FINAL

Communicable Disease Prevention Plan

British Columbia Institute of Technology (BCIT)

Prepared for:

British Columbia Institute of Technology
3700 Willingdon Avenue
Burnaby, British Columbia, V5G 3H2

Attn: Glen Magel
Director, Security, Safety and Emergency Management

August 25, 2021

Pinchin File: 276537.006

Issued To:	**British Columbia Institute of Technology**
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Issued On:	**August 25, 2021**
Pinchin File:	**276537.006**
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Revision History

Revision and Description		
Number	**Date**	**Revised By**

TABLE OF CONTENTS

APPENDICES

1.0 PRESIDENTS MESSAGE

Fall 2021 will be unique in BCIT's history as we reconvene in various ways – in some instances for the first time since March 2020. As always, though, the safety and wellbeing of our community and ensuring an exceptional applied education for learners will be our primary focus.

Our BCIT Communicable Disease Prevention Plan was significantly informed by the Ministry of Advanced Education and Skills Training's COVID-19 Return-to-Campus Guidelines. These Guidelines, in turn, were developed by a team of experts from BC's post-secondary sector — including representatives from BCIT — the Office of the Provincial Health Officer, regional health authorities, and the BC Centre for Disease Control.

This plan aligns with the Ministry's direction for a return to in-person education, research, and on-campus services for BC's post-secondary institutions. It also reflects BCIT's own distinct experience and success throughout the pandemic, including our initial pivot to primarily online learning and the relatively quick and subsequent safe return to campus of about half of our BCIT programs to varying degrees of on-campus learning.

My thanks to everyone involved in creating and delivering on this important plan, and to all of you who supported our students in returning to campus to achieve their credential. Our learning from this successful return will serve us very well this fall as we continue to respond and adapt to ongoing learning and safety needs.

Please take some time to review this plan to ensure your ongoing safety and wellbeing and that of those around you. And, if you haven't already done so, please take the opportunity to get vaccinated ahead of your fall return to campus, learning, and work. It's the most important thing you can do as we approach a more indoor-oriented season.

I hope you've had a safe and relaxing summer and look forward to seeing many of you soon. Thank you, again, for all you do.

Kathy Kinloch*, BSc, MA,* President

Date:

2.0 INTRODUCTION

The BCIT Communicable Disease Prevention Plan (CDPP) is prepared to assist British Columbia Institute of Technology (BCIT) in preventing the spread of communicable diseases including but not limited to the 2019 Novel Coronavirus Infection (COVID-19), norovirus, seasonal influenza and others. This document describes the elements of a CDPP that are intended to apply to all Sites where BCIT operates in the province of British Columbia.

This document addresses Phase 4 of the Return to Campus Guidelines, which includes the goal of returning back to normal through the Fall 2021 academic term. The CDPP details the overarching plan to achieve this goal including the necessary assessment, planning considerations and implementation of risk control strategies both from a high level and specific program and/or work activity level.

BCIT operates across six main campus locations including Burnaby Campus, Aerospace Technology Campus, Marine Campus, Annacis Island Campus, Centre for Applied Research, and the Downtown Campus in addition to several satellite campuses. These campuses facilitate on-site learning of six individual School departments. Through these departments, BCIT delivers programs and courses to approximately 50,000 students.

Communicable diseases (e.g. SARS-CoV-2, norovirus, seasonal influenza etc.) are illnesses caused by an infectious agent or its toxic product that can be transmitted in a workplace from person to person or from another vector. For the purpose of this plan, the communicable diseases of concern are those that circulate in the community from time to time and as a result may be introduced into BCIT, such as COVID-19, norovirus, influenza and others.

The overall objectives of the CDPP are:

1. To provide a safe environment for building occupants, staff, faculty, students, and visitors.
2. Minimize the risk of spreading communicable diseases while maintaining instructional and campus operations to the required extent.
3. Provide key communication to help staff, faculty, students and building occupants understand their responsibility in controlling the spread of communicable diseases.
4. Comply with orders from the Provincial Health Officer and WorkSafe BC requirements.

3.0 BACKGROUND

This document has been established in consultation with BCIT's Emergency Operations Centre (EOC) and included involvement from several stakeholders including collaboration from the local Medical Health Officer. The team includes support from several BCIT disciplines including Operations, Recovery, Planning, Logistics, Finance, Safety, Security, Emergency Management and Risk Management, campus

specific Joint Occupational Health and Safety Committee, Public Information Office and other agencies including Community Liaison officers and Incident Management. Recovery is made up of the Recovery - Advanced Planning Team – Return to Operations (RAPT-RTO).

The Sites consists of various post-secondary institutional areas including administration office, teaching spaces, common and lounge areas, washrooms, dining facilities, laboratories, trade-shops, libraries, lecture halls, bookstore, housing, recreational areas, medical services, computer lab and facility areas. The CDPP identifies areas and activities that will take place within the Site Buildings that may result in the spread of communicable diseases upon continuing on-campus instructional activities or required program/campus support services and provides practical solutions to managing the risks of exposure.

The vaccine to protect against SARS-CoV-2 has become widely available and the overall risk of COVID-19 transmission is reduced. The risk assessment identifies controls to reduce the risks of communicable disease exposure and infection via those routes and, as such, the best means of preventing infection is to manage the most likely (i.e., “high risk”) modes of transmission.

In prioritizing the selection of management measures, the CDPP considers the chances of severe illness upon infection with communicable diseases (e.g. SARS-CoV-2, norovirus, seasonal influenza etc.) which are particularly high for at-risk groups such as the elderly and those with weakened immune systems.

4.0 REGULATIONS, BEST PRACTICE GUIDELINES, OTHER REFERENCES

4.1 Regulatory Requirements

This Plan will assist in complying with the following regulatory responsibilities:

- Provincial Occupational Health and Safety Acts and Regulations, including the following public health orders (PHOs) applicable to BCIT operations:
  - Gatherings and Events (July 7, 2021).
- Workers Compensation Act, Section 21 – General Duties of Employers.
- WorkSafe BC (WSBC) Occupational Health and Safety Regulations (OHSR), Sections 5.54, 6.33, 6.34, 6.40.

