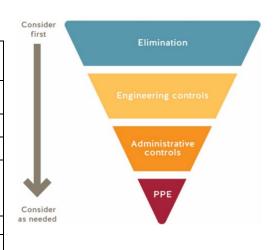


The BCIT COVID-19 Go-Forward Plan outlines the risk assessments, control measures, and the organizational process for our safe return to campus. All returning programs/courses must adhere to this process. Please refer to the <u>BCIT COVID-19 Go-Forward Plan</u> for additional information.

#### **CONTACT INFORMATION**

| CONTACT IN ORMATION             |                                  |                                      |                     |  |  |  |
|---------------------------------|----------------------------------|--------------------------------------|---------------------|--|--|--|
| Department Name:                | Broadcast & Media Communications |                                      |                     |  |  |  |
| Roving employee position(s)     | 6                                |                                      |                     |  |  |  |
| How many of your                | 160 Roving Students              | When will this service start (Date): | ⊠ Already on campus |  |  |  |
| employees are roving on campus: |                                  | When will this service end (Date):   | May 28, 2021        |  |  |  |
| Completed by:                   | Name                             | Position                             | Date                |  |  |  |
|                                 | Stephanie Yip                    | Coordinator                          | November 20, 2020   |  |  |  |
|                                 |                                  |                                      |                     |  |  |  |
| Replaces                        | RTC Safety Plan #:               |                                      |                     |  |  |  |
|                                 | GFP Safety Plan #:               |                                      |                     |  |  |  |



#### **ROOM INFORMATION**

Notes:

| In this section, identify the dispatch office or administrative work spaces that the roving employees would use.  Not applicable, since these employees are included on another COVID-19 Safety Plan. Describe which Safety Plan in the Notes section, below.  Not applicable, since these employees have no dispatch or administrative work space. |                  |                                    |   |   |  |  |  |  |
|---|------------------|------------------------------------|---|---|--|--|--|--|
| Position  | Campus/ Building | Room Number Floor Plans found here | Type of Space Include washrooms and meeting rooms | Capacity Current capacity due to COVID-19 |  |  |  |  |
| Students<br>completing<br>Winter term BCST<br>courses   | Burnaby          | n/a                                | Outside/External, South Side of Campus            | n/a                                       |  |  |  |  |
|   |                  |                                    |   |   |  |  |  |  |



#### RATIONALE FOR ON-CAMPUS ACTIVITY

Please provide a short description explaining why you need employees on campus conducting the roving or dispatched activity and the types of activities that will be conducted.

Students will be taking equipment to film assignments outside of SE10. As part of work integrated learning, Productions will have an instructor approved (COVID) Safety Plan that may include exterior locations on the south side of campus or other off campus locations.

#### **CONTROL MEASURES**

#### **COVID-19 SAFETY PLAN: CONTROL MEASURES CHECKLIST**

#### Directions for completing this Safety Plan:

- 1. First step of this process is to review the BCIT COVID-19 Go-Forward Plan as the overall planning document for this process.
- 2. Use this checklist as a tool to assess COVID-19 control measure preparedness for employees and the spaces they will be using. Refer to the BCIT COVID-19 Go-Forward Plan for standardized safety guidelines and procedures.
- 3. For each control measure, state the details. If the control measure is a 'No' or 'NA', please provide a brief explanation.
- 4. The manager requests all PPE requirements by submitting this draft Safety Plan to the PPE@bcit.ca.
- 5. Implement all the safety measures in this Safety Plan.
- 6. The manager completes a site visit to ensure all control measures and safety supplies are in place.
- 7. The manager signs the completed Safety Plan and submits it to returntocampus@bcit.ca for approval.
- 8. Once approved, the COVID-19 Safety Plan is posted in the best possible location such as a central work location for these employees.

Note: All applicable control measures must be in place before the Safety Plan is approved. For additional resources the <u>Risk Assessment Controls Guidance and Hierarchy of Controls</u>. For assistance email <u>ssemohs@bcit.ca</u>.



| #           | Control Measure  | Yes         | No      | NA          | Details (as per Directions)   |  |  |  |
|-------------|--|-------------|---------|-------------|---|--|--|--|
| ELIMINATION |  |             |         |             |   |  |  |  |
| 1.          | Work areas are set-up to allow for 2 metres physical distancing.   | $\boxtimes$ |         |             | Exceptions allowed as per <u>BCIT COVID-19 Go-Forward Plan</u> , Risk Matrix Summary (explain):   |  |  |  |
| 2.          | Work has been scheduled to minimize numbers of employees on campus at one time.  | $\boxtimes$ |         |             |   |  |  |  |
| 3.          | In shared spaces, safety protocols have been put in place to maintain 2 metres between roving employees and other users. | $\boxtimes$ |         |             |   |  |  |  |
| 4.          | Occupancy limits for vehicles that are used have been established and posted in the vehicle.                             |             |         | $\boxtimes$ | What vehicles are used? Fleet vehicles have an occupancy limit of 1. Other occupancy limits, if applicable:   |  |  |  |
| 5.          | Washrooms have been identified for use.  |             |         | $\boxtimes$ | If yes, Washroom occupancy limit  |  |  |  |
| 6.          | Break areas for employee use has been identified.  |             |         |             | If yes, what control measures are in place to maintain physical distancing? Occupancy limit If there is an occupancy limit, is a sign posted? Y $\square$ N $\square$ |  |  |  |
|             | Other:   |             |         | $\boxtimes$ |   |  |  |  |
| For c       | entral dispatch office/workspace used on a regular basis 🛛 🛛 Not   | Applica     | ble     |             |   |  |  |  |
| 7.          | Movement within the room(s) is identified, such as with directional arrows, for walkways and entrances/exits.            |             |         | $\boxtimes$ | Signs or arrows on the floor identifying directions.  |  |  |  |
| 8.          | Work stations are set-up to allow for 2 metres physical distancing.  |             |         | $\boxtimes$ |   |  |  |  |
| 9.          | Washrooms have been identified for use.  |             |         | $\boxtimes$ | If yes, Washroom occupancy limit  |  |  |  |
| 10.         | Water fountains are put out of use, and only touchless water bottle filling station available.                           |             |         |             |   |  |  |  |
| 11.         | Mobile fans have removed or put out of service.  |             |         | $\boxtimes$ |   |  |  |  |
| 12.         | Other:   |             |         | $\boxtimes$ |   |  |  |  |
| ENG         | INEERING CONTROL MEASURES  |             |         |             |   |  |  |  |
| 13.         | <u>Barriers</u> are implemented to separate work areas or walk ways, when physical distancing not practical.             |             |         | $\boxtimes$ |   |  |  |  |
| 14.         | Barriers are stable and do not introduce other safety hazards, e.g. tripping.  |             |         | $\boxtimes$ |   |  |  |  |
| 15.         | The impact on ventilation requirements have been considered if there's been a significant use change for the space.      |             |         | $\boxtimes$ | Complete a <u>Facilities and Campus Development (FCD) work requisition for assessment, as</u> needed.   |  |  |  |
| 16.         | Other:   |             |         | $\boxtimes$ |   |  |  |  |
| SIGN        | IAGE (ADMINISTRATIVE) Signage is available @ BCIT onlii  | ne Inve     | entory. | Guide       | elines for posting signs are available on ShareSpace.   |  |  |  |



