain the two metre rule with participants as much as possible. This is for participant and staff health and safety.
- In order for a participant to enter the Cedar office, the participant must agree to maintain the two metre rule. Participants are made aware that this is for their own health and safety.
- If two metres apart is not attainable, for example Cedar staff doing a blood draw on a participant, then the following must occur:
  Participant agrees to wear a surgical mask
  Staff will wear a surgical mask, gloves and faceshield.
- If either staff or participant are in the office and this safe distance is broken, staff will ask the other person to leave the premises. If the individual refuses to leave, staff will let the individual know that the local police will be called to remove them from the premises.

Outreach. Risk Level: Low.
- All staff are required to wear PPE when completing outreach, including having an extra change of clothing to change into after the outreach is complete.
- The PPE used includes: surgical masks, gloves, protective eyewear.
- When giving a party pack, ensure a distance of at least an arm’s length if 2 metres is not possible.

Participant in the vehicle: Low.
- Participant and staff must use hand sanitizer before entering the vehicle. Surgical masks are mandatory for individuals in the vehicle.
- Afterwards the vehicle interior and outdoor handles need to wiped down with approved medical cleaner (ie: Accel Prevention Wipes) or bleach/water.

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

Supervisors are connected to UBC OHS Safety Committee, BCNU OHS, BCCHR Town Hall’s, VCH guidelines for support to receive information.
This information will be updated in the safety plan and shared with the staff. This will also be reviewed at our weekly staff meetings.

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 Cedar COVID-19 Safety plan will be emailed to all staff. Each work site is required to post the safety plan in a common area that is accessible by all staff.

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 metres 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 website for further information. PHSA Guidelines on Mask Usage.

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.
1. Staff have a CHOICE to come to work. This is voluntary. If you DO NOT feel safe, then you NEED to stay home.
2. This plan adheres to the safety guidelines set out by the Provincial MHO. Changes will occur when the PMHO provides new guidelines.
3. See appendix A for VCH’s SOP for reducing risk in the community

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

- Staffing hours are site dependant

**Study staff have voluntarily agreed to work during the COVID-19 pandemic with limited hours, and** have committed to focusing on supporting participants’ either through outreach, in office, or telephone in the following ways:

- Ensure access to opiate agonist treatment (as illicit opiates are now scarce) and safe housing;
- Ensure those on HCV and/or HIV treatment remain connected to care; and
- Provide education/referrals for COVID-19 symptoms and care.
- We have always distributed party packs (safe injection materials). Crack pipes are essential in preventing COVID-19. Currently, on order is inhalation/smoking equipment. Each study site is in the process of putting together party packs for participants.

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<tr>
<td>Matt Quenneville, RN</td>
<td>Sharon Springer, RN</td>
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<tr>
<td>Rachel Bergen</td>
<td>Vicky Thomas</td>
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<tr>
<td>Wesley Chu</td>
<td>Amanda Kupp</td>
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<tr>
<td>April Mazzuca</td>
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<td>Dr. Patricia Spittal</td>
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- Safety plans have been operationalized in both Cedar study sites to protect the health of staff and participants

15. Spatial Analysis: Occupancy limits, floor space, and traffic flows
Using UBC building key plans:

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a. Participant drop in area: max. 3 people</td>
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<tr>
<td>b. Common staff area: max. 4 people</td>
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<tr>
<td>c. Staff offices: max. 2 people each</td>
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<tr>
<td>d. Bathroom: 1 person</td>
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</tbody>
</table>
e. Back Room: 1 person  
f. Storage area: 2 people  

Prince George Cedar Project:  
a. Drop in: max. 4 people  
b. Staff offices: max. 2 people  
c. Bathroom: 1 person  
d. Storage room: 2 people  
e. Back area: 4 people

2) Illustrate a 2 metre radius circle around stationary workspaces and common areas; and  
See Appendix for pictures of office

3. Illustrate one-way directional traffic flows  
As our hallways are not 2 metres wide, staff will have to wait until the hallway is clear in order to go up and down the hallway.  
As our entry door does not have two doors, staff and participants will need to enter one at a time. If staff is opening the door for a participant to enter, staff must be wearing a surgical mask.  
See appendix for pictures of offices

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

Drop in:  
This can only occur if the following criteria is met:  
- The front area of the drop-in marked off. Participants are aware that they limited to the space outlined. In the Vancouver office, there a plastic sheet acting as a barrier between participants and staff.  
- Two metre distance is marked off on the floor of the office, so staff and participants have a visual cue as to the safe distance they need to maintain.  
- Screening included into script (add script to appendix)

Office without participants:  
Limited to maximum people in any one location as described in Section 15 of this safety plan.  
- If staff is going to be within two metres of each other, wearing PPE is mandatory. Ie: need to pass by each other in the hallway, to get to the bathroom, photocopy area... directional hallways, waiting for clear areas will negate the need for PPE.