Note: Considering the fluid COVID-19 situation and associated Provincial Health Orders (PHO), BCIT must communicate interim changes in the communicable disease prevention plan, associated controls and PHO restrictions through memos, notifications, emails etc. This plan and risk assessment has not taken into consideration the following PHOs: Proof of Vaccination (August 23, 2021), effective September 13, 2021; and Masks in Public Indoor Settings (August 25, 2021).

4.2 Codes of Good Practice and Other References

The CDPP takes into consideration the advice of the following sources for codes of practice and professional guidelines, including *COVID-19: Going Forward*, prepared by the British Columbia Ministry of Health.

- Government of British Columbia, Guidance, support and BC's Restart.

  https://www2.gov.bc.ca/gov/content/covid-19/info.
- COVID-19 Return-to-Campus Guidelines for B.C.'s Post-Secondary Sector - B.C. Post-Secondary Institutions with the support of the read Ministry of Advanced Education and Skills Training (MAEST).

  https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/institution-resources-administration/covid19-return-to-campus-guidelines-web.pdf
- Communicable disease prevention: A guide for employers – WSBC.
  https://www.worksafebc.com/en/resources/health-safety/books-guides/communicable-disease-prevention-guide-employers?lang=en ;
- Guidelines Workers Compensation Act Part 2 Division 4 General Duties of Employers, Workers and Others, G-P2-21 Communicable disease prevention.

  https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-for-workers-compensation-act#SectionNumber:G-P2-21
- WorkSafeBC COVID-19 and returning to safe operations, Phase 3 (July 5, 2021).

  https://www.worksafebc.com/en/covid-19/bcs-four-step-restart .

5.0 ROLES AND RESPONSIBILITIES

5.1 Roles and Responsibilities

5.1.1 Senior Leadership Team

- Directs the Response and Recovery to communicable diseases; and
- Provides leadership support and resources for the implementation of the CDPP.

5.1.2 Emergency Operations Centre (EOC)

- Directs and responds to communicable diseases;
- Supports risk assessment and risk control planning measures;

- Oversees signage requirements, coordination and posting of building specific safety plans;
- Coordinates indoor air quality assessments, as required;
- Reviews and provides approval for Return to Campus operations; and
- Complies with PHO directives and guidance.

5.1.3 BCIT Management

- Responsible for review and implementation of risk control measures implemented in their department and school areas;
- Supports training for faculty and staff in duties and responsibilities under the CDPP;
- Communicates with faculty and staff on steps being taken and guidelines to adhere to; and
- Provides notification to the Emergency Operations Centre of any known communicable disease infections currently impacting their department area.

5.1.4 BCIT Supervisors

- Supports training for faculty, staff and/or students in duties and responsibilities under the CDPP;
- Communicates with faculty, staff and/or students and other building occupants on steps being taken and guidelines to adhere to;
- Provides notification to management of any known communicable disease infections currently impacting their supervised area; and
- Conforms to recommendations in this document and comply to building and program specific approved recommendations accordingly.

5.1.5 Facilities and Campus Development (FCD)

- Provides support and resources for cleaning, disinfecting hand washing and hand sanitizing protocols;
- Ensures waste disposal and cleaning/housekeeping protocols are completed as per their Association for Physical Plant Administrators (APPA) routines, Standard Operating Procedures (SOP) and guidelines outlined in this plan;
- Ensures maintenance and repairs are conducted on Heating Ventilation and Air Conditioning Units (HVAC) to ensure optimal performance; and

- Coordinates indoor air quality assessments as required.

5.1.6 Safety, Security and Emergency Management Department (SSEM)

- Establishes and maintain the CDPP;
- Oversees signage requirements, coordination and posting of building specific safety plans;
- Coordinates indoor air quality assessments, as required;
- Testing (and review) of occupational health and safety components and indoor air quality.
- Provides advisory resources for preventing and reducing transmission of communicable diseases; and
- Develops a process to ensure safety equipment is readily available.

5.1.7 Joint Occupational Health and Safety Committee (JOHSC)

- Participates in workplace inspections, investigations and inquires as provided in the WSBC Act and Regulations, as required;
- Participates in consultation with the Employer and Workers with the development of the CDPP as required;
- Assists in addressing any worker concerns;
- Where warranted, makes recommendation to the Employer based on inspections, worker concerns and compliance of the CDPP with the WSBC OHSR; and
- Monitor the effectiveness of implemented programs and policies and recommendations made

5.1.8 BCIT Faculty and Staff

- Complies with communicable disease prevention policies and procedures put in place by BCIT to reduce the transmission of communicable diseases;
- Completes a daily self-administered health check and not attending campus when ill (NOTE: It is a personal responsibility for everyone accessing BCIT to complete a daily health self-assessment); and
- Complies with signage, and other access requirements and utilize best hygiene practices as described in the CDPP to minimize the risk of infection and/or spread.

5.1.9 BCIT Students

- Complies with communicable disease prevention procedures put in place by BCIT to reduce the transmission of communicable diseases;
- Complies with signage, other access restrictions and utilize best hygiene practices as described in the CDPP to minimize the risk of infection and/or spread; and
- Completes a daily self-administered health check and does not attend campus when ill. NOTE: It is a personal responsibility for everyone accessing BCIT to complete a daily health self-assessment.

Note: It is anticipated that students entering Canada to study will be managed by Immigration, Refugees and Citizenship Canada and will be required to continue following federal requirements in place at the time of entry into Canada.

5.1.10 BCIT Contractors

- Do not access BCIT facilities unless permitted based on work requirements and authorization;
- Comply with communicable disease specific procedures put in place by BCIT to minimize physical contact and reduce the transmission of communicable diseases (e.g.SARS-CoV-2, norovirus, seasonal influenza etc.);
- Completes a daily self-administered health check and not attending campus when ill. NOTE: It is a personal responsibility for everyone accessing BCIT to complete a daily health self-assessment; and
- Complies with signage, other requirements and utilize best hygiene practices as described in the CDPP to minimize the risk of infection and/or spread.

5.1.11 BCIT Visitors

- Completes a daily self-administered health check and not attending campus when ill NOTE: It is a personal responsibility for everyone accessing BCIT to complete a daily health self-assessment;
- Complies with communicable disease specific procedures put in place by BCIT to reduce the transmission of communicable diseases; and
- Complies with signage, other requirements and utilize best hygiene practices as described in the CDPP to minimize the risk of infection and/or spread.

