

Communicable Disease Exposure Control Plan



**JUSTICE
INSTITUTE**
of BRITISH COLUMBIA

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Land Acknowledgement

JIBC has campuses located throughout British Columbia and we respectfully acknowledge that JIBC is situated on traditional, unceded and treaty territories of First Peoples.

Scope and Regulatory Compliance

The JIBC Communicable Disease Exposure Control Plan (this Plan) applies to all JIBC employees, contractors, students, and visitors on our sites and in community-based JIBC activities. This plan falls under the [JIBC Occupational Health and Safety Policy 2310](#), as a part of JIBC's Health and Safety Program and contains all general and disease-specific exposure control plans pertaining to JIBC activity.

The plan aligns with the intent and definition of:

- *B.C.'s Workers Compensation Act*
 - *Part 21 General duties of employers*
 - *G-P2-21 Communicable disease prevention*
- *B.C.'s Occupational Health and Safety Regulation*
 - *Section 4.85 Washroom facilities*
 - *Sections 4.70-4.80 Indoor air quality*
 - *Section 6.34 Exposure control plan*
- *B.C.'s Public Health Act*
- *BC's Reporting Information Affecting Public Health Regulation*
- [COVID-19 Return-To-Campus Guidelines](#) (MAEST, July 5, 2021)

Acronyms

AEST – Ministry of Advanced Education and Skills Training

BCCDC – British Columbia Centre for Disease Control

CDP – Communicable Disease Plan

ECP – Exposure Control Plan

EOC – Emergency Operations Centre

FA – First Aid

HR – Human Resources

HSEM – Health, Safety and Emergency Management (staff function at JIBC)

JCDECP – JIBC Communicable Disease Exposure Control Plan

MHO – Medical Health Officer (BC Regional Health Authorities)

OHS – Occupational Health and Safety
PHO – Public Health Office (BC)
PHAC – Public Health Agency of Canada
PPE – Personal Protective Equipment
SWP – Safe Work Procedure
WHO – World Health Organization

Statement of Purpose

The JIBC Communicable Disease Exposure Control Plan (this Plan) outlines the communicable disease prevention practices implemented at JIBC to prevent and respond to a communicable disease outbreak. An outbreak is defined as disease cases above what would normally be expected for a community, geographical area, or season. Outbreaks are declared by local public health authorities. This Plan outlines roles and responsibilities, routes of transmission, risk assessments and the control measures to reduce this risk.

A communicable disease is an illness that can be contracted through contact with a human or animal, their discharges, or contaminated items carrying an infectious agent. An infectious agent is a disease-causing organism, such as a bacteria, virus, or parasite. Once a person has contracted an infectious disease, they can then pass it on to others.

Examples of communicable diseases that may circulate in a workplace or post-secondary institution include but are not limited to COVID-19, norovirus, and seasonal influenza. The Reportable Communicable Diseases Schedule of BC's *Reporting Information Affecting Public Health Regulation* is attached as Appendix 1 for reference.

Any disease-specific Exposure Control Plans as required by the BC Occupational Health and Safety Regulation pertaining to JIBC activities will be incorporated as appendices to this Plan.

Roles and Responsibilities

We all contribute personally and professionally to ensuring a healthy JIBC community by getting vaccinated (as we are able), following this plan and any specific event/activity safety plans, performing our daily health check, staying home when sick, wearing masks as required, following handwashing and hygiene etiquette, maintaining distance when space allows, and following public health guidance both on and off campus. It is up to each one of us to do our part, but it is our collective efforts that will make the difference. This is the time to be kind, to be calm, and to be safe.

Executive

The Executive is responsible for:

- Ensuring the overall health protection of the JIBC community
- Ensuring implementation of this plan and provision of adequate resources to do so
- In periods of elevated risk, modifying Institute service models and levels following a risk-based approach in consultation with HSEM, AEST and/or as ordered by national, provincial, or regional health authorities
- Ensuring support and compliance with the requirements of this plan are prioritized by Deans and Directors

Health, Safety & Emergency Management

HSEM is responsible for:

- Monitoring guidance and/or orders regarding Communicable Disease prevention and mitigation from Federal and BC Health Authorities, the Ministry of Advanced Education and Skills Training (AEST) and WorkSafe BC; and updating the Plan
- Providing information and advice to executive; divisions/departments; the OHS committee; and individuals on the implementation of this Plan
- Developing safety training and ensuring records are maintained for the JIBC community, including for fit-testing whenever respirators are issued
- Support the OHS Committee to investigate and resolve any reported safety concerns

Deans and Directors

Deans are responsible for:

- Ensuring the Plan is implemented in all departments/facilities under their authority.
- Addressing non-compliance with the Plan within their areas of responsibility, as necessary.

