COMMUNICABLE DISEASE PREVENTION PLAN

Health, Safety and Environment Division

Safety, Security and Emergency Management

Date: September 2023

BCIT®

REVISION HISTORY

Date	Description	Author
MM/DD/YYYY	*Details description of changes made. Can be point form. First entry should be Issued.*	*Who made the changes – first few entries will likely be bare.*
September 22, 2023	Review of Plan.	Glen Magel

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1 INTRODUCTION

1.1 Policy

BCIT is committed to providing the resources necessary to prevent and control the transmission of communicable diseases within the BCIT community.

1.2 Objectives

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

1.3 Scope

This document describes the Communicable Disease Prevention Plan (CDPP) that applies to all sites where BCIT operates in the province of British Columbia. With over 50,000 students enrolled annually and close to 3,000 employees, BCIT's campus locations include the main campus in Burnaby, Aerospace Technology, Marine, Annacis Island, Downtown, and Centre for Applied Research and Innovation, in addition to several satellite locations.

2 REFERENCE MATERIALS & APPLICABLE LEGISLATION

2.1 Regulatory Responsibilities:

- Public health orders (PHOs) applicable to BCIT operations:
- Workers Compensation Act, Section 21 – General Duties of Employers.
- Workers Compensation Act Part 2 Division 4 Guidelines G-P2-21 Communicable disease prevention.
- WorkSafe BC (WSBC) Occupational Health and Safety Regulation (OHSR), Sections 5.54, 6.33, 6.34, 6.40.
- Disease specific Exposure Control Plans

2.2 Codes of Good Practice and Other References

BCIT takes into consideration the advice of the following sources for codes of practice and professional guidelines.

- Government of British Columbia's Guidance and Support and BC Centre for Disease control (BCCDC).

  https://www2.gov.bc.ca/gov/content/covid-19/info.

  http://www.bccdc.ca/

- BCCDC Post-Secondary Public Health Guidance

  http://www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Public_Health_Guidance_Campus.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

  https://www.worksafebc.com/en/covid-19/covid-19-prevention?origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fsearch%23sort%3DRelevancy%26q%3DCommunicable%2520Disease%2520Prevention%26f%3Alanguage-facet%3D%5BEnglish%5D&highlight=Communicable%20Disease%20Prevention

- 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%3AG-P2-21

3 ROLES AND RESPONSIBILITIES

3.1 Senior Leadership Team

- Support workers who have symptoms consistent with a communicable disease; implement policies/procedures to help ensure workers stay home if suspect or have confirmed to be ill with a communicable disease. Support workplace risk assessments and implement control measures for communicable disease transmission as directed by the Public Health Officer or relevant government agencies.
- Support workers in receiving vaccinations for communicable diseases as available e.g. providing the time to take vaccinations.
- Take into consideration workers who cannot be vaccinated. In rare instances, some workers may be advised by their physicians that they should not be vaccinated due to a medical condition, such as a severe allergy to parts of the vaccine. Some workers may choose not to be vaccinated due to other reasons.

- Provides leadership support and resources for the implementation of the CDPP.
- Supports the activation of the Emergency Operations Centre (EOC) as required, such as in a pandemic or serious outbreak
- The Senior Team (as designated by the President) directs EOC activities with response to overall Institute response and recovery when required.
- Provide the necessary resources to act on risk assessment recommendations.

3.2 Emergency Operations Centre (EOC)

- Activated by the President of Senior Director SSEM as required in response to a major communicable disease threat to the Institute (e.g. pandemic, epidemic, serious outbreak, etc.).
- Directs Institute response and activities for protecting BCIT assets, operations, and community during emergency events.
- Supports risk assessment and risk control planning measures.
- Oversees coordination and implementation of necessary control measures, including developing and posting signage, sourcing and installing engineered controls, development and implementation of policies and procedures, and sourcing and distributing PPE.
- Coordinates indoor air quality assessments, as required.
- Complies with Public Health Officer (PHO) directives and guidance.

3.3 BCIT Management

- Responsible for review and implementation of risk assessment and control measures 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.
- Notify SSEM of any perceived or confirmed communicable disease risks impacting their department area, to both staff and employees (ex. Health authority notification, extensive absenteeism due to a common illness, etc.).

3.4 BCIT Supervisors

- Supports training for faculty, staff and/or students in duties and responsibilities under the CDPP.

- Communicates with faculty, staff and/or students on steps being taken and guidelines to adhere to.
- Provides accommodations to faculty, staff, and/or students who can't attend campus due to illness.
- Provides notification to management of any known or suspected communicable disease infections currently impacting their supervised area.
- Ensure faculty, staff, and/or students follow communicable disease control measures implemented in their areas.

3.5 Campus Planning and Facilities (CPF)

- Ensure custodial support to maintain a clean environment through routine cleaning processes that are appropriate for the workplace and industry.
- Ensure Institute areas are stocked with necessary supplies to support disinfecting hand washing and hand sanitizing protocols (e.g. stocking hand washing stations with disinfecting soap, stocking and maintaining hand sanitizing stations, etc.).
- Ensure the building's ventilation systems is in good operating condition as designed, and that preventative maintenance is conducted.
- 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.
- Coordinates indoor air quality assessments, as required.

3.6 Safety, Security and Emergency Management Department (SSEM)

- Establishes and maintains the CDPP.
- Coordinates communications, with BCIT's Public Information Officer, regarding Institute policies and protocols relating to communicable diseases by managing website content, signage requirements, and physical signage posting.
- Coordinates indoor air quality assessments, as required.
- Provides advisory resources for preventing and reducing transmission of communicable diseases.
- A resource for developing processes to ensure exposure prevention-related equipment and materials is readily available.

3.7 Joint Occupational Health and Safety Committee (JOHSC)

- Participates in workplace inspections, investigations and inquiries as provided in the WSBC Act and OHSR, as required.
- Participates in consultation with the employer and employees with the development of the CDPP as required.

- Assists in addressing any employee concerns.
- Where warranted, makes recommendation to the employer based on inspections, worker concerns and compliance of the CDPP with OHS regulatory requirements.
- Monitor the effectiveness of implemented programs and policies and recommendations made.

3.8 Faculty and Staff(Employees)

- Complies with communicable disease prevention policies and procedures put in place by BCIT to reduce the transmission of communicable diseases.
- As applicable, provides accommodations to students who can't attend campus learning due to illness.
- Not attending campus when ill.
- 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.

3.9 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.
- Not attending campus when ill.

3.10 Contractors

- Comply with communicable disease specific procedures and signage 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.).
- Not attending campus when ill.

3.11 Visitors

- Complies with communicable disease specific procedures and signage put in place by BCIT to reduce the transmission of communicable diseases.
- Not attending campus when ill.

4 RISK ASSESSMENT

4.1 Risk-Based Approach

During a major communicable disease event, BCIT will take a risk-based approach to determine how to minimize impact to BCIT operations caused by this event while taking

every reasonable measure necessary to protect the health and safety of the BCIT community. This will be done by performing risk assessments to determine the level of risk posed to the community and recommending control measures based on the hierarchy of controls.

This risk posed by communicable diseases cannot easily be quantified, and must therefore be assessed using a qualitative approach. Risk levels and appropriate controls will be assessed and determined by following guidance from government and public health agencies, such as the WHO, Health Canada, BCCDC, BC Health Authorities, and WorkSafeBC.

4.2 Potential Communicable Diseases at BCIT

Table 1: Potential communicable disease outbreaks that could occur at BCIT, not inclusive.