6.0 RISK ASSESSMENT

6.1 Risk Based Approach

The risk assessment process is used to determine the probability / likelihood of exposure to a particular hazard resulting in an adverse outcome, in this case transmission of the communicable diseases (e.g. SARS-CoV-2, norovirus, seasonal influenza etc.), resulting in infection and illness. The probability of exposure is dependent on there being a route of exposure, or transmission and any exposure is assumed to result in illness. Thus, one cannot completely eliminate risks without removing either the hazard or exposure route. This can be done by extreme measures which, in the case of communicable diseases may not be practical or practicable, particularly when dealing with an operating educational institution or the public. In addition, the reality is that, even where practicable, it is unlikely that any mitigation measure will completely eliminate the risks associated with communicable diseases. Even when there is a vaccine, or herd immunity has been established, there will always remain some probability, or “chance” of transmission as populations engage in normal activities such as going to work, school, shopping etc. particularly with such viruses as the norovirus. As such, the intent of the risk assessment is to identify the areas of highest transmission risk in a specific building or scenario, and the most practical solutions to reduce risks to within the tolerance limit of BCIT. That is, the intent is to reduce the probability of infection for each individual within the building by applying mitigation measures that meet BCIT’s preferred balance between risk tolerance, cost and practicality, while at the same time meeting BCIT’s legal obligations under WSBC legislation and provincial health orders.

This risk assessment follows a Public Health Risk Assessment (PHRA) format. While a PHRA is most commonly used for evaluating public health risks associated with chemical releases or environmental contaminants and are sometimes quantitative in nature where exposure and uptake of a chemical is modeled or measured, a PHRA can also be qualitative in nature. The qualitative approach is adaptable to the communicable diseases and provides a framework to document the process and inform management and communication efforts.

A qualitative PHRA is subjective and dependent on the risk tolerance of BCIT. The recommended management measures are intended to be practical and provide value in terms of optimizing protection of all stakeholders, without restricting activities altogether. Therefore, upon review of this risk assessment, it may be revealed that the risk tolerance of stakeholders is greater or lower than originally assumed, or that compromises must be made to alleviate restrictions and activities to proceed smoothly. Thus, adjustments to the CDPP may be made as needed. Furthermore, the assumptions used in the risk assessment, may change over time and thus may require updating. The qualitative risk assessment is depicted as a Risk Matrix, which is prepared using the information garnered based on general knowledge of the Site building or activity. The various activities are ranked in terms of relative risk (i.e., low, medium, high). The rankings

are subjective but backed by the currently available science, and Provincial Health Order (PHO) directives which is provided in a rationale.

Note: The risk assessment does not take into consideration the risk associated to international students since this is managed by Immigration, Refugees and Citizenship Canada. All international students are required to follow federal requirements in place at the time of entry into Canada.

6.2 Potential Communicable Diseases at BCIT

Name	Vaccine Available?	Description
Measles (Rubella)	Yes	Symptoms: high fever; cough; runny nose; red/watery eyes; tiny white spots (Koplik spots) in mouth; rash. Transmission: coughing and sneezing; virus can live up to two hours in contaminated air or on a surface.
Meningitis	Yes	**BACTERIAL** Symptoms: fever; headache; stiff neck; nausea; vomiting; sensitivity to light; confusion. Transmission: germs spread person-to-person (depends on type of bacteria). **VIRAL** Symptoms: fever; headache; stiff neck; sensitivity to bright light; sleepiness or trouble waking up from sleep; nausea; irritability; vomiting; lack of appetite; lethargy. Transmission: caused by other viruses like mumps, measles, influenza, etc.
Mumps	Yes	Symptoms: fever; headache; muscle aches; tiredness; loss of appetite; swollen/tender salivary glands approximately 16-18 days after infection. Transmission: coughing, sneezing, or talking; sharing items; touching contaminated objects.
Norovirus	No	Symptoms: diarrhea; vomiting; nausea; stomach pain. Transmission: contaminated food or drink; touching contaminated surfaces and then putting fingers in mouth; having direct contact with someone who is infected.
Coronavirus	Yes	Symptoms: fever, cough, shortness of breath and breathing difficulties.

Name	Vaccine Available?	Description
(COVID-19)		Transmission: Person-to-person via droplets, coughing, sneezing, or talking; sharing items; touching contaminated objects.
Influenza	Yes	Symptoms: fever; cough; sore throat; runny or stuffy nose; muscle/body aches; headaches; fatigue; sometimes vomiting and diarrhea. Transmission: person-to-person via droplets.
Varicella (Chicken Pox)	Yes	Symptoms: fever; tiredness; loss of appetite; headache; itchy, fluid-filled blisters. Transmission: touching or breathing in the virus particles that come from the blisters.

6.3 Risk Assessment Process

The components of the risk assessment are based on the observations taken during the Building Re-Occupancy Risk Assessment (BRORA), March 3, 2021. The previous risk assessment was driven primarily by the SARS-CoV-2 aspects. The BRORA was then reviewed and modified to fit the broader aspects of additional communicable diseases, combined with the advancements in vaccination related to SARS-CoV-2.

The mitigation measures provided are offered to help minimize the spread of the communicable diseases. However, it should be reiterated, no measure is completely effective in preventing the spread of the virus and should not be interpreted as such. The risk assessment takes into consideration the incidence of communicable diseases positive individuals in the Lower Mainland but also assumes that any infected building occupants are asymptomatic.

Aside from the first row of the Risk Matrices, the risk assessment does not take into consideration the prevalence of communicable diseases (e.g. SARS-CoV-2, norovirus, seasonal influenza)-positive individuals. Spread by asymptomatic carriers is considered in this risk assessment and, for the purpose of this report, it was assumed that each location contains at least one infected but asymptomatic occupant.

The risk evaluation provided in this report considers the frequency and duration of each potential exposure event, and the potential for transmission. However, the focus is on the risk of transmission or exposure, and not the ensuing severity of disease. It is assumed that all outcomes from infection are severe. Thus, with severity set at a constant, the risks depicted in the Risk Matrices are driven by the likelihood of exposure. Please refer to Appendix A: Risk Matrix for details.

