

## Return to Campus Safety Plan

Campus:

Date Employees to Return to Campus:

Plan Completed By:

Date:

### Overview

- Your Department Return to Campus Safety Plan must align with the Guidelines for Creating Departmental Return to Campus Safety Plans. Please refer to this document when developing your Department Return to Campus Safety Plan.
- The following questionnaire must be completed prior to bringing your employees back on campus.
- The intent of your Department Return to Campus Safety Plan is to ensure that minimum requirements are being considered to maintain safe work spaces for our employees.
- This questionnaire is by no means exhaustive and there may be other measures unique to your spaces that may need to be considered in developing your Department Return to Campus Safety Plan.
- The requirements identified in this questionnaire are consistent with the current guidelines provided by the Provincial Health Officer, BC Center for Disease Control, and WorkSafe BC.
- Department Return to Campus Safety Plans must be reviewed and signed off by the Manager, Occupational Health and Safety.
- Once signed off by the Manger, Occupational Health and Safety, the Department Return to Campus Safety Plans must be signed off by the appropriate Vice President.

Department Return to Campus Safety Plans will be posted on the Human Resources COVID-19 SharePoint website and will be shared with the campus Joint Occupational Health and Safety Committee.

When completing this questionnaire, describe the implementation details for each item below. If the question is not applicable answer n/a. If you have any questions, please contact Pablo Dobud, Manager, Occupational Health and Safety.

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### Return to Campus Outline

What is the plan to return employees to campus?

How many employees are anticipated on campus and on which days?

Provide a rationale as to why employees need to be on campus.

### **Orientation, Information, and Training**

What orientation, information and training on the Department's Return to Campus Safety Plan has been provided to employees?

How have you documented which employees have been provided orientation, information, and training?

### **Unwell Employees**

What process is in place to advise employees to stay home if sick, and how to report COVID-19 like symptoms? Supporting measures should also be in place to accommodate absences and provide coverage, if applicable.

### **Physical Distancing Requirements**

Describe how your plan meets the physical distancing requirements.

How are you going to support the flow of people throughout the department? Provide a floor plan indicating direction of flow of people, location of workstations, and entry and exit points. Identify the use of directional arrows if required.

If applicable, has Facilities been notified of additional signage required for the office (i.e. hand washing, physical distancing)?

Do you require sneeze guards? If so, please indicate the rationale for the sneeze guards and where the sneeze guards are to be installed.

### **Handwashing and Good Hygiene Practices**

How have you promoted regular handwashing and good hygiene practices?

### **Cleaning and Sanitizing**

Please describe any areas where there may be risks, either through close physical proximity or through contaminated surfaces.

What is your cleaning/sanitizing protocol for shared equipment? If applicable, has Facilities been notified of additional cleaning needs for office/workstations? Have employees been given instructions for the safe and correct use of any cleaning/sanitizing materials?

## Personal Protective Equipment

Do any of your employees require Personal Protective Equipment (PPE)? How have your employees received the appropriate training for PPE?

What process has been developed to deal with employees who are not following the Department Return to Campus Safety Plan?

Please include any additional information and attachments as needed.

### Reviewed and Approved By:

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Manager, Occupational Health and Safety

Date:

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Vice President, Academic

Date: