

**Columbia College**  
**OCCUPATIONAL HEALTH AND SAFETY**  
**Manual**  
**Updated May 2018**

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## Background and Responsibilities

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### 1.0 Background

The following strategies were drawn from Alberta, Occupational Health and Safety (OHS) Act 2018. They are consistent with the beliefs of Columbia College and therefore form the foundation of our Occupational Health and Safety Manual.

### 1.1 The Internal Responsibility System

The Internal Responsibility System (IRS) is a fundamental principal underlying occupational Health and Safety at Columbia College. It is based on legislation in every jurisdiction in Canada. The foundation of the Internal Responsibility System is that everyone in the workplace (employers, supervisors and employees) is responsible for his or her own safety as well as the safety of co-workers. The Internal Responsibility System requires a partnership between the employer and employees to establish a safe and healthy workplace. The basic concept is that solutions to health and safety issues in the workplace often come from employees themselves. For example, every employee who sees a health and safety problem such as a hazard in the workplace has a duty to report the situation to management. If a hazard has been identified, the employer and supervisor have a duty to look at the problem and eliminate any hazard that could injure employees. A valuable tool in implementing an effective Internal Responsibility System is the Occupational Health and Safety Committee (discussed later in this document).

### 1.2 Enshrining Employee Rights and the Internal Responsibility System

A basic tenet of the Internal Responsibility System is that employees are partners in an effective health and safety program and that each employee has basic rights and responsibilities. The key rights of all employees include the following:

THE RIGHT TO KNOW	All employers must inform workers about potential hazards and have access to basic health and safety information on site. Occupational Health and Safety (OHS) Act 2018.
THE RIGHT TO PARTICIPATE	Ensures workers are involved health and safety discussions, including participation in health and safety committees. Occupational Health and Safety (OHS) Act 2018.
RIGHT TO REFUSE DANGEROUS WORK	Workers may refuse to perform dangerous work and are protected from any form of reprisal for exercising this right. A worker must be continued to be paid while a work refusal is being investigated. Other workers may be assigned to the work if they are advised of the refusal, reason for it, and made aware of their own right to refuse the work after the employer determines there is not a risk. Occupational Health and Safety (OHS) Act 2018.

### **1.3 Roles and Responsibilities**

The Internal Responsibility System requires that employees within Columbia College take active roles in health and safety and be direct participants in the health and safety program. Senior managers, members of the board of directors, managers, supervisors and employees all have responsibility for the health and safety program at Columbia College. Each person plays a different role in the Internal Responsibility System corresponding to his or her function in the organization and realm of authority and responsibility. Employees fulfill their responsibilities under the Internal Responsibility System through individual activities as well as co-operatively with other employees.

### **1.4 Communication Protocol**

Communication protocol is of utmost importance for successful implementation of Occupational Health and Safety processes as well as Emergency Plans.

### 2.0 Introduction

Columbia College is prepared to take all reasonably practicable steps to protect the health and safety of its employees, students, visitors, and contractors. Similarly, everyone at Columbia College including its employees, students, visitors and contractors must take reasonable care to protect the health and safety of themselves, their coworkers and workers of other employers at the College. These requirements are detailed in Part 1, Section 5 of the Alberta Occupational Health and Safety Act (OHS) June 2018, which is referred to as the Obligations of Workers.

### 2.1 Principles of Operation

The following list of items has been adopted as the Principles of Operation for Occupation Health and Safety at Columbia College.

1. Everyone must have a sincere wish to prevent incidents and illnesses.
2. Everyone must accept that incidents and illnesses have causes that can be eliminated or greatly reduced.
3. Everyone must accept that risk can be continually reduced, so that the time between incidents and illnesses gets longer and longer.
4. Everyone must accept that health and safety is an essential part of doing his or her work (health and safety is not an extra; it is part of doing the job).
5. Each person must have a clear understanding of what he/she is responsible for, what he/she can do to change matters, and when things must be done.
6. Each person must be regularly asked to explain what he/she has done to ensure health and safety on the job and in the workplace.
7. Everyone must have a clear understanding of his/her own skill, ability and limitations, and should have the capacity to carry out his/her responsibilities.
8. Everyone must attempt to avoid conflict when trying to reduce risk.
9. As an individual, each person must go beyond just complying with health and safety rules and standards and strive to improve work processes to reduce risk.
10. When an individual cannot reduce risk by him/herself, then he/she must cooperate with others to go beyond just complying with health and safety rules and standards and strive to improve work processes to reduce risk.
11. Everyone must understand the Internal Responsibility System process, believe in it, and take steps to make it effective at all levels in the organization.
12. No one should be fearful of reprisals when using Internal Responsibility System processes.

Columbia College is committed to developing a safe culture for all its employees, contractors, visitors, and students.



## 2.2 Policy Statements

- Ongoing training of employees – Columbia College will provide, where needed, ongoing health and safety training to maintain employees' competency and currency (e.g. First Aid, CPR)
- The College's Occupational Health and Safety system is concerned about and will address the health and safety issues of all staff, students, visitors, and contractors.
- The College will develop and maintain an Emergency Response Plan. The College will create and maintain a system to identify incidents and report on changes.
- Each Department Manager/Chair and team members will conduct a workplace inspection on an annual basis and report their findings to the Facility Manager.

## 2.3 Glossary

Please refer to the glossary section for a list of terms used in this manual.

# Occupational Health and Safety Committee Terms of Reference

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## 3.0 Introduction

The Occupational Health and Safety Committee at Columbia College provides a formal forum for management and staff to work together to promote health and safety in the workplace. The committee evaluates the status of health and safety system development and implementation, reviews outcome measures, and makes recommendations to the College President regarding health and safety issues.

The Occupational Health and Safety Committee at Columbia College is established to promote a healthy and safe work environment by making health and safety activities an important part of the organization's culture. The committee discusses health and safety issues affecting employees, identifies problems in program implementation and suggests solutions. The goal of the committee at the College is to reduce the risk of workplace injuries and illnesses.

The purpose of this Occupational Health and Safety Committee is to engage all levels of employees in health and safety activities, to promote awareness of Occupational Health and Safety responsibilities for all employees, and to provide a forum for management and employees to better control health and safety risks and create a safe work culture in the organization.

## 3.1 Membership

The membership of the Occupational Health and Safety Committee at Columbia College consists of individuals approved by the President. Those individuals will consist of at least 4 members of whom at least half represent workers who are not associated with the management and are selected by the workers they represent.

Other representation may be the Facility Manager (who is the Occupational Health and Safety Coordinator), Chairperson of the Health Care Programs Department, and Human Resources (Accounting Department Representative).

The health and safety committee shall have 2 co-chairs, one chosen from the employer members on the committee, and the other chosen by the managers on the committee. The co-chairs shall alternate in serving as chair at meetings and shall participate in all decisions of the committee.

The names and contact details of all committee members are to be posted conspicuously in the college.

The members of the health and safety committee will serve term for no less than a year and may be required to hold office until their successors are selected or appointed.

A quorum of a health and safety committee is one-half of the members.

### 3.2 Meetings of the health and safety committee.

The health and safety committee will meet within 10 days of its establishment and thereafter at least quarterly.

The health and safety committee shall hold its meetings and carry out its duties during normal working hours.

Either co-chair may call a special meeting of the committee to deal with urgent concerns in the workplace.

The co-chairs must ensure that: the minutes of each meeting are recorded. The copies of the minutes approved by the committee are given to the president within 7 days after the meeting was held. The minutes of the meeting are posted or provided by electronic means to the college within 7 days of the meeting being held. Ensure that the copies of the meetings minutes are maintained for 2 years and have them readily available for inspection by a committee member or officer.

### 3.3 Reporting Structure

The committee chairpersons will report to the President on a monthly basis.

### 3.4 Roles and Responsibilities

- Review of the Occupational Health and Safety policies and programs
- Act as departmental “safety representatives” to ensure departmental implementation of health and safety programs and processes such as WHMIS, Occupational Health and Safety training, workplace inspections, etc.
- Monitor the effectiveness of health and safety improvements
- Identify cross-department or system-wide health and safety issues, review concerns and make recommendations for improvements
- Review Occupational Health and Safety statistics related to injuries, illnesses and incidents to identify trends and suggest corrective action
- Work with management to improve procedures and rules related to health and safety
- Participate in safety promotion and safety awareness programs
- Periodically review departmental health and safety activities and issues in the organization
- Discuss and bring to senior management, Occupational Health and Safety issues that are unresolved at the local department level through the regular management process
- Provide input as requested on new program development
- Participate in the hazard assessment, evaluation and control process
- Evaluate and recommend training programs
- Evaluate and recommend safety equipment

- Promote health and safety throughout the organization, including safety recognition programs
- Other roles and responsibilities as defined and agreed upon with the President

### 4.0 Purpose of Occupational Health and Safety Metrics

The Facility Manager must track meaningful occupational health and safety data, analyze the data and encourage the development and implementation of action plans to improve performance and prevent losses to the organization. It is useful to understand where performance data can be found, how to interpret it and how to display it effectively. Most importantly, interpretation should lead to action plans for the College to improve health and safety performance.

Performance measures will allow the Facility Manager to benchmark the College's progress with similar organizations. The benchmarking process in health and safety is described by Christopher A. Janicak in *Safety Metrics: Tools and Techniques for Measuring Safety Performance*. Where is this book ?

Best practices in benchmarking can be set...by posing four fundamental performance questions:

- Are we performing better than we ever have?
- Are we performing better than other business units in the company?
- Are we performing better than our competitors?
- Are there any other industries that are performing well and from whom we can learn?

Benchmarking extends beyond how one organization, or employer, compares with another using Occupational Health and Safety statistics. By analyzing benchmarking data collectively, our college can identify trends and implement successful programs. A key aspect of the benchmarking process is the development of action plans and effective follow-up on agreed upon improvements.

### 4.2 Leading and Lagging Indicators

For decades, employers have measured the success of their health and safety programs by measuring its failure. They measured losses that occur because of NOT having effective programs in place. These are called "lagging indicators" as they are measured "after the fact". Data that demonstrates what proactive work has been done to prevent or eliminate injuries are considered "leading indicators". These are sometimes called "process indicators". Usually this work involves setting and enforcing policies and procedures, assessing all jobs for risks, prescribing control measures, assessing hazards, training and orienting employees, investigating all incidents, preparing for emergencies, and setting up systems to ensure the program is maintained. The time continuum of performance measures can be depicted in the following diagram:

To obtain a clear picture of the status of occupational health and safety, it is important to look at BOTH leading and lagging indicators. Traditional indicators measured by many schools include:

- Lagging Indicators
  - Average duration of claim
  - Average sick days per FTE
  - Number of workplace health and safety citations
- Leading Indicators
  - Inspections completed
  - Numbers of staff trained
  - Percentage of incident investigations completed which identified root causes
  - Percentage of required hazard assessments completed
  - Percent of follow-up on corrective action completed

The most effective approach to measuring performance should be balanced, using indicators of systems, management activities, and processes as well as outcomes. This is Columbia College's approach.

#### **4.3 Challenges Related to Occupational Health and Safety Metrics Development and Implementation**

Many organizations face several challenges in developing and implementing meaningful Occupational Health and Safety data collection and reporting processes. One requirement is good data tracking capabilities. In some organizations, information systems used to collect and track employee data (such as Human Resources (HR) and payroll systems) do not include parameters important for collecting and analyzing OHS data.

Another limitation is the unavailability of relevant data related to incidents causes. While many organizations require investigation of incidents, the level of root cause analysis is often poor, making the determination of cause and development of corrective action difficult. We cannot expect to reduce injuries and illnesses without understanding and correcting root causes.

Occupational Health and Safety professionals and in this case our College Facility Manager needs time to collect, analyze and report on Occupational Health and Safety performance metrics. While information systems greatly aid the process, time is still required to ensure that the data is reported in a meaningful manner. Determining what to report and who should receive the reports is a challenge for many organizations. It is essential to streamline Occupational Health and Safety reporting to make it significant and drive improvement efforts.

#### **4.4 Creation and Distribution of Occupational Health and Safety Metrics**

Choices must be made about what data to collect and report on. The Occupational Health and Safety Committee must understand the full scope of data that is available and to choose specific reports to generate depending on the organization's needs. The President and Senior Management Teams receive volumes of information about all aspects of the operations and it is

sometimes difficult to understand the importance of it all. To ensure that data is provided that will assist in decision-making, it is important to provide data that is relevant to the organization.

The purpose and desired contents of data that is collected and reported on should reflect the needs of the various stakeholders within the College. An overview of performance data is required by the President to:

- Track trends
- Be alert to problems
- Benchmark best practices
- Review comparative analyses
- Identify weak performers
- Determine priorities
- Evaluate the value of the Occupational Health and Safety department

Occupational Health and Safety and Human Resources (Accounting Department) professionals may require a more detailed collection and analysis of information to:

- Identify issues or areas to target
- Prepare business cases
- Select options
- Show impacts of change/program implementation/actions

Frontline assistant managers/chairs and coordinators control the immediate work environment and are greatly impacted by employee illness and injury. These supervisors require specific data (lagging and leading indicators) in order to:

- See patterns in employee absence or incidents
- Identify hazards that have or could result in injury
- Ensure that all of their Occupational Health and Safety responsibilities have been carried out
- Identify the impacts of modified work
- Determine priorities

With the increased use of Occupational Health and Safety and Human Resources information systems, a multitude of data, information and reports are now possible. Could there be too much of a good thing? Information overload is often accompanied by widespread disregard of the data. With systems able to crunch numbers and provide statistical analysis of almost everything, the challenge at Columbia College quickly becomes providing “meaningful reports”. These reports from the Facility Manager should be brief, include explanations of the information, be targeted to the appropriate level, provide trends, and lead to decisions and actions. See Appendix 1.

# Hazard Identification, Assessment and Control

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## 5.0 Introduction

One of the key activities in the Columbia College Occupational Health and Safety system is the proactive identification and assessment of hazards. This process is led by our Facility Manager. Though this often requires much effort on the part of many people in the organization, it provides the greatest reward as it enables control of a hazard before it becomes a significant issue. This is a systemic process that looks at all jobs/tasks in the college. Assessment of the hazards assists our Facility Manager to classify hazards by risk level that helps to address high priority hazards promptly. Key features of hazard identification and assessment process include:

- Inclusion of all types of hazards – biological, chemical, physical, and psychological
- Classification of each hazard as to its
  - Frequency of occurrence (numbers of people exposed to the hazard or how often they are exposed)
  - Severity potential (how severe the consequences would be if exposure were to occur)
  - Probability of occurrence (how often the hazard is likely to lead to exposure)
- Numerical values for each of these factors are given and either added or multiplied together by the Facility Manager to determine a risk level
- Participation of employees who actually perform the jobs/tasks to ensure accuracy of identification and assessment

There is a difference between Job Hazard Assessments (JHAs) and Job Physical Demands Analyses (JDAs, PDAs, or JPDA at Columbia College). The Job Physical Demands Analyses concentrate on the physical demands of the work and are often used in the return to work process for injured/ill employees or in the placement of new hires. The Job Hazard Assessments, however, identify all classes of hazards that may affect employees as they perform their jobs.

All hazard assessments will be reviewed periodically by the College Facility Manager (see Appendix 1) to ensure that any new or changed processes are reflected in the job hazard assessment.

## 5.1 Hazard Identification and Types

A hazard is any activity, event or substance that could cause harm. Risk analysis is the combination of identifying hazards and assessing their risk. Hazards may be divided into three groups: health, safety, and environmental hazards.

This section describes the three basic types of hazards. It then presents methods of managing, controlling and reporting hazards in the workplace. It concludes with a job analysis, working alone regulations and appendices designed to assist in administering this area.



### 5.1.1 Health Hazards in the Workplace

An occupational health hazard in the workplace is any agent that can cause illness to workers. A health hazard in the workplace may have a serious effect and cause long-term damage. Occupational illness may not be recognized immediately. Health hazards may include: chemicals (e.g. battery acid, solvents), biological hazards (e.g. bacteria, dust, viruses, mold), and physical agents (e.g. exercise, electric current, light, heat, noise and radiation).

### 5.1.2 Safety Hazards in the Workplace

A safety hazard in the workplace is any force strong enough to cause personal injury or damage to property. Injuries caused by a safety hazard are usually more obvious. For example, a worker may be burned. Safety hazards in the workplace cause harm when workplace controls are not in place.

Examples of safety hazards include:

- Flammable materials hazards
- Tools and equipment hazards
- Slipping/tripping hazards
- Working at heights
- Forklifts, trucks, and other work vehicles
- Steam boilers and pipes
- Working alone

### 5.1.3 Environmental Hazards in the Workplace

Environmental hazards are releases in the environment causing harm to individuals. These releases may or may not be known to those working in the environment where a hazard is released. Harm is caused by environmental hazards when proper controls and work procedures are not established and/or carried out.

## 5.2 Hazard Assessment & Control Steps

- Step 1: List types of work and work-related activities
- Step 2: Identify the hazard(s) (see Appendix 2)
- Step 3: Assess the hazard(s) (see Appendix 3)
- Step 4: Implement controls (see Appendix 4)
- Step 5: Communicate the information to employees and provide training
- Step 6: Evaluate the effectiveness of controls

## 5.3 Hazard Control

Identifying hazards and assessing the risks associated with each hazard is only the first step the Facility Manager will follow in leading the proactive process of managing health and safety risks at Columbia College (see Appendix 5). Once the hazards are identified and assessed, it is critical to control the hazards to reduce the potential of employee exposure. The Occupational

Health and Safety Code requires a “hierarchy of controls” in selecting controls for workplace hazards. The hierarchy implies that some controls should be preferentially used over others. The most effective control is the elimination of the hazard altogether, something not always possible in the workplace. The hierarchy of controls at Columbia College includes (in order of preference) the following, with examples frequently found in educational organizations:

1. Complete elimination of the hazard.
2. Engineering controls or controls at the source of the hazard; examples include:
  - a. Local exhaust ventilation such as chemical fume hoods and biological safety cabinets in laboratories or shops;
  - b. Security systems;
  - c. Sharps containers;
  - d. Substitution of products for less dangerous ones;
  - e. Ergonomic design of facilities and furniture.
3. Administrative or procedural controls:
  - a. Occupational Health and Safety policies and procedures;
  - b. Immunizations and occupational health programs;
  - c. Orientation and training;
  - d. Purchasing processes;
  - e. Job rotation;
  - f. Limiting time spent when potentially exposed to a hazard;
  - g. Monitoring of working exposures (industrial hygiene program);
  - h. Preventive maintenance of facilities and equipment;
  - i. Hazard reporting processes;
  - j. Enforcement of policies and rules;
  - k. Housekeeping practices.

### **5.3.1 Types of Monitoring Controls**

Controls are to be checked and documented on a regular basis. Hazard controls should be evaluated and monitored during inspections, maintenance, and other activities. The following questions should be considered:

- Is the problem solved?
- Do contained controls pose a hazard to employees?
- Have any new hazards been noted and controlled?
- Have accident reports been analyzed or are other measures required?

### **5.3.2 Developing Safe Work Procedures**

Safe Work Procedures enable employees to conduct their work safely. A Safe Work Procedure will indicate the materials and equipment required, and how to use them safely.

### **Safe Work Procedures are normally developed for:**

- Very high-risk work where accidents have and/or could result in severe injuries to employees
- Hazardous types of work where accidents occur more frequently
- New or modified tasks that have been introduced in high risk or hazardous work
- New equipment that has been introduced to a high risk or hazardous work
- Work that requires numerous detailed tasks in high risk or hazardous work
- Where two or more employees are required for high risk or hazardous work, and each performs specific tasks simultaneously
- Where specific tasks in high risk or hazardous areas are done infrequently

### **Safe work procedures in high risk and hazardous areas are to include:**

- Regulatory and permit requirements
- Worker responsibilities and training
- Steps to follow in order to complete the work safely
- Emergency procedures
- Personal protective equipment (where necessary)

### **Personal protection (e.g. PPE) or controls aimed directly at the employee:**

- Gloves of various types and sizes
- Protective clothing (gowns, lab coats, coveralls, uniforms, etc.)
- Eye protection (face shields, safety glasses, goggles, full face respirators, etc., as appropriate to hazard)
- Hearing protection (muffs, ear plugs)
- Respiratory protection (respirators, masks for affected employees)
- Footwear

Sometimes several controls at Columbia College are used simultaneously to offer adequate protection to employees. A systematic hazard identification, assessment and control process at Columbia College will make the use of controls more “automatic” for employees, as they will be familiar with best control practices.

When developing a hazard identification, assessment and control process, the College Facility Manager, in leading the process, tries to ensure that he/she:

- Starts with an inventory of all jobs and related tasks;
- Creates one hazard identification, assessment and control record for each job or task on the inventory;
- Provides training for those creating the job hazard assessments (JHAs) to ensure consistency in evaluating risk;
- Involves employees who actually perform the jobs/tasks in the process;

- Respects the hierarchy of controls – elimination of the hazard, followed by engineering, followed by administrative, and followed by personal controls. Where hazards are not completely known, utilizes the highest level of control in keeping with the best practice principles of precautionary prevention;
- Ensures that managers and employees understand that the use of controls is mandatory. Enforces the use of controls;
- Reviews and updates the job hazard assessments on a periodical basis and when there are changes to processes, equipment, procedures or materials;
- Uses job hazard assessments for training purposes, orientation of new employees, employee placement, to assist in determining modified work options, and to identify Occupational Health and Safety improvement objectives and actions;
- Timelines need to be set;
- Create roles for inspections.

## 5.4 Reporting a Hazard

### 5.4.1 Responsibility and Accountability

The individual who identifies a hazard must report it to the appropriate college authority (manager or designate). The appropriate authority will ensure timely controls are put in place and communicate this to the originator. Normally the Facility Manager will be the primary contact related to buildings, furniture and equipment. If the hazard is program related (e.g. Work Experience) then the contact will be the Manager, Student Graduate Advisor or other staff member responsible for this area.

### 5.4.2 Reporting Process

#### A) High Risk Hazards

- If a “High Risk” hazard is identified, the identifier should contact the Facility Manager or Manager in charge immediately. The Hazard Form (see Appendix 6) should be used to report the hazard.
- The Facility Manager or Manager in charge will initiate emergency procedures. This will include immediate investigation and, if necessary, Risk Management assessment.
- The Facility Manager or Manager in charge will complete the Hazard Analysis/Hazard Controls sections of the Hazard Form and submit copies to the President’s office.
- The individual who identified a hazard may contact the President if he/she is not satisfied with the action taken by the Facility Manager or Manager in charge. Further investigation may occur.

#### B) Low and Medium Risk Hazards

- The individual who identifies a low to medium hazard may complete the first section of the Hazard Form (Hazard Form – Appendix 7) and give a copy to the Facility Manager or Manager in charge.

- The Facility Manager or Manager in charge will complete the Hazard Analysis/Hazard Controls sections of the Hazard Form and submit copies to the President's office.
- The individual who identified a hazard may contact the President if he/she is not satisfied with the action taken by the Facility Manager or Manager in Charge. Further investigation may occur.

## 5.5 Job Hazard Analysis

### 5.5.1 Definition and Procedures

A Job Hazard Analysis (JHA) is a process of breaking a job into specific steps. It then involves analyzing each step for specific hazards. A safe work procedure is then developed to reduce or eliminate identified hazards. Finally, it integrates safe work procedures into employee training. JHAs must be developed for each job or task where accidents and injuries are occurring or have a high likelihood of occurring. This is to be developed by the supervisors and workers together. (Appendix 3)

## 5.6 Working Alone / Hazard Assessment: Definitions

### 5.6.1 Definitions

- **“Working Alone”** means to be at the worksite by oneself where assistance is not readily available in the event of a sudden injury, illness or emergency. “Alone” is out of contact (audio and visual) with another person for more than a few seconds.
- **“Workers”** as defined by the Occupational Health & Safety Act includes employees, volunteers (unpaid workers), laboratory students, and students participating in work experience programs.
- **“Job Hazard Analysis”** breaks a task into each specific step, then analyzes each step for specific hazards, and eliminates or reduces those hazards. Workers along with their supervisor's work together to develop a Job Hazard Analysis for each task if working alone is anticipated.
- **“Effective Means of Communications”** includes radio, telephone, computer and other electronic devices. If an effective means of communication is not practicable or readily available at the worksite, the employer must (a) visit the worker, or (b) ensure the worker contacts the employer at intervals of time appropriate to the nature of the hazards associated with the worker's work.

### 5.6.2 Overview of Working Alone

The Alberta Occupational Health & Safety Act (General Safety Requirements 2000) has been amended to ensure adequate measures are taken to protect employees working alone. Columbia College must take the following measures to comply:

- Assess all working alone areas for possible health and safety hazards and complete a Job Hazard Analysis where necessary;
- Eliminate or control any identified hazards;

- Develop an effective communication system for employees or students working alone in the event of an accident, illness, or emergency;
- Document all the procedures followed and communicate results to all affected individuals;

Note: Any employee who supervises others who may be required to work alone must assess the health and safety hazards and develop guidelines to reduce the risks associated with that work. This legislation pertains to those working alone in an office, vehicle, laboratory, workshop, field site, or any area where a person may be alone. It should be noted that the legislation does not forbid people from working alone.

### 5.6.3 Procedures for Working Alone

1. First, conduct a Job Hazard Analysis (JHA) of the work area.
2. Eliminate or at least minimize the hazards associated with the work area through the development of new procedures.
3. Ensure an “effective means of communication” for the individual in the event help is needed.
4. Where appropriate, train workers as to how to do their work safely.
5. Monitor and review the safe work procedures at an interval that will ensure the effectiveness of the assessment.
6. Record Working Alone Procedures (including all findings of the Hazard Assessment – Appendix 6) and effectively communicate these to all affected individuals.

### 5.6.4 Hazard Assessment Associated with Working Alone

Supervisors and individuals must together evaluate a working alone assignment. This is to be done on a case-by-case basis. The following risk factors for working alone as part of any assessment must be considered:

- Tasks and associated hazards related to the work to be performed.
- The ability to communicate with others to respond to the individual's needs.
- The possibility that a critical injury or incident may prevent the individual from seeking help or physically leaving the workplace.
- The degree of training and experience an individual may have.
- Any physical limitations, handicaps, or medical conditions that an individual may have.
- The frequency of a supervisor coming around.
- The time period, days or shifts when the job is to be done.
- The effect of implementing an appropriate safeguard.
- The likelihood for others to be nearby.
- Consequences of a “worst case” scenario.

### 5.6.5 Individuals Who Work Alone Are To:

- Engage in the hazard assessment and risk management decisions with the supervisor.
- Follow the safe work procedures outlined in the Working Alone Procedures.
- Maintain regular communication as outlined in the Procedures with their supervisor.

### 5.7 Acknowledgment

This document was developed because of a review of the University of Calgary “Safety Services Guidelines for Hazard Identification, Analysis, Control, and Reporting”.

### **6.0 Introduction**

It is a policy of Columbia College that Department Managers/Chairs and their team members will do at least one annual workplace inspection of their department and report their findings to the Facility Manager. This section presents relevant information related to this proactive area of Occupational Health and Safety.

### **6.1 Procedures**

After the completion of an annual inspection (see Appendix 1) and the report being submitted to the Facility Manager, it will be reviewed by the Facility Manager who will then set up a meeting, if necessary, with the Department Chair/Manager to review the findings, discuss corrective actions, and agree on a date when all corrective actions will be completed by those involved.

The Facility Manager and Department Chair/Manager will then meet as needed until corrective actions have been completed

Once the changes are completed the report will be filed by both parties as a historical document and kept for a period of at least 5 years.

### **6.2 Report to OHS Committee**

The Facility Manager will report to the OHS Committee on an as needed basis.