6.4 Modes of Transmission

Communicable diseases have several modes of transmission including direct (contact, droplet) and indirect (airborne). While each program or department have their own unique challenges, the main challenges identified during the risk assessment were:

- Potential for asymptomatic carriers to be present;
- Public access to buildings;
- Close proximity of staff and students in staff workspaces, queuing locations, hallways, entryways, lounge areas, study areas, office areas, teaching spaces, lunchrooms/dining areas, resource rooms, labs and shops, locker areas; and
- Sharing of equipment in workstations, office areas, teaching spaces, staffrooms, lunchrooms, resource rooms, labs, housing and shops. Other, less challenging activities/building locations included washrooms, delivery areas, and high touch areas.

High touch surfaces were identified during the Site reconnaissance, and thus more likely to propagate the spread of certain communicable diseases. Some examples of these surfaces include light switches, stair handrails, door handles, filing cabinets, etc. In addition, management of building environmental conditions (humidity, HVAC, etc.), can be a concern.

6.5 Risk Matrix Summary

Most of the risks identified are low due to wide availability of vaccines, general awareness and PHO directives. The Risk Matrices provide high level recommendations of risk management. A variety of options are provided for each category; however, the recommended choice is selected based on presumed effectiveness and ease of implementation. The prioritization of risk management measures is based on the Hierarchy of Controls discussed in Section 8.

7.0 DEFINITIONS SECTION

Broad Spectrum Disinfectant: A substance intended to kill or inactivate the three major groups of microorganisms (viruses, bacteria and fungi) with broad spectrum efficacy. The product must have a Health Canada Drug Identification Number (DIN) on the label.

Cleaning: Refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. However, efforts to remove germs decreases their numbers and therefore the risk of spreading infection.

Confirmed Case: An occupant is considered a confirmed case of a communicable disease when they are diagnosed by trained health care professional. As testing is sometimes limited, diagnosis may be confirmed if a doctor deems the patient as a probable case of the disease.

Disinfecting: Works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. However, killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Fomite: Any inanimate object that, when contaminated with an infectious agent, can transfer disease to a new host.

Hand Hygiene: Refers to removing or killing microorganisms (germs) on the hands. When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections. Hand hygiene may be performed either by using soap and running water, or with alcohol-based hand rubs.

Hand Sanitizer: A gel product used as an alternative to hand washing with soap and water that contains 60%-95% alcohol.

Modes of Transmission Direct: An infectious agent is transferred from a reservoir to a susceptible host by direct contact or droplet spread.

Modes of Transmission Indirect: Infectious agent is transferred from a reservoir to a host by suspended air particles, inanimate objects (vehicles), or animate intermediaries (vectors).

Non-porous: A material that does not absorb, nor is it easily penetrated by liquids, especially water.

Online Delivery: Course instruction delivered a 100% using a virtual interface.

Porous: A material that contains pores, which absorbs liquids quickly (e.g., clothing and other textiles, padded or upholstered items, leather, taxidermy, paper goods and many types of fine art).

Teaching Spaces: Labs, Lecture Halls, Classrooms, Shops, Simulators and Preparation Areas.

Virtual Interface: A means of live broadcasting via the internet, including online instructional delivery and online meetings/conferences.

8.0 HIERARCHY OF CONTROLS FOR COVID-19

The British Columbia Ministry of Health considers the hierarchy of controls for communicable diseases in the document *COVID-19 Return-to-Campus Guideline,* July 5, 2021. To align with this publication, WorkSafeBC (WSBC) has released a guide for employers on communicable disease prevention based on the Phase 3 BC Re-Start Plan which also considers the hierarchy of controls. The hierarchy of controls is a framework for reducing or eliminating communicable diseases transmission hazards (Figure I). The hierarchy of controls is designed in order of priority, with the most effective and protective controls at the top of the pyramid and the least effective and protective controls at the bottom. Based on the framework, elimination is the first control needed. This includes eliminating social contact if someone has signs and

symptoms of a communicable disease. If the risk cannot be eliminated then it must be made safer through engineering controls, administrative controls, or personal protective equipment (PPE), and controls must be considered in that order. Figure I display a figure of the hierarchy of controls for communicable diseases.

The BCIT CDPP is created based on WSBC's guideline. This plan is developed in consultation with JOHSC members, faculty and staff. Consultation can occur during meetings, direct conversations and by other means of communication.

Figure I – Hierarchy of Controls

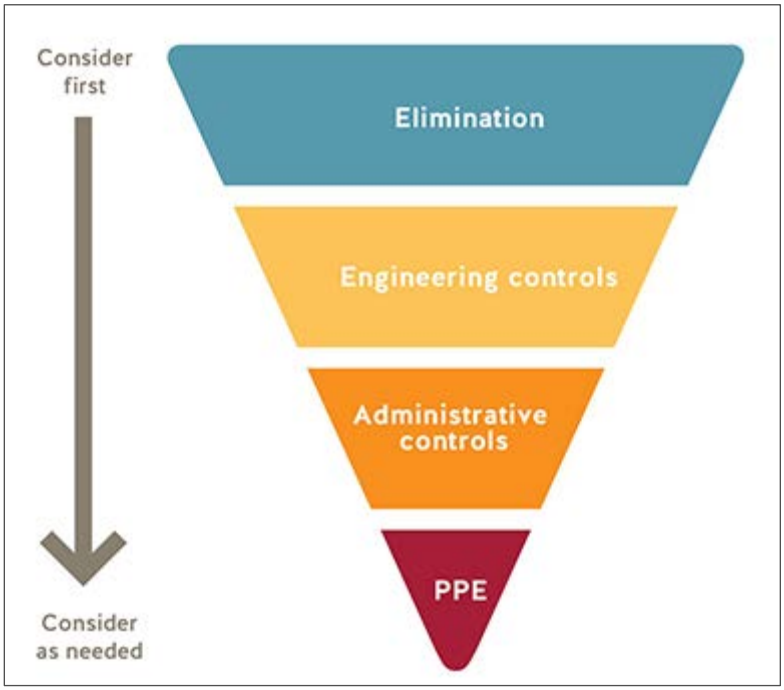


Figure 1 – Hierarchy of Controls for COVID-19, WorkSafe BC, May 2020.

8.1 Elimination

8.1.1 Health Check

All individuals are required to complete a daily self-administered health check and not attend campus when ill. For more information, consult the British Columbia COVID-19 Symptom Self-Assessment Tool, found at https://bc.thrive.health/covid19/en and the BC CDC website for testing information, found at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing. While specific for COVID-19, the long term goal would be to utilize a variation of this tool for all types of communicable diseases.