| #      | Control Measure  | Yes         | No | NA          | Details (as per Directions)  |
|--------|--|-------------|----|-------------|--|
| For co | entral dispatch office/workspace used on a regular basis 🛛 🛛 No  |             |    |             |  |
| 17.    | Posted: Physical distancing (2 m) sign(s) Item 1A  |             |    | $\boxtimes$ |  |
| 18.    | Posted: Hand washing sign(s) Item 29B  |             |    | $\boxtimes$ |  |
| 19.    | Posted: Health screen sign(s) Item 3C  |             |    | $\boxtimes$ |  |
| 20.    | Posted: Hand washing sink location sign(s) Item 14A  |             |    | $\boxtimes$ |  |
| 21.    | Posted: Hand sanitizing station location sign(s) Item 13A  |             |    | $\boxtimes$ |  |
| 22.    | Posted: Protect yourself sign(s) Item 21A  |             |    | $\boxtimes$ |  |
| 23.    | Posted: Occupancy limit of this room sign(s) Item 37A  |             |    | $\boxtimes$ |  |
| 24.    | Posted: Other signs  |             |    | $\boxtimes$ | Please list:   |
| ORIE   | NTATION AND TRAINING (ADMINISTRATIVE)  |             |    |             |  |
| 25.    | Routine safety discussions held to review control measures and safety protocols.   | $\boxtimes$ |    |             | Include review of available signage, such as directional signs, hand washing, and occupancy limits, for awareness of what these signs look like and meaning.   |
| 26.    | All employees have completed the online <u>BCIT Pandemic</u> Exposure Control Plan Training.   | $\boxtimes$ |    |             |  |
| 27.    | All employees have completed the online OHS New Employee Orientation module.   | $\boxtimes$ |    |             | New and Returning Employee Orientation Checklist found <a href="here">here</a> . Each employee to save the checklist to their online OHS New Employee Orientation course. This course is required to be completed by new employees and by employees working on campus. |
| 28.    | Other:   |             |    | $\boxtimes$ |  |
| RULI   | ES AND GUIDELINES (ADMINISTRATIVE)   |             |    |             |  |
| 29.    | All unnecessary and self-serve items have been removed from the spaces under control of this department and accessible to the roving employee. <i>e.g.</i> , <i>pens</i> , <i>paper</i> , <i>etc</i> . | $\boxtimes$ |    |             |  |
| 30.    | Papers and items are not physically passed between roving employees.   | $\boxtimes$ |    |             | If items are provided, they are cleaned between employee use or disposed, or other control measures are in place – Describe:   |
| 31.    | Roving employees have dedicated tools/equipment, e.g., items are not shared between employees.   | $\boxtimes$ |    |             |  |
| 32.    | If cleaning common touch points or tools/equipment not practical, then it is identified when hands are washed/sanitized before and after use.  |             |    |             | Explain: Equipment returned to the Ops room and cleaned. Wash hands or sanitize prior to and after using equipment.  |
| 33.    | Work areas are dedicated for an individual or group use and not shared with others.  | $\boxtimes$ |    |             | Each student has their own equipment.  |