### **6.3 Annual Report to President**

The Facility Manager will report to the President, on an annual basis in September, the status of all reports for the preceding year.

### **6.4 Customizing Inspection Reports**

As the Workplace Inspection report is a generic report for the College it may need to have additional sections added to it in order to deal with a more complex department. If this is the case the Department Chair/Manager should modify the report accordingly.

### **6.5 Providing Training to Complete Inspection**

It will be the responsibility of the Department Chair/Manager to provide orientation training and guidance to those employees who are participating in completing the inspection. This will help to ensure consistency and uniformity in their responses.



# Incident Reporting and Investigation

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## 7.1 Introduction

An incident is an occurrence that has the potential to cause injury or illness. This includes “near miss” incidents. This section identifies the procedures that will be followed to investigate an incident with the intent of identifying its “root cause”.

It is the responsibility of all employees involved in an incident or near miss to recognize the impact this could have on themselves and others and to report this situation or matter on an Emergency Response Incident Report (see Document Manager) so the proper steps can be taken to investigate, assess root causes, and take corrective action.

The College also encourages all students who experience an incident or “near miss” to report this situation on the Emergency Response Incident Report.

## 7.2 Location of Incident Report Form

Employees and students may obtain an Emergency Response Incident Report from the front office of Student Services.

Employees may also get a copy from the College Document Manager by entering the name of the form – Emergency Response Incident Report.

# Emergency Response Plan for Fires

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## 8.0 Introduction

The following section outlines how Columbia College will respond to a fire. This section identifies who is responsible for managing this area, who they will work with and what procedures they will follow in case of an emergency in this area. It includes the development, communication, and training of appropriate responses for this type of emergency.

## 8.1 Leadership Responsibility

The lead person in this area is the College's Facility Manager who will coordinate his/her activities with the College's Occupational Health and Safety Committee and report to the President on a regular basis about relevant matters pertaining to the effective management of this area. The Facility Manager will arrange a Fire Drill at least once annually for staff, faculty and students located in all buildings to participate in.

## 8.2 Communication Protocol and Contacts

The Facility Manager has developed a communication protocol to deal with emergencies in this area (see item 8.5 of this document). These protocols include mechanisms that alert all appropriate staff and students to the emergency. This includes a list with responsibilities for various employees.

This communication attachment also identifies those individuals who will be contacted or alerted as to the status of the emergency. Clear direction is provided to ensure a consistent message to all employees, and where appropriate, students.

To ensure senior managers and leaders are kept familiar with the Emergency Response Plan the Facility Manager will review this Emergency Response Plan for Fires and procedures each year at an Academic Council meeting in October. Department Chairs will then share this plan with their team within two months.

Fire Wardens (see Document Manager – document name Fire Wardens) have been assigned duties in each building; the role of the warden is to ensure everyone evacuates the building through the emergency exits, (see details in item 8.5). The Warden(s) will leave the building as soon as they know everyone has safely left the building.

## 8.3 Contacts

Communication protocol also lists the outside organizations and authorities that will be contacted when an emergency occurs. Emergency services should be called. To do so from a telephone in the College dial 9 - 911.

Fire Wardens have been assigned for each building. See Appendix 17 for a list of Fire Wardens.

## 8.4 Procedures in This Type of Emergency

The following is a list of procedures that will be followed when this emergency occurs. It also identifies who is responsible for what and outlines what they will do.

1. An emergency situation includes fire in the building, indications of fire such as smoke, or any other fire related situation that would merit immediate evacuation.
2. In the case of an emergency one of the fire wardens will call the emergency telephone number 911 to report the alarm. (To call Emergency Services from a telephone in the college dial 9-911). This will be done even though the central alarm system should be activated. One of the wardens should relay information regarding the extent of the fire or whether the alarm may be false.
3. Wardens are responsible for knowing the location of the fire alarm switches located by each of the emergency exits and the location of the fire extinguishers in each building in which they work.
4. Wardens will check all areas (washrooms, storage rooms, offices, classrooms, etc) of their building to ensure that all persons have been evacuated, lights are turned off and doors are shut.
5. Wardens should not attempt to fight a fire unless it is very small. At no time are they to endanger themselves. Staff should use the fire extinguishers available in the case of a small, contained fire such as one in a wastebasket.
6. Wardens are to have all evacuees congregate at the spot designated for their building, far enough away to allow access by the Fire Department, or in another Columbia College building that is not affected by the fire, i.e., evacuees of Building 805 could assemble in the hallway of Building 803 or evacuees of Building 802 could assemble in Building 4.
7. Wardens will ensure that all senior members of each program leave the building and account for all their students and staff.
8. No one will re-enter the building until given permission to do so by the Fire Department or one of the wardens.
9. If alarm is found to be false, the fire alarm may be silenced by a warden but can be reset only by the Fire Department.

## 8.5 Reporting of Emergencies

The leader in this area will keep copies for at least five years of all fire emergencies, fire emergency drills or table top discussions at AC meetings.

See Emergency Response Incident Report (Appendix 7).

## 8.6 Continuous Improvement

The Facility Manager will seek input within two weeks of a fire drill of how to improve emergency response plans. This leader will also seek input within two weeks following a fire emergency situation on how to improve the College's effective handling of an emergency.

## 8.7 First Aid Requirements

The Facility Manager will ensure that first aid kits and fire extinguishers are available in each Columbia College building and will maintain said kits. These kits will be checked and serviced annually in the month of September.

## 8.8 Response Plans

Emergency Protocol:

1. If fire alarms have been triggered then the warden should call 911 (9 - 911 from an office phone) follow evacuation procedures in item 8.5 or on posters posted in each classroom.
2. If fire or smoke is detected but the alarm is not ringing, pull the emergency switch located at each emergency exit, call 911 and proceed with evacuation procedures listed in item 8.5.