Note: It is a personal responsibility for everyone accessing BCIT to complete a daily health self-assessment.

8.2 Administrative

8.2.1 Work Procedures, Training and Awareness

This includes training for all Employees and (optional) training for Instructors/Students on communicable disease prevention protocols.

8.2.2 Hand Hygiene Facilities/Washrooms.

It should be noted, practicing frequent hand hygiene (wash with soap and water for at least 20 seconds) is an effective control for almost all types of communicable diseases:

- Hands should be washed often including following cleaning, prior to eating, after using the washroom, after blowing one's nose or sneezing, after contact with frequently touched surfaces, etc. Utilize hand sanitizer if hand washing is not immediately available or hands not visibly soiled; and
- Cover sneezes and coughs with a tissue, then throw the tissue into a garbage bin immediately after use. If a tissue is not available, cough or sneeze into your elbow.

Avoid touching your eyes, nose or mouth with unwashed hands.

All personal hygiene, tissues and other sanitary products must be disposed of in the garbage. These products must not be disposed as part of composted waste.

8.2.3 Designated Sanitizing Stations

High touch surfaces present a risk of transmission (however low). Therefore, hand sanitizer stations will be used at any other locations where soap and water or designated washrooms may not be readily available (e.g. building entrances, teaching spaces and offices).

8.2.4 Modified Seasonal Cleaning Protocols

Direct contact with high touch surfaces is considered low risk, depending on the surface and location. General cleaning/housekeeping SOPs (e.g., APPA routines) must be followed. The use of best housekeeping practices will reduce the risk of spreading the communicable diseases and help keep building occupants safe and healthy. Facilities managers must ensure they have debriefed this document and associated APPA routines/SOPs with cleaning staff to ensure they understand the additional measures required from them. For the successful implementation of this program, all service levels must

comply. It is also pertinent that all users follow the manufacturers' direction for all cleaning products and disinfectants.

General cleaning/housekeeping procedures, refer to the following process:

- Read and review the BCIT cleaning/housekeeping APPA routines, SOPs and product Safety Data Sheet (SDS);
- Follow the manufacturers' direction for all products, disinfectants and use appropriate PPE;
- Clean all visibly dirty surfaces first with a detergent or soap and warm water;
- Apply a broad-spectrum disinfectant or approved equivalent appropriate for the surfaces being cleaned to surfaces. Use disinfectants that have a Drug Identification Number (DIN). A list of disinfectants for use against communicable diseases are listed on the Health Canada Website:
  - Approved Products: https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html#wb-auto-5
  - Products with Interim Approval: https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/products-accepted-under-interim-measure.html
- Immediately following the cleaning, waste disposal and decontamination protocols must be followed as defined in the SOP and/or SDS; and
- Where disposable gloves are not available, reuse a dedicated set of gloves.

8.2.5 Waste Handling Guidelines

The following steps are recommended for handling waste/garbage:

- Use waste containers with no lids, or those with foot pedals to prevent the need for hand contact;
- Secure waste containers;
- Line waste containers, including recycling and compost, with two plastic bags to avoid possible tears;
- When disposing of waste, the individual must wear disposable gloves or dedicated waste removal gloves and have a dedicated layer of clothing (i.e. apron, lab coat, etc.) to protect between their regular clothing and the waste;
- Prior to removing waste from bins, the bag should be sealed;

- Regular cleaning of waste containers with warm water and soap is recommended; and
- Wash hands immediately following completion of waste handling.

8.2.6 Signs and Designated Sanitizing Stations

Signage placement will be completed throughout the buildings with the support of EOC and SSEM. Signage codes can be found in Appendix B.

8.3 Building Ventilation Systems

Current guidance from the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), is that transmission of communicable diseases (e.g. SARS-CoV-2, norovirus, seasonal influenza etc.) is a low risk from building ventilation, and filtration provided by the HVAC systems can reduce the airborne concentration communicable diseases and thus the risk of transmission through the air. ASHRAE's approved statements regarding communicable diseases are available at https://www.ashrae.org/technical-resources/resources. ASHRAE is the pre-eminent research organization for building ventilation in North America. The Building Codes in Canada reference the ASHRAE guides.

Note: BCIT is a WSBC compliant employer and will ensure the HVAC performs to meet or exceed these requirements.

9.0 INCIDENT RESPONSE

Where an individual working or participating at a building has been diagnosed with a confirmed case of a communicable disease:

- Follow procedures for "Person Reports Having Symptoms Consistent with COVID-19" found in the BCIT COVID-19 Pandemic Scenario Response Plan and WSBC guidelines;
- Restrict access to areas of the building where that individual was;
- Implement a cleaning program based on the BCIT Cleanup Protocol/FCD SOPs;
- Gather as much of the following information as possible to support response efforts, such as:
  - Detailed floor plans for the building location;
  - Details of the movements, activities and time spent by the confirmed individual prior to leaving the building; and
  - Timing of when the confirmed individual was last present in the building.
- Contact EOC to arrange cleaning following established procedures; and
- Once cleaned, EOC will contact the required parties to allow for general access.

10.0 RE-OCCUPYING THE BUILDING AFTER BEING VACANT

Prior to occupancy a general cleaning throughout the areas scheduled for re-occupancy should be conducted. BCIT has commissioned a consultant to develop guidelines and information as a general checklist for the full re-opening of buildings. This checklist includes a systems review for: water services, fire safety, HVAC, mould, pest infestation and other related services.

11.0 AWARENESS OF THE BCIT CDPP

BCIT Employees are required to take the online training on the CDPP. It will not be mandatory for those Employees who have previously taken the Pandemic ECP course to retake the updated version. It's optional for students to take the online training on the Communicable Disease Plan (e.g. COVID-19 Pandemic On-Campus Guidelines). It's required for employees to complete the online Employee OHS Orientation course and Employee OHS Orientation checklist. It's optional for instructors to complete the Student OHS Orientation checklist with their student and it will be optional that students complete the Student OHS checklist with their instructors. The on-site orientation will include department and on campus policies for the specific areas. This will be conducted on the first day of attending campus and will include a walkthrough of the accessible facility areas and a review of procedures and policies.