Cedar Project: HCV Blanket Program Post treatment follow up:  
Participants will have the ability to complete their monthly interviews either:  
- In the office  
- Over the phone

Baseline Interview:  
As Cedar Project restarts, participants will be given the opportunity to stay involved with Cedar. Interviews can occur:  
- At the office  
- Mutually agreed upon safe space (e.g.: park)

While an interview is being conducted with a participant, each office has measured out appropriate safe social distances. If social distance cannot be maintained then proper PPE will be provided by the Cedar Project for both staff and participants to use.
There is only one entry/exit for each office. One person at a time going through. Our hallways cannot accommodate 2 people at a time. One person in the hallway at a time, the other person can wait until it’s clear.

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.

Cedar Project has their own specific van that only Cedar Project staff have access to. This limits the amount of people using the staff vehicle.

Driving:
- Staff are required to wear PPE in the vehicle.
- There may be opportunities where staff have the opportunity to do a home visit with two participants who live together. Staff travelling together will be required to wear PPE in the vehicle.
- If transporting a participant to an appointment, participant will also wear the appropriate PPE.
- The middle seat will be folded down in the van, so it will not be used. The back seat can be used.

Cleaning high surface areas:
- After each use of the Cedar Project vehicle the high touch areas inside and outside the vehicle will be wiped down with approved medical wipes or bleach/water combination. e.g.: door handles, steering wheels, locks, etc...

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.

1. Staff will be given the list of symptoms of COVID-19. Staff will asked to self-monitor and if they display any 3 symptoms of COVID-19 such as: common cold, flu or gastrointestinal, fever, cough, new or worsening cough, shortness of breath, new muscle aches, headache and sore throat they will be required to stay home sick and call their family doctor or Health-link to see if they need to get a COVID test. Staff can return to work when cleared medically.
- Staff will be required to self-isolate at home if they return from international travel for 14 days. Directly below are links to signage that is required to be posted at the entry doors to each study office:
  - Worksafe: Entry Check for Workers
  - Worksafe: Entry Check for Visitors

19. Prohibited Worker Tracking
Describe how you will track and communicate with workers who meet categories above for worker screenings.

See Appendix for attached form that the Staff Supervisor will maintain for any staff. Staff will be allowed to return to work if the following conditions occur:
- 14 days of self isolation complete when staff return from international travel
- Symptoms: staff are medically cleared to return to work
Section 4 – Engineering Controls

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.)

Cedar Project staff have always cleaned the study office. High touch surface areas will be cleaned consistently throughout the day by Cedar Project staff. After a participant has left the Cedar Project staff are required to clean the area that the participant was in. This includes: table, chair, bathroom, pen, door handles.

Cleaning Supplies Required:
- Accel Prevention wipes or other approved medical cleaning wipes
- Bleach and water
- Soap and water

Vancouver Cedar Project: hand washing station is located in the bathroom and common area.
Prince George Cedar Project: hand washing stations are located: bathroom, nurses office and back area.

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

- We no longer use the coffee maker in the office.
- Each staff office is equipped with their own computer and phone.
- We have always used paper plates and disposable cutlery in the office.

Common equipment used:
Photocopier, tablets, water cooler, cell phone.
The above mentioned items will be part of the daily high contact surfaces that will be wiped down regularly throughout the day with medically approved wipes or bleach/water combination.

22. Partitions or Plexiglass installation
Describe any inclusion of physical barriers to be used at public-facing or point-of-service areas

In the Vancouver office, there a clear plastic sheet acting as a barrier between participants and staff.
Our office has secured enough PPE to ensure the safety of all staff and participants.
Our offices doors are locked – this ensures that staff control how many people can enter the space at a given time. Staff have the opportunity to talk with participants outside, and share the safety measures in place in order for a participant to enter the office. As the interviews are 6 feet apart a barrier is not required. During the blood draw, having a partition will impede staff’s ability to draw the blood from participants, hence PPE requirements for drawing blood.

Section 5 – Administrative Controls

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.

- Staff will be emailed a copy of the safety plan.
- It will be reviewed upon entry to the work site. Once reviewed the staff will record in the training binder that they received training for the Cedar Project: COVID Safety Plan. Any time
the plan is updated, it will be reviewed and signed in the training binder, along with the bottom of this document.
- A copy of the safety plan will be posted in the office.
- The safety plan will become a standing agenda item during the weekly staff meetings. Any issues or concerns will be documented in the staff meeting minutes. Any changes to the safety plan will be updated and recorded in the staff meeting minutes and in the safety plan.

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

Staff will be given an electronic copy of the safety plan via email. The safety plan will be reviewed with the staff at the staff meetings. The COVID safety plan will be a standing order on the weekly staff meetings. If there are any changes that need to occur, the plan will be updated and shared at the staff meeting. Cedar Project has a training binder for all things related to Cedar Project. Staff will add COVID safety plan to the training checklist and sign that they received the training.

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)

Each office can accommodate 8 people at max. occupancy ensuring social distancing measures are in place. Signs placed on the door.

Hallways:
Hallways in both offices are not wide enough to have two people in them. Staff will need wait until the hallway is clear before going through.

Offices:
Some offices can accommodate one person, and some offices can accommodate two people. Each office will have a sign stating max. occupancy.

Drop In areas:
The Vancouver office has two open areas.
- Front drop in space can accommodate 3 people safely (e.g.: 2 staff and 1 participant with social distancing measures)
- Staff area can accommodate 4 people safely.
The Prince George office has two open areas.
- Front drop in space can accommodate 4 people safely
- Staff area can accommodate 4 people safely

In the appendix are signs that are made.
Signs are in the appendix.

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. Also describe your approach to handling potential COVID-19 incidents

If there is a staff member who identifies of being COVID positive:
- The work site will close the office
- All staff will be required to self isolate for 14 days. They can return to work after the required self isolation.
- We will highly encourage staff to get a COVID test.
- If a staff’s COVID test returns positive, they will be required to follow the medical plan as outlined by Public health.

This plan will be in place unless the PMHO makes changes. If that occurs this safety plan will be updated to reflect the changes.

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 Cedar Project COVID Safety Plan will be a standing agenda item for our weekly staff meeting calls. If there are any concerns staff can bring them up and we can work through them as a team. If there are changes that need to be made it will be brought to the UBC Joint Safety Committee. If there are changes that come down from the Provincial Medical Health Officer (PMHO), then the changes will be implemented at Cedar.

The safety plan will stay into effect until the PMHO states that we are no longer in a state of emergency and we are given permission from UBC Joint Safety Committee to resume normal activities.

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

All staff will review the safety plan when they return to work. Staff will receive training on this information via:
- Email copy
- Review with a staff meeting
- Posted plan in the work place
- Included in the safety plan are instructions of donning and doffing of PPE. This is part of the safety package all staff receive.

If new staff are hired the following will be shared with them on their first day of the work at the work place.

Section #6 – Personal Protective Equipment (PPE)

29. Personal Protective Equipment
Describe what appropriate PPE you will utilize and how you will/continue to procure the PPE

The following PPE will be provided by the Cedar Project and is being used:

Office:
- Surgical mask
- Gloves
  When nurses are drawing blood:
  - Face shield and/or googles
  - Surgical mask
  - Gloves

Outreach:
- Surgical mask
- Gloves
- Protective eyewear
Driving:
- Surgical mask
- Gloves

Cedar Project does not do any aerosol generating procedures, hence there is no requirement for staff to wear N95 masks. Cedar Project has been able to procure a small supply of N95 and if staff feel more comfortable wearing an N95 they are welcome to.

Section #7 - Acknowledgement

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.

1. Staff will review the safety plan at the weekly staff meeting.
2. After staff receive the Safety plan training they will sign their designated page in the training binder. Staff will also sign the bottom of this document acknowledging that this safety plan was reviewed with them, they have a copy of this plan and they agree to comply with the safety plan.
3. All safety plans will go through Nick Steel, Health & Safety Advisor, FoM, UBC, and the UBC Joint Health and Safety Committee.

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.

Date
Name (Manager or Supervisor)
Title

Faculty and Staff Occupying Workspace

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<tr>
<th>Name</th>
<th>Email</th>
<th>Confirmation of Understanding</th>
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Appendix A

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

https://thetyee.ca/News/2020/03/24/Downtown-Eastside-Pandemic/
Pictures of the office:

Your safety is our priority!
Part of keeping everyone safe, is not having the drop in open. We know —
© THIS SUCKS!!!!!!! 😊

We do have:
- telephone for you to use
- referrals to a community, if needed
- harm reduction supplies
- none of us are counsellors but we will always be here to listen
## Appendix C: Document History

<table>
<thead>
<tr>
<th>Version</th>
<th>Prepared By</th>
<th>Reviewed By</th>
<th>Date</th>
<th>Summary of Changes</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Victoria Thomas</td>
<td>Nathaly Cely</td>
<td>September 30, 2020</td>
<td>New Document</td>
</tr>
<tr>
<td>2.0</td>
<td>Victoria Thomas</td>
<td>Nathaly Cely</td>
<td>December 8, 2020</td>
<td>Updated mask policy and guidelines.</td>
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