# Emergency Response Plan for Violence in the Workplace

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## 9.0 Introduction

The following section outlines how Columbia College will respond to a violent situation. This section identifies who is responsible for managing this area, who they will work with and what procedures they will follow in case of an emergency in this area. It includes the development, communication, and training of appropriate responses for this type of emergency.

## 9.1 Leadership Responsibility

The lead person in this area is the College's Facility Manager who will coordinate his/her activities with the College's Occupational Health and Safety Committee and Threat Assessment Team and report to the President on a regular basis about relevant matters pertaining to the effective management of this area.

## 9.2 Communication Protocol and Contacts

The Facility Manager has developed a communication protocol to deal with emergencies in this area (see item 9.5). These protocols include mechanisms that alert all appropriate staff and students to the emergency. This includes a list with responsibilities for various employees.

This communication also identifies the member of the Threat Assessment Team that will be contacted or alerted as to the status of the emergency. Clear direction is provided to ensure a consistent message to all employees, and where appropriate, students.

## 9.3 Contacts

The Calgary Police Department should be contacted at 911 in case of a disturbance that requires outside assistance. (To call Emergency services from a telephone in the college dial 9-911)

For a list of the Columbia College Threat Assessment Team Members see Appendix 17. Contact one that is assigned to your building if there is concern of a potential violent situation. If you are concerned about a student who may be displaying behaviour that could become violent contact the team member to complete an assessment.

## 9.4 Procedures in This Type of Emergency

The following is a list of procedures that will be followed when one of the above situations occurs. It also identifies who is responsible for what and outlines what they will do.

### 9.4.1 Internal Lock Down Procedure (threat is inside the building):

- Notify everyone in the building by using a clear, concise and consistent message such as "There is an intruder in the building.....Lockdown, Lockdown, Lockdown. Secure the building." A member of the Threat Assessment team must find a way to

alert other buildings, so they can lock the main doors of their buildings and keep students and staff from entering the building that has the intruder.

- Facilitators will oversee following the lockdown procedure in their classroom as per training that will be provided at least annually.
- All classroom doors are to be locked, glass around door is to be covered, window blinds need to be closed, lights out and all students are to be away from windows and doors. The door is not to be opened for anyone. At the end of the lockdown a police officer will go through the building with an administrator who has a key and will unlock the door.
- Everyone is to remain as quiet and motionless as possible.
- A lockdown will continue until an announcement from the Facility Manager or a senior administrator is made.
- Follow the evacuation plan that has been set out for fire emergencies to evacuate everyone when the 'all clear' is given. Evacuees may move to another Columbia College building that is not affected by the emergency (i.e., Evacuees of Building 805 could assemble in the hallway of Building 803 or evacuees of Building 802 could assemble in Building 4.)
- Debrief within two weeks following the emergency to identify problems and solutions.

#### **9.4.2 External Lockdown Procedures (perceived threat is outside of the buildings):**

- A member of the Threat Assessment Team or designate should advise main reception staff of an outside threat, advise that their building is being locked down and call 911.
- Reception will advise other buildings of the threat and advise staff to lock the outside doors of their buildings.
- Blinds should be closed on all windows so intruder(s) cannot look into classrooms.
- Nobody enters or leaves the buildings until a police officer and a school administrator unlocks rooms when it is clear to leave the building.
- Debrief within two weeks following the emergency to identify problems and solutions.

#### **9.4.3 Procedures for Perceived Threat Assessment**

It is critical that staff report to a member of the Threat Assessment Team if they note any unusual behaviour by anyone on school property and complete an Emergency Response Incident Report found on the document manager or (Appendix 7)

The TAT team member will complete a Threat Assessment Form (see Document Manager, document name Threat Assessment Form) and confer with other members of the team to determine if outside resources (i.e., Police services) are required.

The Threat Assessment Team will determine:

1. Whether the threatening individual has the resources, intent and motivation to carry out the threat.
2. How credible and serious the threat is (specific, detailed, and plausible).
3. Signposts (history, precipitating factors).
4. Individual's personality, family dynamics, school dynamics, social factors.
5. Excessive computer/TV use.
6. Unusual interest in violent themes (literature, video games, etc.).
7. Change in behaviour, poor coping skills, feels "everyone is out to get them".

#### **9.4.4 Procedures for reporting to Threat Assessment Team**

1. Employees who are threatened/attacked by a student, see unusual threatening behaviour or have a report from a student that they have been threatened or feel threatened should immediately consult with their Manager or Department Chair to report this behaviour.
2. Department Chair/Manager should complete an Emergency Response Incident form, document the circumstances and meet with a member of the Threat Assessment Team to determine the next best action plan to ensure the safety of everyone in the College.
3. The Threat Assessment Team and department Chair/manager will discuss the best way to handle this situation either at the school level, with consultation with the police department or hand the case over to the police department depending on the seriousness of the threat.
4. Documenting the incident is essential; files will be maintained by the Facility Manager.

#### **9.5 Reporting of Emergencies**

The Facility Manager in this area will keep copies for at least five years of all violence related emergencies, where a lock down occurred or there were table top discussions at AC meetings.

See Emergency Response Incident Report (see Document Manager) or Appendix 7.

#### **9.6 Continuous Improvement**

The Facility Manager will seek input on an annual basis of how to improve emergency response plans. Training of the Threat Assessment Team will be ongoing to ensure **adherence** to correct procedures. The leader will also seek input following an emergency situation on how to improve the College's effective handling of an emergency.

To ensure senior managers and leaders are kept familiar with the Emergency Response Plan the Facility Manager will review this Emergency Response Plan and procedures each October at an Academic Council meeting. Department Managers/Chairs will then share this plan with their team within two months.