Orientation/Training for Employees and optional for Students/Instructors will include:

- Policy, Objective and Scope of Training;
- Modes of Transmission:
    - Contact;
    - Droplets; and
    - Airborne.
- Roles and Responsibilities:
    - Senior Leadership Team;
    - Supervisors;
    - Employees;
    - Facilities and Campus Development;
    - Occupational Health and Safety Division; and
    - Joint Occupational Health and Safety Committees.
- Risk Assessment Process;
- Risk Control Options:
    - Elimination;

- Engineering;
- Administrative; and
- Personal Protective Equipment.

- Communicable Disease Prevention Plan Module (Updated):
  - What is a communicable disease;
  - Responsibilities;
  - Risk assessment; and
  - Risk control options.

Refer to Appendix C for the Employee OHS Orientation Checklists and link below to the (Optional) Instructor/Student OHS Orientation Checklists.

https://sharespace.bcit.ca/sites/sas/COVID19%20Safety%20Plan%20Resources/Fillable%20Student%20OHS%20Checklist%20August%202021.docx

12.0 COMMUNICATION

Creating a sense of safety and security is a key component in the successful return to operations at BCIT. Communications applicable to the CDPP are targeted to ensure all audiences receive accurate and timely information in regard to the health and safety concerns of communicable diseases (e.g. COVID-19, norovirus, influenza etc.). Several communication strategies have been implemented for the various stakeholders of BCIT. The key audiences and communications channels include: Faculty, Staff, Students, Contractors and members of the Supply Chain.

BCIT's key communicable disease Communication Tools include but may not be limited to:

- Dedicated communicable diseases webpage conveys: breaking news, ongoing archived updates, information for students, information for faculty and staff, closures and cancellations, prevention, travel guidance, FAQ's;
- Email distribution: students, faculty, staff, management, etc.;
- Dedicated, monitored email address: covid19@bcit.ca to receive and respond to questions for all types of communicable diseases, not just COVID-19;
- BCIT Social Media Sites: Facebook, Instagram, LinkedIn, YouTube;
- Regular update videos from the President;
- Regular Academic Updates from the Vice President, Academic, and others;
- Regular Safety updates from the Director, Safety Security and Emergency Management; and

- The 24/7 BCIT SafetyWise mobile app – for urgent crises only.

13.0 AUDIT AND PLAN REVIEW

The CDPP will be reviewed regularly as new information about communicable diseases and/or campus directives are available. Periodic inspections of department and program areas will be conducted by Associate Deans and Supervisors, JOHSC and/or SSEM as needed. Feedback on communicable disease risk control measures will be provided, and where necessary, corrective actions will be assigned.

14.0 TERMS AND LIMITATIONS

This work was performed subject to the Terms and Limitations presented or referenced in the proposal for this project.

Information provided by Pinchin is intended for Client use only. Pinchin will not provide results or information to any party unless disclosure by Pinchin is required by law. Any use by a third party of reports or documents authored by Pinchin or any reliance by a third party on or decisions made by a third party based on the findings described in said documents, is the sole responsibility of such third parties. Pinchin accepts no responsibility for damages suffered by any third party as a result of decisions made or actions conducted. No other warranties are implied or expressed.

\\fsrmd\job\276000s\0276537.000 BCIT,3700WillingdonAve,OHS,CovidPLan\0276537.006 BCIT,3700WillingdonAve,Burn,BC,OHS,PMS\Deliverables\276537.006 FINAL BCIT Communicable Disease Prevention Plan,3700 Willingdon Ave, Burnaby, BC, BCIT, 25Aug2021.docx

Template: Master Report Investigation of IAQ, January 12, 2017

APPENDIX A

Risk Matrix

Characteristics/Activities	Risk Ranking (LOW-MED-HIGH)	Rationale	Risk Management Strategies
Building Staff Occupants/Students/Visitors/Contractors/Location/Likelihood of Public Access			
• Possibility for infected asymptomatic spreaders. • Transportation methods and likelihood of transmission from unknown sources. • Location within Province/Canada and incidence of infection within the Region.	LOW	The Site is any space associated with British Columbia Institute of Technology (BCIT). The Site is likely located in an urban area with the potential for a high population density. It is assumed that there is at least one infected person accessing each area/building, and for remaining rows of this matrix it is assumed there is at least one asymptomatic individual present on-Site. For the purpose of this matrix, it is also assumed that the Site is fully re-occupied. Building occupants include administration staff and students who are young adults through working age. Members of the public, who will not have had BCIT training, may have access to the building. Building occupants may include individuals who have been exposed to communicable diseases (e.g. SARS-CoV-2, norovirus, seasonal influenza etc.) from outside sources such as family members, users of public transit, and medical or long-term care professionals. Exposure frequency and duration, to infected individuals, would vary depending on Site size and location. However, risks were considered low due to the likelihood of transmission by a symptomatic person, PHO directives and wide availability of vaccines.	✓ Daily self-administered health check before entry to the Site. ✓ Provide clear communication to those who are sick or should be in isolation to not come to campus. ✓ Instruct occupants to stay home if they are showing symptoms and self-isolate if they have conducted any travel internationally. ✓ Mandate that all Employees returning to campus take training on communicable disease prevention strategies (e.g. daily self-administered health check, hand washing, etc.). ✓ Hand hygiene facilities/washrooms and/or sanitizing stations with appropriate signage. ✓ Modified seasonal cleaning.

Characteristics/Activities	Risk Ranking (LOW-MED-HIGH)	Rationale	Risk Management Strategies
General Building Layout/Indoor Environment			
• Common areas on Site (e.g. offices, hallways, rooms, cafeterias etc.) • Common touch surfaces (e.g. reception desks, water fountains, handrails, washrooms, entrance foyers etc.) • Shared vehicles/transportation	LOW	The primary mode of transmission is direct contact with droplets, and it is anticipated that potential exposures are of moderate duration and there are a large number of high touch surfaces. Student/Staff exposure frequencies may be high during rush hours; however, exposure durations would be low, vaccines are widely available and PHO directives suggest low risk. Thus, risks are low overall.	✓ Modified seasonal cleaning as per PHO directive. ✓ Daily self-administered health check before entry to the Site. ✓ Provide clear communication to those who are sick or should be in isolation to not come to campus. ✓ Instruct occupants to stay home if they are showing symptoms and self-isolate if they have conducted any travel internationally. ✓ Mandate that all Employees returning to campus take training on communicable disease prevention strategies (e.g. daily self-administered health check, hand washing, etc.). ✓ Hand hygiene facilities/washrooms and/or sanitizing stations with appropriate signage. ✓ Modified seasonal cleaning.
Building Conditions			
• Humidity (%) • HVAC system for building (fresh air intake) • Exhaust vents in washrooms • Other exhaust vents (kitchens)	LOW	Air/ventilation is not believed to be a primary means of spread for most diseases and humidity is believed to play a role in viral transmission. Exhaust ventilation is present in all washrooms.	✓ Manage humidity (40-60%). ✓ Optimize ventilation rates. ✓ Regular HVAC maintenance/filter changes. ✓ Consider particulate or air quality monitoring to determine air quality.