Managers/Supervisors

Managers/Supervisors are responsible for:

- Advising employees of the Plan and the precautions needed to protect against, or respond to and mitigate, exposure to infectious agents.
- Ensuring their employees complete any training that is required under this plan.
- Monitoring the workplace to ensure their employees and students understand and follow the measures set out in the Plan, including temporary measures when implemented in periods of elevated risk.
- Investigate and resolve or refer any reported safety concerns to the OHS Committee and HSEM.

Faculty and Program Staff

Faculty, with support of Program Staff, are responsible for:

- Advising students in their courses on the precautions needed to protect against, or respond to and mitigate, exposure to infectious agents.
- Ensuring students in their courses complete any training required under this plan.
- Monitoring students and teaching supports (eg. actors) to ensure they understand and follow the measures set out in the Plan, including temporary measures when implemented in periods of elevated risk.
- Resolve, or refer any reported safety concerns to Manager/Supervisor

All students, faculty and staff have the following responsibilities:

- Understand the Plan and follow the procedures outlined in the Plan to protect against exposure to infectious agents.
- Participate in education and training sessions.
- Use any required personal protective equipment (PPE) as instructed.
- Report health and safety concerns to their supervisors/instructors.

How Communicable Diseases Spread

A communicable disease is any disease that passes between people or animals. People sometimes refer to communicable diseases as “contagious” or “transmissible” diseases. Pathogens, including bacteria, viruses, fungi, and protists (single cell organisms), cause communicable diseases. A person may develop a communicable disease after becoming infected by the pathogen.

Once a pathogen has entered a person’s body, it will begin replicating, and that person can then pass on the illness to others. The individual may also begin to experience symptoms, or remain asymptomatic and not know they have an illness. Some symptoms are a direct result of the pathogen damaging the body’s cells. Others are due to the body’s immune response to the infection. Communicable diseases are often mild, and symptoms pass after a few days. However, some can be extremely serious, potentially life-threatening, or resulting in long-term effects.

Transmission of disease happens differently for different pathogens. Understanding the how a particular pathogen it is transferred between people, what conditions it requires to stay viable between hosts, and the route of entry it takes into the body, tell us how we can prevent that transmission.

Transmission mechanisms include:

Contact Transmission

Direct or indirect contact with a person, animal, or thing carrying the pathogen.

Direct contact is physical contact such as touching, kissing or any sexual contact.

Indirect contact involves the passive transfer of microorganisms via an intermediate object such as contaminated instruments, door handles, shower floors, or dirty pet fur.

Droplet Transmission

Infected persons can generate large droplets during coughing, sneezing, or during certain medical procedures. These droplets can travel short distances (approx. 2 metres or less) through the air and infect other persons when the droplets are inhaled or they contact eyes, nose, or mouth. Note infectious agents can remain active for varying amounts of time in droplets

deposited on different surfaces and can then be transferred when touched via hand to eyes, nose, or mouth.

Airborne Transmission

Infected persons can generate small airborne particles during coughing, sneezing, or during certain medical procedures. These smaller particles can remain suspended in the air for long periods of time and are widely dispersed by air currents.