| #    | Control Measure   | Yes              | No    | NA          | Details (as per Directions)  |
|------|---|------------------|-------|-------------|--|
| 34.  | When setting up a work area, signs or other means are used to       | $\boxtimes$      |       |             |  |
|      | indicate work area, providing enough work space for the             |                  |       |             |  |
|      | employee(s) to maintain 2 metre physical distancing from others.    |                  |       |             |  |
| 35.  | Single-use (disposable) products are used where feasible.           | $\boxtimes$      |       |             |  |
|      |   |                  |       |             |  |
| 36.  | Procedures in place to screen employees on a daily basis.           |                  |       |             | The <u>health screen</u> sign (Item 3C, BCIT online inventory, EOC approved signage) is available for reference and is posted on building doors. Employees are expected to self assess daily, and the <u>BCCDC self-assessment</u> tool can be used to support this. |
| 37.  | There is a procedure in place if an employee becomes ill on campus. |                  |       |             | Refer to the <u>Pandemic Scenario Response Plan</u> for more information. If the person is reporting symptoms, ask them to avoid others and return home. If they require immediate medical attention, call First Aid and 911.  |
| 38.  | There are procedures in place if an employee travels before         | $\boxtimes$      |       |             | Refer to the <u>Pandemic Scenario Response Plan</u> for more information. Confirm if the   |
|      | coming to campus, or has been in close contact with someone         |                  |       |             | person is aware of self-isolation <u>requirements</u> and <u>protocols</u> .   |
|      | who has tested positive for COVID-19.                               |                  |       |             |  |
| 39.  | Provisions made for employees to work in cohorts.                   | $\boxtimes$      |       |             |  |
|      |   |                  |       |             |  |
| 40.  | Direction is provided to employees that hand hygiene is             | $\boxtimes$      |       |             | Hand washing with soap and water for at least 20 seconds is preferred. If hands not  |
|      | performed before and after work is conducted and before and         |                  |       |             | visibly dirty, then can use hand sanitizer.  |
|      | after breaks, as a minimum.   |                  |       |             |  |
| 41.  | Direction is provided to employees to read the COVID-19 Safety      | $\boxtimes$      |       |             | The COVID-19 Safety Plan for occupied areas, should be posted in the area.   |
|      | Plan for the area that the work will be conducted, if applicable.   |                  |       |             |  |
| 42.  | There is a process for notifying occupants of the area that the     |                  |       | $\boxtimes$ | Refer to the <u>FCD work requisition</u> , to arrange cleaning.  |
|      | roving employee has been there, and that cleaning has been          |                  |       |             | ☐ There is a visible notification for occupants of the space, after it has been visited by a roving employee.  |
|      | arranged.   | -                |       |             | Toving employee.   |
| 43.  | There is a process for the roving employee to contact the           |                  |       | $\boxtimes$ |  |
|      | supervisor for the area, when work will be conducted.               | -                |       |             |  |
| 44.  | Other:  |                  |       | $\boxtimes$ |  |
| PERS |   | <u>vchart</u> to | deter | nine w      | hat PPE is required for COVID-19 purposes. Refer to PPE order form in Appendix A.  |
| 45.  | Appropriate PPE for the hazards of employee tasks are available     | $\boxtimes$      |       |             | List the ppe and tasks/activities it is required for and provide the quantity and unit of  |
|      | to be provided (non-COVID-19 related ppe).                          |                  |       |             | measure, if applicable (e.g. 2 boxes of 20 each box):  |
| 46.  | Training is provided for the above PPE to employees.                | $\boxtimes$      |       |             |  |
| 40.  | Training is provided for the above PPE to employees.                |                  |       |             |  |
| 47.  | Appropriate PPE for COVID-19 is available to be provided to         | $\boxtimes$      |       |             | Based on circumstances allowed for in the <u>BCIT COVID-19 Go-Forward Plan</u> , Risk Matrix   |
|      | employees. Supply requests emailed to ppe@bcit.ca.                  |                  |       |             | Summary.   |
|      |   |                  |       |             | List PPE and tasks/activities required for and provide the quantity and unit of measure, if  |
|      |   |                  |       |             | applicable (e.g. 2 boxes of 20 each box):  |
|      |   |                  |       |             | Masks, safety glasses, face shields and gloves available in SE10.  |



| #   | Control Measure   | Yes         | No | NA          | Details (as per Directions)  |
|---|---|-------------|----|-------------|--|
| 48.   | PPE safe donning, doffing, disposal, and disinfecting instructional                     | $\boxtimes$ |    |             | Post applicable signs in a visible location if ppe required.                                   |
|   | materials are available for employees.  |             |    |             | Use the <u>OHS Employee Orientation checklist</u> to assist orientation/training by their      |
|   | , ,   |             |    |             | supervisors.   |
| 49.   | Other:  |             |    | $\boxtimes$ |  |
| CLE   | ANING   |             |    |             |  |
| 50.   | After the roving employee has worked in an area, facilities work                        |             |    | $\boxtimes$ | Cleaning includes common touch points and appropriate frequency for the area. This             |
|   | requests will be submitted, where applicable.   |             |    |             | includes high touch areas.   |
| 51.   | Vehicle cleaning schedule, procedure, cleaning materials, and                           |             |    | $\boxtimes$ | Vehicle cleaning procedure located in the COVID-19 Go-Forward Plan, Appendix IV.               |
|   | cleaning responsibility is in place.  |             |    |             |  |
| 52.   | Training will be provided to roving employees performing                                | $\boxtimes$ |    |             | Cleaning Standard Operating Procedures have been located <u>here</u> . What are the cleaning   |
|   | cleaning duties and cleaning materials have been provided.                              |             |    |             | products/materials:  |
|   |   |             |    |             | HealthCare Plus/Pro-Medix - Alcohol Swab Isopropyl Alcohol 70% to clean camera                 |
|   |   |             |    |             | equipment.   |
|   |   |             |    |             | M/h et en e is neguired.   |
|   |   |             |    |             | What ppe is required: Gloves   |
| 53.   | All Safety Data Sheets (SDS) and cleaning procedures used are                           | $\boxtimes$ |    |             | If not, describe:  |
| 33.   | found here.   |             |    |             | , no, uessines   |
| Ε.4   |   |             |    | $\boxtimes$ | Barriers can become contaminate if they are a touch point or if the contaminated with          |
| 54.   | Barrier cleaning process has been arranged if the barrier(s) could become contaminated. |             |    |             | droplets by e.g. coughing or sneezing.   |
|   | become contaminated.  |             |    |             | aropicis by e.g. coughing or sheezing.   |
| 55.   | Common touch points and tools/equipment, that must be shared                            | $\boxtimes$ |    |             | <u>Cleaning/sanitizing procedures</u> for common touch points and shared items are available   |
|   | are identified and cleaned between employees.   |             |    |             | and <u>signs</u> posted e.g. shared machinery, multifunction devices, photocopiers, equipment, |
|   |   |             |    |             | tools, microwaves, kettles, eating surfaces, etc. Identify who will clean and how often        |
|   |   |             |    |             | (e.g. employees or cleaning staff):  |
| 56.   | Storage space for personal articles have been identified and are                        |             |    | $\bowtie$   | Who will clean:  |
| 30.   | cleaned regularly.  |             |    |             | will cicali.   |
|   | cleaned regularly.  |             |    |             | Where is the storage:  |
|   | Other:  |             |    | $\boxtimes$ |  |
|   |   |             |    |             |  |
| For Control Dispetch office /cree under control of the department                 |   |             |    |             |  |
| For Central Dispatch office/area under control of the department   Not Applicable |   |             |    |             |  |
| 57.   | Facilities is aware of the cleaning needs for the area under                            |             |    | $\boxtimes$ | Cleaning includes common touch points and appropriate frequency for the area. This             |
|   | control of the department. Facilities work requests have been                           |             |    |             | includes high touch areas. Provide FCD work request number(s).                                 |
|   | submitted.  |             |    |             |  |



| #   | Control Measure  | Yes         | No | NA          | Details (as per Directions)  |
|-----|--|-------------|----|-------------|--|
| 58. | Assessment of sufficient number of hand wash stations                | $\boxtimes$ |    |             | Consider time it will take for hand washing to take place, to determine what is e.a.   |
|     | conducted, and an appropriate number of handwashing stations         |             |    |             | sufficient number of hand wash stations.   |
|     | are available.   |             |    |             | Students will use facilities in SE10.  |
| 59. | Handwashing station(s), stocked, easily accessed, and have been      | $\boxtimes$ |    |             | Sink Location: 137, 138, 167, 169, 176, 236, 237, 253, 254.                            |
|     | identified to employees.   |             |    |             | Stocked with soap Y $oxtimes$ N $oxtimes$ paper towel Y $oxtimes$ N $oxtimes$          |
| 60. | Hand sanitizing station(s), stocked, and have been identified to     | $\boxtimes$ |    |             | ABHS (Alcohol-Based Hand Sanitizer): Location(s) Throughout SE10.                      |
|     | employees.   |             |    |             | Will hand sanitizer be refilled by department: Y $\square$ N $oxtimes$                 |
|     |  |             |    |             | If No, describe:   |
| 61. | The area(s) have been decluttered so that cleaning is simplified.    | $\boxtimes$ |    |             |  |
|     |  |             |    |             |  |
| 62. | Other:   |             |    | $\boxtimes$ |  |
|     |  |             |    |             |  |
| AUD | IT AND CONTINUOUS IMPROVEMENT  |             |    |             |  |
| 63. | There is a plan to conduct <u>regular inspections</u> of all control | $\boxtimes$ |    |             | Ensure this COVID-19 Safety Plan is posted. Who will conduct these inspections and how |
|     | measures and safety protocols to ensure they are in place.           |             |    |             | often?   |
|     |  |             |    |             | The course instructor.   |
| 64. | Audits of inspections are planned to ensure that control             |             |    | $\boxtimes$ | Who conduct the audits and how often?  |
|     | measures continue to be effective.                                   |             |    |             | The course instructor.   |
|     |  |             |    |             |  |