Characteristics/Activities	Risk Ranking (LOW-MED-HIGH)	Rationale	Risk Management Strategies
Non-Regular Activities			
• Fire drills/First Aid	LOW	Trained fire wardens may be required to be on-Site in case of emergency evacuation. Emergency drills or actual events could result in disorderly conduct and crowding. Risk level is considered low due to the short duration of building egress during drills, availability of fresh air during mustering outdoors, PHO directives and wide availability of vaccines.	✓ Daily self-administered health check before entry to the Site. ✓ Provide clear communication to those who are sick or should be in isolation to not come to campus. ✓ Instruct occupants to stay home if they are showing symptoms and self-isolate if they have conducted any travel internationally. ✓ Mandate that all Employees returning to campus take training on communicable disease prevention strategies (e.g. daily self-administered health check, hand washing, etc.). ✓ Hand hygiene facilities/washrooms and/or sanitizing stations with appropriate signage. ✓ Modified seasonal cleaning. ✓ Occupational First Aid Attendant Protocols during COVID-19 and for other suspected communicable diseases.

APPENDIX B

Signage Code

Provided Signage/Floor markings

Title	BCIT Sign Code	Typical Posting Location
Building Entrance Screen	3C / 3J	All entrances
Protect Yourself	21A	All hallways and elevators
Washroom Hand Wash	29B / 32B	In all washrooms, adjacent to the sink
Sani Tower	59N	Common areas, building entrances, teaching spaces and offices

APPENDIX C

Employee OHS Orientation Checklist

Employee OHS Orientation Checklist

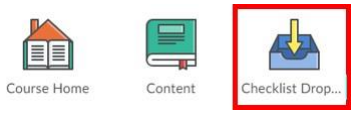
Step 1) Instructions for Employees

This checklist must be completed with your supervisor or designate for site-specific orientation if:

- You are a new employee and have completed the online portion of Employee OHS Orientation (in the BCIT Employee Learning Centre), or
- You are starting a new position or in a new area with different hazards as your previous one, or
- There is a change in hazards since you began working in your current department

When complete:

- Save as PDF and sign and save or print/sign/scan.
- Submit to the Checklist Dropbox in the online course.



Step 2) Instructions for Supervisors or Designates

- Introduce the employee to the designate for site-specific orientation, if applicable.
- Encourage the employee to ask questions
- Ensure all blank areas are completed
- Provide employees with as much detail as possible
- Sign and date the bottom of the form when completed (Save it as PDF to make signing easier).

Your employee is required to upload a copy of the completed checklist to the Checklist Dropbox in their Employee OHS Orientation course on the Employee Learning Centre.

Supervisors should also maintain a copy as part of their due diligence.

Step 3) Employee Information

Name: BCIT ID#:

Site-specific Orientation Date:

Position:

Department/School:

Primary Work Area Locations:

Supervisor: Phone: *Their phone #*

Supervisor Designate: Phone: *Designator's phone #*

Step 4) Emergency Resources Discussed

☐ Police, Fire, Ambulance - 911

☐ If you've called 911, contact Security to let them know

☐ First Aid (Non-Emergency): *Enter the #* Security (Non-Emergency): *Enter the #*

☐ First Aid (Emergency): *Enter the #* Security (Emergency): *Enter the #*

☐ Reviewed First Aid locations

☐ Downloaded the Safety Wise App

Emergency contact and location information for all campuses

Employee OHS Orientation Checklist

Step 5) Workplace Incidents and Hazards

☐ Report all employee-related injuries, no matter how minor it is, to BCIT First Aid, your supervisor, and complete online Report of Injury/Illness/Exposure – Staff in BCIT IRIS (Incident Reporting Information System). For severe injuries, call 911 immediately and contact Security (who will call First Aid), who are available to attend the scene. After the injuries have been attended to, report to your supervisor and then report the incident through BCIT's online.

☐ Completed the online Incident Reporting and Information System (IRIS) Training.

☐ Report hazards to your supervisor and complete an online Unsafe Condition/Act Report in IRIS.

☐ Employees who have experienced or witnessed workplace violence (i.e. threatening or abusive behaviour) should report the incident to their Supervisor/Manager immediately, and complete the online Unsafe Condition/Act Report in IRIS.

☐ Report all close calls (near-misses) to your supervisor and complete online Close Call (Near Miss) Report in BCIT IRIS.

- WorkSafeBC OHS Regulation can be found at www.worksafebc.com

Employer

- Provide a safe and healthy
- workplace.
- Ensure workers are adequately trained, and records are maintained.
- Establish a valid occupational health and safety program.
- Support supervisors, managers, safety coordinators, and workers in their health and safety activities.
- Ensure adequate first aid equipment, supplies, and trained attendants are on site to handle injuries.
- Fix problems reported by workers.
- Report serious incidents to WorkSafeBC, as well as all injuries that require medical attention.
- Investigate incidents where workers are injured or equipment is damaged.
- Submit the necessary forms to WorkSafeBC.

Supervisor

- Orient and instruct new
- employees in OHS Policy and safe work procedures.
- Train employees for all tasks assigned to them, and check progress.
- Ensure that only authorized, adequately trained employees operate tools and equipment or use chemicals.
- Ensure that equipment and materials are properly handled, stored, and maintained.
- Ensure employees under your supervision have the appropriate personal protective equipment, which is being used properly, regularly inspected, and maintained.
- Enforce health and safety requirements.
- Correct unsafe acts.
- Formulate a regular inspection process for hazards.