Routes of entry include:

Inhalation – breathing droplets or particles into the respiratory tract or lungs

Ingestion – consuming contaminated food or water (often contaminated via fecal matter)

Injection/puncture – contaminated sharps or animal/insect bites introduce pathogen to the blood stream

Contact with eyes or mucous membranes

Contact with skin surface

Examples of specific communicable disease transmission routes include:

- Breathing in droplets (influenza, legionnaires, COVID-19) or airborne particles (tuberculosis (TB), measles);
- Breathing in animal or bird fecal dust (hantavirus);
- Touching contaminated surfaces, pets, or people with transfer to mucous membranes of eyes, nose, or mouth (norovirus, influenza, TB, COVID-19);
- Touching contaminated surfaces or people with transfer through skin abrasions/cuts (staphylococcus, tetanus);
- Sexual intercourse (gonorrhea, HIV);
- Fecal/oral eg. food contamination, contact with dirty pet fur (hepatitis A; salmonella);
- Blood (human immunodeficiency virus (**HIV**), hepatitis B), bacteria (tetanus);
- Water (cholera);
- Insect or animal bites (mosquito- malaria and yellowfever; flea- plague); animals- rabies, tetanus)

Prevention Strategies

Communicable disease prevention focuses on basic risk reduction principles to reduce the risk of transmission. The fundamental components of communicable disease prevention include both ongoing measures and additional measures to be implemented as advised by Public Health Authorities.

Risk control

B.C.'s *Occupational Health and Safety Regulation* requires JIBC to implement communicable disease controls in the following order of preference:

Controls used to mitigate the risks of exposure include:

- Elimination: vaccination, removal from the situation
- Engineering controls: barriers that limit human contact (physical or electronic); ventilation system design
- Administrative controls: hygiene procedures, cleaning practices, illness procedures, distancing

practices

- Personal Protective Equipment (PPE): masks, respirators, gowns, gloves, face shields/goggles

Ongoing Measures:

The following measures are detailed in Appendix A and form the baseline for all operations.

- Encouraging and supporting employees in receiving vaccinations for vaccine-preventable conditions to the extent that they are able.
- Supporting employees and students who may be sick with a communicable disease so they can stay home (for example, when exhibiting symptoms such as fever and/or chills, recent onset of coughing, diarrhea),.
- Ensuring building ventilation is properly maintained and functioning as designed.
- Promoting hand hygiene by providing hand-hygiene facilities with appropriate supplies and reminding employees through signage to wash their hands regularly and to use appropriate hand-hygiene practices.
- Maintaining a clean environment through routine cleaning processes and specific blood borne pathogen protocols.
- Monitoring any cases related to JIBC activities and providing information to health authorities as required.

Responding To Elevated Risk

From time to time, public health officials may advise of elevated risks of specific communicable disease transmission in particular workplaces or contexts. Where public health has advised of an elevated risk relevant to an employer's workplace, region, or industry, employers must take steps to assess the risk in the workplace and implement commensurate control measures including any necessary measures directed by public health. JIBC will implement risk-based Elevated Risk Measures following guidance or orders of the BC Centre for Disease Control (BCCDC), BC Ministry of Health, Public Health Officer, regional Medical Health Officer(s), WorkSafe BC, and AEST. JIBC will ensure consultation on how best to implement such measures with their Occupational Health and Safety Committees.

Elevated Risk Measures, when implemented and when lifted, will be communicated to Employees, Faculty, Contractors, Students and Visitors as Appendix B.1, B.2 etc in this plan, and via signage and web postings on both the public internet and staff intranet sites. These will be reinforced as required via email communications and/or specific mandatory course modules.

Communication, Education, and Training

JIBC has established the following means of sharing information across the organization:

- Health and safety information on JIBC public webpage and staff intranet;
- Employee emails—sent on a regular basis;
- Student emails, web, and social media posts—issued on a regular basis; and
- Visitor and contractor information – sent via email, web and social media posts

Communicable disease is a matter of public health. Information noted within this plan is intended for all employees, faculty, contractors, students, and visitors.

All employees are required to take the Communicable Disease Safe Work Practices eLearn module incorporated in the Employee Safety Orientation e-course.

During periods of elevated risk specific mandatory e-courses may be required as a prerequisite to in-person course registration or site access for employees, faculty, contractors, students, and visitors.

Review

This document will be reviewed on an annual basis and/or when there is a change in risk, and when there are changes to public health and BCCDC guidance documents and instructions for the prevention of communicable diseases. Occupational Health and Safety Committee(s) will be consulted on the plan and its implementation. HSEM is responsible to review and update the plan.

Appendix A: Ongoing Measures

Vaccination support

All employees and students are encouraged to be vaccinated against those communicable diseases for which vaccines are available, specifically including COVID-19.

JIBC provides vaccination support by means of:

- Up to two hours of paid leave for medical appointments for self or dependent (can be used for vaccination appointments) under Collective Agreement/Fair Comparison Handbook
- Up to three hours of paid leave specifically for COVID-19 vaccinations under Employment Standards Act
- On-campus and/or pharmacy-arranged Influenza vaccinations clinics
- Free hepatitis-B and tetanus vaccination for those employees determined as occupationally at risk through a job-specific risk assessment reviewed by HSEM

JIBC understands that not everyone will or can be vaccinated. When this is the case, and the individual's position or circumstances are evaluated as high risk, additional risk-control measures may need to be put in place, or a medically supported formal accommodation may be required. Contact Human Resources (employees) or Student Services (students) for information.

All employees, students and visitors are reminded that medical procedures, including vaccinations, are matters of personal, medical privacy. Collecting information regarding vaccination status must specifically be authorized by Human Resources and Health, Safety and Emergency Management. When such information is required for valid occupational safety or compliance reasons, it must be managed as confidential information.

Building ventilation (HVAC systems)

Following the direction of WorkSafeBC and the PHO, institutions must ensure that building heating, ventilation, and air conditioning (HVAC) systems are operating and maintained in accordance with WorkSafeBC requirements and relevant ASHRAE Standards. HVAC systems that operate properly do not contribute to the spread of communicable diseases.

JIBC Facilities Management regularly assess and maintain our building HVAC systems to ensure they continue to meet (and exceed) these requirements. During periods of elevated risk – any changing HVAC requirements will be reviewed and addressed.

Our HVAC systems are effective on their own to achieve the currently recommended air refresh and filtration levels. Windows can be opened as needed for comfort.

Cleaning requirements and provisions

Custodial Cleaning

The Institute is committed to maintaining a healthy environment through routine cleaning practices and implementing enhanced cleaning practices when recommended by public health during periods of elevated risk.

Program Area or Service Unit Cleaning

Areas or units which may have specialized cleaning practices due to their activities or regulatory requirements (e.g. gymnasium mats, food service areas, etc.) should continue to follow those practices, in addition to any other requirements that may be in place from the PHO. Program areas are responsible for cleaning specialized equipment such as gym mats; turnout gear; high touch points on training vehicles.

Shared Use Classroom and Prep-Room Supplies

Administrative Prep-Rooms and shared spaces such as the cafeteria are equipped with cleaning supplies that include:

- Health Canada approved hand sanitizer
- Health Canada approved disinfecting wipes (disinfectants should only be used on surfaces, not on people.)

All employees, students and visitors may wipe down any shared workstation and keyboards before use, using the disinfectant wipes provided.

Daily health self-checks and illness reporting

Daily health self-checks

All employees, students and visitors are advised to monitor their own health on daily basis and stayhome if they are feeling unwell.

There is no current requirement for reporting your daily health self-check status prior to coming on campus or attending Institute events. Daily health self-checks will be monitored and recorded only where and when they are required by industry-specific guidance or provincial/medical health officer direction.

The BC Thrive Health App should be used to guide daily health self-checks related to COVID-19 and assess any follow-up steps required: <https://bc.thrive.health/covid19/en>

Note that your daily health self-check and staying away when ill, should consider signs of communicable illnesses in general, not just COVID-19.

Illness reporting

Before coming on campus or attending an Institute event

After completing a daily health self-check, any employee, contractor student, or visitor who finds themselves feeling ill:

- must not come on campus or attend any Institute events
- follow the [JIBC Case Reporting Process](#) to ensure necessary actions are evaluated/taken
 - **Employees (staff and admin)** must inform their supervisor
 - **Faculty** must inform their program manager or coordinator
 - **Students** must inform their instructor by email

While on campus, at an Institute event or within days of the visit

Any employee, student or visitor who becomes ill on campus or at an Institute event, on

practicum, clinical or other field placement:

- must leave campus or the Institute event if able, or seek assistance from First Aid who will provide assessment, temporary isolation, and refer for medical aid if appropriate
- follow the [JIBC Case Reporting Process](#) to ensure necessary actions are evaluated/taken
 - **Employees (staff and admin)** must inform their supervisor
 - **Faculty** must inform their program manager or coordinator when they are sick
 - **Students** must inform their instructor and/or program coordinator by email