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 (e.g. COVID-19, seasonal colds and	Yes	Symptoms: fever, cough, shortness of breath and breathing difficulties.

viral infections, etc.)		Transmission: Person-to-person via droplets, coughing, sneezing, or talking;; touching contaminated objects; aerosolization
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.
Legionella (Legionnaire's Disease)	No	Symptoms: Cough, shortness of breath, fever, muscle aches, headaches, sometimes nausea, diarrhea, and confusion. Transmission: Breathing water droplets from contaminated fresh water sources (e.g. hot water tanks/heaters, air cooling systems with cooling towers, etc.)

4.3 Risk Assessment Process

If a risk assessment is required due to an outbreak or other public health emergency, then refer to Appendix B as to the BCIT Risk Assessment matrix and general risk assessment template which would be used. Risk assessments would be conducted by qualified persons, who have applicable training and experience, and reported to the Senior Director SSEM.

4.4 Transmission Risk Factors

When performing risk assessments for communicable diseases, the assessors will examine several different risk factors to help determine the level of risk posed to the BCIT community. These factors will be largely based on information and guidance from relevant government and public health agencies.

4.4.1 Modes of Transmission

A critical component when performing communicable disease risk assessments and recommending control measures is assessing how the disease spreads in the community. Communicable diseases have several modes of transmission including airborne, through bodily fluids (often saliva/mucous, but can apply to all fluids), and through things in the environment like contaminated water and food. What is also considered are the methods that the disease can be transmitted directly (i.e. source to person; source can be an already infected person or an infected food/water source) or indirectly (e.g. surfaces, objects, etc.); these terms are defined in depth in Appendix A.

4.4.2 Community Risk Factors

Information about the populations in which the disease is impacting are critical when communicable disease risk is being assessed. At a population level, the assessors must consider information about the groups/populations infected with and/or spreading the disease (if applicable) and the groups/population we are trying to protect from undue transmission risk (BCIT community). Examples of factors that are considered include:

- If spreads person-to-person, is the disease widespread in the general population (e.g. pandemic, epidemic) or confined to a group of people (e.g. localized outbreak within a BCIT program, department, etc.).
- If source is food, water, or air, to what extend could the BCIT community be exposed to the disease source (e.g. how widespread is the contaminated food, what is the likely source of contaminated water/vapour).
- Does the disease have a vaccine and what is the level of vaccination in both the general population and BCIT community?
- How easy is it to be aware of infections in the community (e.g. can disease only be spread by those visibly ill, or are asymptomatic carriers common?).

This information is use by assessors following all available guidance interpretation from relevant government and public health agencies.

4.4.3 Operations Risk Factors

The main purpose of the communicable disease risk assessments is to assess relevant BCIT operations in relation to the disease modes of transmission and community risk factors. Essentially, what is assessed is that in day-to-day operations of the scope being assessed (e.g. activity/task, class, group, department, building, etc.), with questions including:

- Where will the assessed people come into contact with the disease or the relevant modes of transmission? Examples can include:
  - Likelihood of being exposed to sick individuals or disease sources.
  - Level of public access to buildings and spaces.
  - Amount of common touch points or shared objects.
- How significant are the transmission risk factors encountered (some modes of transmission and community risk factor pose a higher likelihood of transmission than others)?
- How long the community involved in the assessed operations in contact with transmission risk factors?
- What control measures are already in place?

These questions are interpreted into risk levels and control measure recommendations by the qualified person performing the risk assessment, framing these questions and answers with the information and guidance from relevant government and public health agencies.

4.4.4 Personal Risk Factors

Personal risk factors are items that apply to individuals that put them at more or less risk of being infected, transmitting the disease, or suffering a negative outcome from the disease. The main goals of risk assessments are to determine the level of transmission risk for a specified scope and recommend controls the bring that risk level to an acceptable level. Assessors will follow government and/or public health agency guidance when determining the degree in which personal risk factors are considered in the risk assessment.

4.5 Risk Comfort and Accommodation

BCIT will perform risk assessments and recommend and implement controls to the extent that the assessed risk level is within what is deemed acceptable by the Institute. BCIT's acceptable risk comfort level will be in accordance with the guidance and requirements from relevant government and regulatory agencies.