Worker

- Report workplace hazards
- immediately to your supervisor or employer.
- Follow safe work procedures and act safely in the workplace at all times.
- Ask for training if you're unsure how to safely perform a task assigned to you.
- Immediately report any injury to BCIT First Aid and your supervisor.
- Use the protective clothing, devices, and equipment provided. Be sure to wear them properly.
- Take initiative. Make suggestions to improve health and safety (to your supervisor, JOHS committees, at department meetings, etc.)
- Never work impaired, e.g., under the influence of alcohol, drugs or any other substance, or if you're overly tired.

The three basic rights of all workers are to:

1. Know about all hazards that exist or may exist in the workplace
2. Participate in the health and safety program at the workplace
3. Refuse Unsafe Work: do not carry out any work process that would create undue hazard. Refer to BCIT OHS Policy 7150 and SSEM OHS ShareSpace for proper procedures on refusing unsafe work.

Step 6) Joint Occupational Health and Safety Committee

Meetings occur every month on: *Click here to enter the day of the month*

Location(s) of JOSHC Committee Bulletin Board (physical boards and digital):

☐ Know Area representative name and contact information.
☐ Know Alternative area representative name and contact information.

Step 7) Department (Safety) Meetings

Weekly/monthly meetings are: ☐N/A

Meeting location: ☐N/A

Step 8) Policies

Policies are located on the BCIT - Policies website.

Reviewed the following safety related policies and procedures:

☐ 7100-Safety and Security
☐ 7100-PR-Fire Prevention/Preparedness
☐ 7110-Emergency Management
☐ 7150-Occupational Health & Safety
☐ 7150-PR1-Matrix of Responsibilities
☐ 7150-PR4-Smoking Location
☐ 7150-PR5-Workplace Violence Prevention
☐ 7200-Cannabis Use

Step 9) Department Specific Procedures

☐ Reviewed general health and safety related rules and procedures.

☐ Reviewed all personal protective equipment (PPE) used in area (please list): ☐N/A

☐ Reviewed BCIT Communicable Disease Plan. ☐N/A

☐ Completed Pandemic Exposure Control Plan Summary online training. ☐N/A

Step 9) Department Specific Procedures – Continued

Fire alarm and Emergency Evacuation:

☐ Locations of fire extinguishers and fire alarms.

☐ Locations of appropriate emergency evacuation route, indicate secondary evacuation route.

☐ Assembly points know your area. Maps

☐ The fire warden for your area.

More information on BCIT Fire Safety Program.

☐ Received instruction and demonstration on area-specific work procedures.

☐ Ensure the applied items are reviewed and checked.

Hazardous Materials:

☐N/A

☐ Know the **hazardous materials** used in your area.

☐ Completed online WHMIS training.

- (Employee Login Instructions.)

☐ Methods on **hazardous materials** exposure prevention (controls), i.e., ventilation. ☐N/A

☐ Location, purpose, and significance of Safety Data Sheet (SDS). ☐N/A

☐ Familiarized with locations of emergency eyewash station, if applicable ☐N/A

☐ Familiarized with locations of emergency shower station, if applicable ☐N/A

Emergency spill response procedure and spill kits:

☐N/A

☐ Know the location of the spill kits.

☐ Received training on how to clean up a spill.

Asbestos Management:

☐ Known sources of asbestos in your area. Facilities and OHS if you have questions. ☐N/A

More info: Asbestos Management

Biosafety - Containment Level 2 Laboratories:

☐N/A

☐ Completed CL 2 laboratory-specific orientation

- Biotechnology CL 2 Lab Orientation Checklist
- Medical Laboratory Sciences CL 2 Lab Orientation Checklist

Hearing Conservation:

☐N/A

☐ Have a hearing test (Know your exposure).

☐ Use proper PPE.

Ergonomics and Musculoskeletal Injury Prevention:

☐ Setup proper workstation via Ergonomics at BCIT resource.

☐ Learn manual lifting techniques via Ergonomics at BCIT resource.

☐ Completed the Musculoskeletal Injury (MSI) Prevention Course.

Working Alone or in Isolation

☐N/A

☐ Know the department/job-specific working alone check-in procedures and escalation response for missed check-ins.

☐ Know the notification system being used for check-ins (BCIT Working Alone Notification Form, Aware 360 App, etc.)

More info: Working Alone or Isolation.

BCIT SSEM offers Safe Walk Program to staff, students, and visitors.

Step 9) Department Specific Procedures – Continued

Contractor Safety Management: ☐N/A

☐ Know the contractor liaison for your area.

☐ Completed Contractor Safety Management Training as outlined in Contractor Safety Management Program.

Supervisors and Managers: ☐N/A

☐ Completed the Supervisor OHS Skills course that is required by all supervisors and managers.

Step 10) Other Applicable Safety Procedures or Considerations

☐ Reviewed any other applicable department or position specific safety procedures of considerations, e.g., equipment/machinery safe operating procedures, lockout procedures, fall protection plans, etc. List here:

Questions?

If you have any questions about the information requested in this form or about the information to be covered with your supervisor, please contact BCIT Safety, Security and Emergency Management at: https://www.bcit.ca/safety-security/

Step 11) Form Completion and Submission

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

Submission:

Once signed, pleased save and submit this form to the **Checklist Dropbox** in the **Employee OHS Orientation online course**. Your submission will remain on file as a record of your completion.

Please follow the same submission procedures for any future checklists you may be required to submit, due to changes in your work situate.

APPENDIX D
Acronyms

Acronyms

ASHRAE - American Society of Heating, Refrigerating and Air-Conditioning Engineers.

BCCDC - BC Centre for Disease Control

BCIT PIO - Public Information Officer

BRORA – Building Return to Occupancy Risk Assessment

CDPP - Communicable Disease Prevention Plan

EOC – Emergency Operations Centre

FCD – Facilities and Campus Development

HVAC - Heating, Ventilation and Air Conditioning

JOHSC - Joint Occupational Health and Safety Committee

MAEST – Ministry of Advanced Education and Skills Training

PHO – Provincial Health Order

PHRA – Public Health Risk Assessment

PPE – Personal Protective Equipment

SDS – Safety Data Sheet

SOP – Standard Operating Procedure

SSEM - Safety, Security and Emergency Management

WSBC - WorkSafe British Columbia - usually called WorkSafeBC