First Aid:

- **New Westminster Campus 604-528-5678**
- **Maple Ridge Campus** – Use **Callbox** in Classroom Complex hallway to radio First Aid
- **Chilliwack Campus –604-402-9134**
- **Okanagan Campus –604-545-1120**
- **Pitt Meadows Campus –604-458-0294**
- **Victoria Campus –778-405-1288**

Medical benefits and claims

Employees and students should familiarize themselves with their extended medical benefits:

- [Employees](#) – Fair Comparison or BC Government Employees Union (BCGEU) benefits
- [Students](#) – Justice Institute Student Union (JISU) benefits for eligible students; International students should check their individual medical insurance policies.

Employees, students participating in practicum placements, or post-employment recruits who have contracted a communicable disease through a verified contact at work, or because of an outbreak at work, are eligible and should apply for a WorkSafeBC medical claim by submitting a [Worker's Report of Injury or Occupational Disease to Employer](#) **and** email the completed form to safety@jibc.ca and they will help you through the remaining steps.

Hand-hygiene requirements and provisions

As an active measure against the spread of communicable disease all employees, students and visitors are encouraged to frequently wash and/or sanitize their hands and to cough and/or sneeze into a tissue or their elbow.

Hand-washing facilities with soap are available in every washroom on all campuses. Hand sanitizer dispensers are located inside every main entry door and available at strategic locations in all main hallways.

All organized Institute events must include access to handwashing and/or sanitizing facilities. For courses taking place in community or at other off-campus locations – program coordinators and instructors are responsible to ensure handwashing and/or sanitizer is available and communicate its location.

PPE Risk Assessment

The risk assessment table used below is adapted from WorkSafe BC *Occupational Health and Safety Regulation Guideline G6.34-6*. This guideline is used as a reference, to evaluate risk level to JIBC workers, depending on their potential exposure to communicable disease in the workplace.

Respiratory Illnesses – Risk Assessment based on contact levels

the level of risk and risk controls in place for these employees during normal operations.

	Low Risk <i>Persons who typically have limited or no contact with infected people.</i>	Moderate Risk <i>Persons who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces</i>	High Risk <i>Persons who may have contact with infected patients or with infected people in small, poorly ventilated workspaces</i>
<i>Hand hygiene</i>	Yes (washing with soap and water; using a Health Canada approved hand sanitizer rub or hand wipes that contain an effective sanitizer)	Yes (washing with soap and water; using a Health Canada approved hand sanitizer rub or hand wipes that contain an effective sanitizer)	Yes (washing with soap and water; using a Health Canada approved hand sanitizer rub or hand wipes that contain an effective sanitizer)
<i>Disposable gloves</i>	Not required	Not required , unless handling contaminated objects on a regular basis (or using disinfectant chemicals for extended period)	Yes , in some cases, such as when working directly with infected patients.
<i>Aprons, gowns, or similar body protection</i>	Not required	Not required , unless determined by a current task-based risk assessment*	Yes , in some cases, such as when working directly with infected patients.
<i>Eye protection—goggles or face shield</i>	Not required	Not required , unless determined by a current task-based risk assessment*	Yes , in some cases, such as when working directly with infected patients.
<i>Masks and/or N95 respirators</i>	Not required	Not required , unless determined by a current task-based risk assessment*	Yes , in some cases, such as when working directly with infected patients.

*Task-based risk assessments can be arranged through HSEM

Respiratory Illnesses – Risk Assessment based on position type

POSITION	LEVEL OF RISK	CONTROL PROCEDURES
Public/student facing service counter employees	Low	Regular and effective hand hygiene, illness protocols, cleaning practices, barriers
Instructors (general)—on campus	Low to Moderate	Regular and effective hand hygiene, illness protocols, cleaning practices, PPE as per task-based risk assessment
Instructors (lab/clinical)—during HSD clinical placements at healthcare facilities	Moderate	Regular and effective hand hygiene, illness protocols, healthcare facility cleaning practices, PPE as per task-based risk assessment
Instructors (Close contact practice /simulation) – on campus	Low to Moderate	Regular and effective hand hygiene, illness protocols, cleaning practices, PPE as per task-based risk assessment
Instructors (other/offsite)	Low to Moderate	Regular and effective hand hygiene, illness protocols, PPE as per task-based risk assessment
Facilities employees	Low to Moderate	Regular and effective hand hygiene, illness protocols, cleaning practices, PPE as per task-based risk assessment
Managers	Low	Regular and effective hand hygiene, illness protocols, cleaning practices