An acceptable risk level is used for communicable diseases because there is often no reasonably achievable way to eliminate the risk of communicable disease transmission. The goal of the CDPP is have the processes in place to ensure that the risk level at BCIT is such that a communicable disease poses minimal risk to the health and safety of the BCIT community and to Institute operations.

An individual's level of risk comfort may not be the same as that followed by the Institute. BCIT requires that at a minimum, all community members follow whatever policies and protocols are in place with respect controlling communicable disease prevent. Individuals may personally practice additional control measures, so long as it does not impact theirs or others ability to perform normal activities and duties at BCIT.

A person requiring medical accommodation to safely perform their activities and duties must contact BCIT Employee Wellness Services (employees) or Accommodation Services (students) for assistance and direction. Any person that feels that their role presents any unacceptable level of risk to their health and safety should notify their supervisor/instructor, and all employees have the right to refuse unsafe work.

4.6 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. Refer to Appendix B for more information.

4.7 Hierarchy of Controls

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.

4.7.1 Engineering Controls

4.7.1.1 Ventilation

- Good ventilation is a key control for communicable diseases, particularly those with airborne or droplet transmission.
- BCIT is committed to maintaining our systems to American Society of Heating, Refrigerating and Air Conditioning Engineers (AHSRAE) standards as referenced by WorkSafeBC or according to best practice.
- ASRAE identifies that there is low risk of transmission of communicable disease such as SARS-CoV-2, norovirus, seasonal influenza) through building HVAC systems (its more common from a fan or an air conditioning unit blowing it within a room).
- ASHRAE's approved statements regarding communicable diseases are available at https:www.ashrae.org/technical-resources/resource.

4.7.1.2 Hands free devices

Many automatic door openers are available on campus, primarily for allowing access to the disabled. Toilets are automatically flushing on BCIT campuses and many garbage containers are foot activated.

4.7.2 Administrative

4.7.2.1 Health Check

All individuals are not to attend campus when ill. BCIT community members are encouraged to use any tools available to help perform health checks that are available through government and public health agencies (usually in response to specific illnesses). Examples includes the currently available 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.

Note: It is recommended that everyone accessing BCIT to complete a daily health self-assessment before coming to campus and not coming to campus if ill.

4.7.2.2 Work Procedures, Training and Awareness

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

- Policies and/or procedures to accommodate employees/students missing work/classes due to illness

4.7.2.3 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.
- 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.

4.7.2.4 Designated Sanitizing Stations

High touch surfaces present a risk of transmission (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).

4.7.2.5 Cleaning Protocols

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.
- Immediately following the cleaning, waste disposal and decontamination, protocols must be followed as defined in the SOP and/or SDS.

4.7.2.6 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.
- 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.
- Wash hands immediately following completion of waste handling.

4.7.2.7 Signage

As required, signage placement will be maintained throughout the buildings with the support of SSEM.

4.7.2.8 Copper Plating on door handles

Copper plating has been added to door handles throughout campuses to reduce bacterial and viral growth on these surfaces.

5 TRAINING AND EDUCATION

Education/Training All employees are required to complete the Employee OHS Orientation, which contains reference to relevant policies and procedures, including the Communicable Disease Prevention Plan. If there is situation where additional education/training is required, such as with a pandemic or outbreak as defined by the PHO, then this will be assessed and provided as needed

5.1 Awareness of the BCIT CDPP

BCIT Employees are required to take the online Employee OHS Orientation and complete the Employee OHS Orientation checklist which references the CDPP . 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 would include department and on campus policies for the specific areas. This would be planned to be conducted on the first day of attending campus, or as soon as possible, and include a walkthrough of the accessible facility areas and a review of procedures and policies.

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

https://sharespace.bcit.ca/sites/sas/_layouts/15/DocIdRedir.aspx?ID=EN6ET6V6ASTC-1784128095-822

6 COMMUNICATION

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

7 DOCUMENTATION

Communicable disease related risk assessments will be kept for at least five years.

8 PROGRAM REVIEW

The CDPP will be reviewed every 3 years or as needed when 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.

APPENDIX A

Definitions

APPENDIX A: DEFINITIONS

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.

Communicable Disease

An infectious disease (e.g. flu, measles) that is transmissible by contact with infected individuals or their bodily discharges or fluids (such as respiratory droplets, blood, or semen), by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors (such as mosquitoes, fleas, or mice)

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.

Direct Transmission

An infectious agent is transferred from a reservoir to a susceptible host by direct contact or droplet spread.

Indirect Transmission

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.

APPENDIX B

Risk Matrix

APPENDIX B: RISK MATRIX

OCCUPATIONAL HEALTH AND SAFETY RISK MATRIX

Please use for all Occupational Health and Safety Risk Assessments

			Severity				
			May be an incident but no injury or exposure	Minor injury or first Aid Treatment - No time loss beyond day of incident	Serious injury causing hospitalization or visit to physician - Limited ongoing treatment - e.g. time loss to 3 mo.	Life threatening or irreversible health damage causing hospitalization - Ongoing treatment e.g. time loss beyond 3 mo.	Fatality, or multiple life-threatening injuries
			1. Insignificant	**2. Minor**	**3. Moderate**	**4. Major**	**5. Catastrophic**
Likelihood	Is expected to occur in most circumstances	**5. Very Likely**	Low (5)	Medium (10)	High (15)	Extreme (20)	Extreme (25)
	Will probably occur based on current practice	**4. Likely**	Low (4)	Medium (8)	High (12)	High (16)	Extreme (20)
	Might occur at some time in the future based on current practice	**3. Possible**	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
	Could occur but doubtful	**2. Unlikely**	Low (2)	Low (4)	Medium (6)	Medium (8)	Medium (10)
	Is expected to occur in most circumstances	**1. Rare**	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)

Note: Based on the BCIT Enterprise Risk Management Risk Heat Map (Appendix A; for reference only).

https://sharespace.bcit.ca/sites/sas/Risk%20Assessments/Risk%20Assessment%20March%202023.pdf

Characteristics/Activities	Risk Ranking (LOW-MED-HIGH)	Rationale	Risk Management Strategies
Building Staff Occupants/Students/Visitors/Contractors/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. ✓ Hand hygiene facilities/washrooms and/or sanitizing stations with appropriate signage. ✓
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

Characteristics/Activities	Risk Ranking (LOW-MED-HIGH)	Rationale	Risk Management Strategies
			✓ Consider particulate or air quality monitoring to determine air quality.
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. ✓ Hand hygiene facilities/washrooms and/or sanitizing stations with appropriate signage. ✓ Occupational First Aid Attendant Protocols during COVID-19 and for other suspected communicable diseases.

APPENDIX C

Signage Code

BCIT™

APPENDIX C: SIGNAGE CODE

Provided Signage/Floor Markings		
Title	**BCIT Sign Code**	**Typical Posting Location**
Washroom Hand Wash	29B / 32B	In all washrooms, adjacent to the sink
Sani Tower	59N	Common areas, building entrances, teaching spaces and offices

APPENDIX D

Employee Orientation Checklist

APPENDIX D: EMPLOHYEE 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 or current 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
- You are returning from an extended leave of absence, 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) EMPLOYMENT 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 (optional but recommended)
Emergency contact and location information for all campuses

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.
☐ 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. ☐N/A
☐ Reviewed all personal protective equipment (PPE) used in area (please list): ☐N/A
☐ Completed the Respect in the Workplace online training.
☐ Completed the Employee OHS Orientation content and quizzes in online training.
☐ Reviewed BCIT Communicable Disease Prevention Plan. ☐N/A

Fire alarm and Emergency Evacuation:

☐ Locations of fire extinguishers and fire alarms. (Refer to the posted evacuation wall plaque in your area).
☐ Locations of appropriate emergency evacuation route, indicate secondary evacuation route. (Refer to the posted evacuation wall plaque in your area).
☐ Assembly points know your area. Maps
☐ Know the fire warden for your area. (if you want to know more about the Fire Warden Program, and who the current fire warden is for your area, contact BCIT Emergency_Management@bcit.ca

Refer to the BCIT Fire Safety Program and Fire Safety ShareSpace page for more information

Review the applicable Emergency Response Guide.
☐ Received instruction and demonstration on area-specific work procedures related to the Emergency Response Guide.

Note: For information contact Emergency Management directly at emergency_management@bcit.ca

Hazardous Materials:

☐ Know the **hazardous materials** used in your area.
☐ Completed WHMIS in Offices in the Employee OHS Orientation Course and the WHMIS Risk Assessment
☐ WHMIS for Non-Office Areas (if applicable per the WHMIS Risk Assessment) ☐N/A
- (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:

☐ Know the location of the spill kits. ☐N/A
☐ Received training on how to clean up a spill. ☐N/A

Asbestos Management: ☐N/A

☐ Known sources of asbestos in your area. Facilities and HSE if you have questions.

More info: Asbestos Management

Biosafety - Containment Level 2 Laboratories:

☐ Completed CL2 laboratory-specific orientation ☐N/A

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

Hearing Conservation:

☐ Have a hearing test (Know your exposure). ☐N/A

☐ Use proper PPE. ☐N/A

Ergonomics and Musculoskeletal Injury Prevention:

☐ Setup workstation properly via Ergonomics at BCIT resource.

☐ Learned manual lifting techniques via Ergonomics at BCIT resource.

Working Alone or in Isolation:

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

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

☐ Has been added to the Aware 360 Program. ☐N/A

More info: Working Alone or Isolation.

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

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 (after March 18, 2020)

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, fork lift training certification, hoist training and certification, etc. List here:

STEP 11) OTHER APPLICABLE ONLINE SAFETY TRAINING

Depending on your work area, school, or department you may need to be registered for some of the following courses:

☐ Asbestos Program and Exposure Control Plan
☐ Biosafety Emergency Response Training for CL2 Labs
☐ Confined Space Awareness
☐ Contractor Radiation Safety Training at BCIT
☐ Electrical Safety (in development)
☐ EyeSafeBC Program – Admin Users
☐ First Aid Attendant Orientation
☐ Fit Tester Training
☐ Ladder Safety
☐ Mould Awareness
☐ Noise Control and Hearing Conservation
☐ Lock Out (in development)
☐ Radiation Awareness Training (in development)
☐ Radiation Safety Officer Training (in development)
☐ Respirator Use
☐ Transportation of Dangerous Goods (TDG) All Classes
☐ Transportation of Dangerous Goods (TDG) Class 7 (in development)
☐ Vehicle and Mobile Equipment Use (in development)
☐ Working Alone Procedures and Aware 360 Programs

Your supervisor/manager must email ssemhse@bcit.ca to request access for you.

For more information on HSE education and training for specific audiences please refer to the Training Matrix on ShareSpace.

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 12) 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 E

Acronyms

APPENDIX E: ACRONYMS

ASHRAE

American Society of Heating, Refrigerating and Air-Conditioning Engineers. BCCDC - BC Centre for Disease Control

BCIT PIO

Public Information Officer

CDPP

Communicable Disease Prevention Plan

EOC

Emergency Operations Centre

FCD

Campus Planning and Facilities

HVAC

Heating, Ventilation and Air Conditioning

JOHSC

Joint Occupational Health and Safety Committee

MAEST

Ministry of Post-Secondary Education and Future Skills

PHO

Provincial Health Office

PPE

Personal Protective Equipment

SDS

Safety Data Sheet

SOP

Standard Operating Procedure

SSEM

Safety, Security and Emergency Management

WSBC

WorkSafeBC