

COVID-19 SAFETY ORIENTATION - SUMMER 2021

PRECAUTIONS AGAINST COVID-19 TRANSMISSION REQUIRED FOR EVERYONE (EVEN IF VACCINATED)



HEALTH ASSESSMENT

Perform a personal health assessment each day before coming JIBC campus or attending JIBC activities at other locations – use the [BC Thrive Assessment tool](#)

- If you have symptoms notify us and stay away
- If you feel ill when already on campus – notify your instructor and/or First Aid and follow their instruction



WEAR A MASK

Wear a mask over nose and mouth whenever closer than 2m to anyone else. Required indoors (except when protected by a plexi-glass barrier in a classroom), and in class activities outdoors. Mask requirements will increase or decrease based on **local** conditions and MHO guidance. Follow changing guidance as posted.

If you have forgotten a mask – one is available from Campus Security or a Campus Administrator.



MAINTAIN DISTANCE

Keep 2m distance from other people whenever possible and avoid congregating in closer groups. Respect posted occupancy limits on rooms, elevators, and washrooms. When distancing requirements do relax - respect other's need for personal space. Distance requirements will increase or decrease based on **local** conditions and MHO guidance. Follow changing guidance as posted.



WASH YOUR HANDS

Wash your hands with soap and water or use hand-sanitizer regularly:

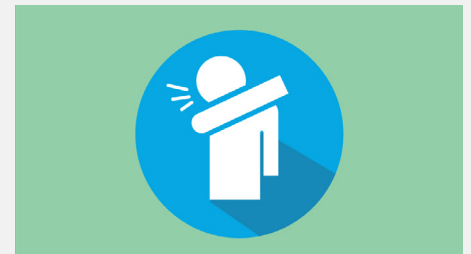
- When you enter and leave a building or class
- Before you eat
- After using washrooms



WORK-PODS

You may be assigned to a small group “work pod” or “cohort” in your class for close-contact activities. Please limit your close contacts to that pod.

This is meant to reduce the chance of exposure for the whole class in case someone is asymptomatic (ill but not experiencing symptoms yet).



COUGH/SNEEZE ETIQUETTE

Use cough/sneeze etiquette to reduce projecting respiratory droplets.

Cover your mouth and nose with a tissue or the bend of your elbow, then immediately dispose of the tissue properly, and wash your hands as soon as possible.



VACCINATIONS

JIBC highly recommends getting both doses of your COVID-19 vaccinations. It is the single best control available to prevent transmission.

We also recognize that while some of our students and faculty received early vaccinations based on their external roles, many of our staff, and most of our student population, fall into younger demographics and did not have that opportunity – they are just being able to receive their second doses in July or August, and will require another two weeks after that before they are considered fully vaccinated. In order to provide protection for everyone, we ask that you commit to following the above precautions and any further instruction provided on site.

HOW IT SPREADS

Coronavirus is spread from an infected person through respiratory droplets and aerosols (smaller droplets) expelled when they talk, sing, shout, cough, or sneeze.

SYMPTOMS

Symptoms of COVID-19 are similar to other respiratory illnesses like the flu and common cold. Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, loss of sense of smell, headache, muscle aches, diarrhea, fatigue, and loss of appetite.

RISK ASSESSMENTS

JIBC regularly assesses the risks of our activities for both students and staff and establishes appropriate controls based on current guidance from the Ministry of Advanced Education and Skills Training, WorkSafeBC and the Public Health Officer. Rules and expectations for employees and students participating in our activities are specific to our hazards and circumstances.

These may be more stringent than requirements that apply to everyone in the general public on their own time.

CLOSE CONTACT ACTIVITIES

Due to the applied learning that is integral to JIBC training, some activities cannot be completed while maintaining physical distance – you need to move in close. The time duration of close contact should be limited as much as possible. This reduces potential exposure. Immediately after you complete the close contact part of the activity you should move apart again and maintain distance.

TRANSITION PERIOD COVID-19 ORIENTATION

INFORMED CONSENT AND ASSUMPTION OF RISK FORM

1

I have reviewed the Transition Period COVID-19 Orientation document and understand its content. In choosing to participate in a JIBC face-to-face or in-person activity, I acknowledge and agree that I must do my part to ensure a safe working environment for all participants and will:

- Diligently follow and promote the practices described in the Module, campus signage and any other JIBC protocols;
- Maintain awareness of current COVID-19 developments and public health guidelines; and
- Limit personal contact and maintain physical distancing, as per changing public health guidelines, while not on campus to minimize potential impact on other JIBC activity participants.

_____ **Initial to Agree**

2

I understand that it is my responsibility to perform a daily personal health assessment which means:

- Complete the BC Health Self-Assessment Tool (<https://bc.thrive.health/covid19/en>) (the "Assessment") every day before coming to campus or face-to-face location.
- Follow the directions provided by the Assessment and stay away and not attend any JIBC campus or face-to-face activity if recommended by the Assessment or any other medical or health professional.
- Immediately inform my instructor and/or supervisor if I am required to stay away.

_____ **Initial to Agree**

3

I hereby acknowledge that despite JIBC taking precautions to keep me safe, there is still risk of contracting COVID-19 as a result in my participation in JIBC face-to-face activities, which are delivered in-person. I am prepared to accept this risk.

I hereby acknowledge that I am not required to participate in any JIBC face-to-face activity at this time and that I am choosing to do so of my own free will. I understand that it is my responsibility to learn as much as possible about the risks of participating in the face-to-face activity at this time and to weigh those risks against the advantages, and to decide whether or not to participate.

_____ **Initial to Agree**

Name
Student Number
Signature