General administrative employees	Low	Regular and effective hand hygiene, illness protocols, cleaning practices
First-aid Attendants	Moderate	Regular and effective hand hygiene, illness protocols, cleaning practices, PPE as per task-based risk assessment

Blood Born Pathogen Program

Insert here

APPENDIX B: Elevated Risk Period Measures

B.1 COVID-19

Disease Transmission & Route of Entry Information

Key symptoms of COVID-19 include: fever or chills; cough; loss of sense of smell or taste; difficulty breathing. Other symptoms may include: sore throat; loss of appetite; extreme fatigue or tiredness; headache; body aches; nausea or vomiting; diarrhea.

COVID-19 is spread by a variety of Coronavirus. It enters the body as a respiratory infection. Respiratory infections such as influenza (flu) and COVID-19 are mainly spread by liquid droplets that come out of the mouth and nose when a person with the virus breathes, coughs, sneezes, talks, or sings. They do not normally enter the body through skin contact, ingestion, or injection. However live virus can sometimes be transferred to the eyes, nose and mouth by touching a contaminated person or surface and then touching your face.

Additional Temporary Control Measures

JIBC COVID-19 Safety Protocols Summaries– Per Elevated Risk Period

Tables listing measures in effect during period and their supporting processes

- [Fall 2021](#)
- [Summer 2021](#)

Masks (as of Aug 25, 2021)

Face Coverings meeting BCCDC guidelines, and covering nose and mouth, are required indoors in all common spaces including classrooms and vehicle teaching spaces or busses. Face shields alone are not adequate.

- Not required when alone in an office or seated at your own personal desk in a shared office. If someone else joins you in your office, or at your desk, masks must be worn. (Side-by-side shared use desks without cubicle dividers still require masks)
- Not required by staff when providing client service at a service counter when protected by a barrier extending at least 30cm above/below the nose height of the person on either side.
- Instructors (or other presenters) can remove masks to present from a safe zone at least 2m away, assuming everyone else in the room remains masked. Only one person is to be unmasked at a time.
- If someone requires an accommodation - an alternate equivalent safety measure must be put in place (eg. a plexi-glass barrier to allow lip reading). Review with HSEM or Student Services.

Gatherings & Events (as of July 7, 2021)

Non-educational organized events such as graduation ceremonies, conferences, meetings, or events that invite any external participants will require a JIBC Event Safety Plan and prior approval via the Space Booking Working Group. These events are subject to requirements outlined in the PHO order on Gatherings and Events including occupancy limits, seating requirements, and food service limitations. *See JIBC Event Safety Plan Template*. Internal employee-only work activities and meetings can proceed following standard meeting guidelines and do not require special approval.

Discretionary Event – Proof of Vaccination (as of Sept 13, 2021)

Per Order of PHO JIBC will be required to verify Proof of Vaccination prior to allowing access to/participation in certain discretionary events including social activities; graduation ceremonies; intramural gym activities; and fitness room. This will not apply to education activities such as classes, library use, tutorials, or campus cafeterias. Details of program are yet to be confirmed.

Travel

Within BC travel is authorized. Avoid travel to regions with regional MHO travel restrictions in place if not essential to provide education services.

Inter-provincial travel is authorized except for provinces with travel restrictions. Inter-provincial travel for work or conferences to provinces with travel restrictions will require approval through the Executive until such travel restrictions are lifted. Traveler is required to research restrictions.

International travel for work or conferences will require pre-approval through the Executive until such time as the Canadian Government *Avoid Non-Essential Travel* Advisory for the destination (and any transit) country has been lifted. This includes the USA.

B.2 Place-holder Disease Specific Additional Temporary Measures



Appendix 1 - Reportable Communicable Diseases

Reportable Communicable Diseases Schedule is found stating on page 10 of the [REPORTING INFORMATION AFFECTING PUBLIC HEALTH REGULATION](#)