### **APPROVAL**

| All COVID-19 | All COVID-19 risk control measures for this campus activity are in place. |                |                   |  |  |  |  |
|--------------|---|----------------|-------------------|--|--|--|--|
| Manager      | Name  | Position       | Date              |  |  |  |  |
|              | Kevin Wainwright  | Associate Dean | November 20, 2020 |  |  |  |  |
| EOC          | Name  | Position       | Date              |  |  |  |  |
|              | Glen Magel  | EOC Director   | December 3, 2020  |  |  |  |  |

### **REVISION APPROVAL** (if applicable)

| All COVID-19 risk control measures for this campus activity are in place. |      |          |      |  |  |  |
|---|------|----------|------|--|--|--|
|   | Name | Position | Date |  |  |  |
| Manager   |      |          |      |  |  |  |
|   | Name | Position | Date |  |  |  |
| EOC   |      |          |      |  |  |  |
|   |      |          |      |  |  |  |



### APPENDIX A PPE Order Form

| School of:                                    | Primary Contact Name: |   |  |
|---|-----------------------|---|--|
| Department/Area:                              | Email:                |   |  |
| Delivery Address (Bldg/Office #):             | Phone:                |   |  |
| Item  | Quantity              | Misc. Notes                                     |  |
| Gloves - Size S (50 per box)                  |                       |   |  |
| Gloves- Size S (100 per box)                  |                       |   |  |
| Gloves - Size M (50 per box)                  |                       |   |  |
| Gloves - Size M (100 per box)                 |                       |   |  |
| Gloves - Size L (50 per box)                  |                       |   |  |
| Gloves - Size L (100 per box)                 |                       |   |  |
| Gloves - Size XL (50 per box)                 |                       |   |  |
| Gloves - Size XL (100 per box)                |                       |   |  |
| Disinfectant Wipes (80 wipes per pack)        |                       | Limit 6 packs per department.                   |  |
| Disinfectant Spray Bottles (per 946ml bottle) |                       | Limit 4 bottles per department/area.            |  |
| Hand Sanitizer (per 500ml bottle)             |                       |   |  |
| Disposable Masks (50 per box)                 |                       |   |  |
| N95 Masks (20 per box)                        |                       |   |  |
| Face Shields (per individual unit)            |                       |   |  |
| Plexi Barriers (48x32 with opening)           |                       |   |  |
| Plexi Barriers (48x32 without opening)        |                       |   |  |
| Respirator Mask (per individual unit)         |                       |   |  |
| Respirator Mask Cartridges (2 per pack)       |                       |   |  |
| Gown - Size S/M (per individual unit)         |                       |   |  |
| Gown - Size L/10 (10 per pack)                |                       |   |  |
| Safety Glasses (per individual unit)          |                       |   |  |
| Safety Goggles (per individual unit)          |                       |   |  |
| Visit https://inventory.bcit.ca/collections/e | eoc-approve           | d-ppe for what can be purchased on your behalf. |  |