

Team COVID-19 Training Acknowledgment

The COVID-19 pandemic has created significant changes across our organization. As we prepare to return to the workplace it is important to us that we provide you with this opportunity for 1-1 feedback in order to address what matters to you most.

Your honest and detailed responses will allow us to plan in the safest and most efficient manner possible. It is our expressed interest to keep the health and safety of our team, our patients and our community a priority.

1. I have read and agree with the COVID-19 Guide manual in its entirety or the updated organizational health and safety changes made due to COVID-19 virus policies.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

2. I acknowledge that I will be required to have a daily documented COVID-19 screening and temperature reading.

Yes

No

If no, please explain:

3. I understand what is expected of me in maintaining physical distancing for a safe environment at work.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

4. I understand what PPE is and when it is used as how to do the donning and doffing processes related to the COVID-19 guidelines and recommendations given by the dental colleges and Public Health Officer (PHO).

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

5. I understand the resources that are available during this pandemic to support my emotional health and I feel able to access these resources.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

6. I feel comfortable returning to the workplace accounting for both physical and emotional health.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
If disagree, please explain:

7. I have learned the new COVID-19 Cycle of Care for patient flow and will comply.

Yes
No
If no, please explain:

8. I am available for a possible modified work schedule due to re-building post COVID-19.

Yes
No
If no, please explain:



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What questions or comments would you like to share if any.

Date _____

Signature of employee/associate

Witness _____

Witness _____