## 9.7 First Aid Requirements

The Facility Manager will ensure that first aid kits are available in each Columbia College building and will maintain said kits. These kits will be checked in the month of September.

## 9.8 Response Plans

- Every member of the campus community is expected to take any threat or violent act seriously, and to report these acts to the appropriate contact resources (Threat Assessment Team)
- The Threat Assessment Team member will assess the level of risk and the appropriate action to be taken
- If the risk is deemed to be high, then rapid intervention will be required. This will include police involvement, communication with other buildings on campus if weapons are a factor in the risk, and possible lockdown procedures
- See 9.5 for Lockdown procedures
- Lockdown procedure training will be provided to all College employees prior to drills
- Emergency procedures will be posted in every classroom



# Emergency Response Plan for Infectious Disease Emergencies (Pandemic)

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## 10.0 Introduction

The following section outlines how Columbia College will respond administratively to a pandemic. This section identifies who is responsible for managing this area, who they will work with and what procedures they will follow in case of an emergency in this area. It includes the development, communication, and training of appropriate responses for this type of emergency.

## 10.1 Leadership Responsibility

The lead person in this area is the College's Pandemic Coordinator (Caroline Edworthy) who will coordinate her activities with the College's Occupational Health and Safety Committee and report to the President about relevant matters pertaining to the effective management of this area.

## 10.2 Communication Protocol and Contacts

The Pandemic Coordinator has developed a communication protocol to deal with emergencies in this area (attached to this document). These protocols include mechanisms that alert all appropriate staff and students to the emergency. This may include a fan-out list with responsibilities for various employees (see Attachment 10.1).

This communication attachment also identifies those individuals who will be contacted or alerted as to the status of the emergency. Clear direction is provided to ensure a consistent message to all employees, and where appropriate, students.

To ensure senior managers and leaders are kept familiar with the Emergency Response Plan in this area the Pandemic Coordinator will review this Emergency Response Plan and procedures each year at an Academic Council meeting. Department Chairs will then share this plan at a subsequent team meeting within two months.

The Pandemic Coordinator will review the following areas with Academic Council on at least an annual basis:

- Communications and information technology infrastructures will be reviewed and enhanced to provide staff and student support for telecommuting and access to college website
- The College will ensure that communication is culturally and linguistically appropriate for staff and students
- Staff and student fear and anxiety, rumours, and misinformation are to be expected and appropriate communication will be reviewed to deal with these concerns
- Avenues for communicating pandemic status and actions (e.g., message boards, hotlines and websites) to staff, vendors, suppliers and students inside and outside the College are reviewed in a consistent and timely fashion, including redundancies in the emergency contact system

- Community sources for timely and accurate pandemic information are reviewed and identified, and made available to all staff and students
- Collaboration with major local healthcare facilities is reviewed in order to share Columbia's pandemic plans and understand capabilities and plans of these other facilities
- Collaboration with federal, provincial and local public health agencies and/or emergency responders is done to participate in their plans, share the College's pandemic plans, and understand their capabilities and the roles they will play in the College's plan
- Best practices with other colleges, the Chamber of Commerce, and safe workplace associations are considered in order to improve community response efforts

### 10.3 Contacts

Communication protocol also lists the outside organizations and authorities that will be contacted when the percentage of staff and students absent with flu-like symptoms exceeds 10% on a given day.

Alberta Advanced Education and Technology (AET) and Alberta Employment and Immigration contacts and requirements related to a pandemic and an outbreak are provided in Attachment #10.2

### 10.4 Procedures in This Type of Emergency

The following is a list of procedures that will be followed when this emergency occurs. It also identifies who is responsible for what and outlines what they will do.

1. Absence Reporting (see Document Manager - ADM-P150)
2. Sick Leave Policy (see Employee Handbook, Document Manager – ADM-M004)
3. Communication Protocol – Appendix 8
4. AET Contacts and Requirements – Appendix 9
5. Seasonal Flu Situations – Appendix 10
6. Guidelines for Students and Staff at Post Secondary institutions – Appendix 11
7. Difference Between Cold and Flu – Appendix 12
8. Infectious Disease Plan - Appendix 18

## 10.5 Reporting of Emergencies

The leader in this area will keep copies for at least five years of reports of all pandemic emergencies requiring the closure of the college or one of its buildings. He/she will report this on the appropriate emergency response form, provided by the Facility Manager, and discuss it at an annual Academic Council meeting.

See Emergency Response Incident Report (Appendix 7).

## 10.6 Continuous Improvement

The Pandemic Coordinator will seek input on an annual basis of how to improve emergency response plans in this area. This leader will also seek input following an emergency situation, which required the closure of the college or one of its buildings and on how to improve the College's effective handling of the emergency.

## 10.7 First Aid Requirements

The Facility Manager will ensure that first aid kits are available in each Columbia College building and will maintain said kits.

The Facility Manager will review and, where required, order additional hygiene products, paper products, and disposable materials prior to the start of each flu season.

The Facility Manager will ensure these products are available throughout the College.

## 10.8 Response Plans

Columbia College's emergency response plans for pandemics are presented in the following pages. Plans affecting students, faculty, and staff are contained in the documents, "Guidelines for Students and Staff at Post-Secondary Institutions and Private Vocational Training Providers" and "H1N1 Pandemic Planning: Students, Trainees, Resident Physicians and Fellows in Alberta Health Care Facilities Recommendations".

Continuity plans outlining the procedures that will be followed by each separate department will be maintained by the Pandemic Coordinator. Each Program/Department Manager/Chair **will keep his/her own copy and provide updates of his/her plans, as they occur, to the Pandemic Coordinator.**

These plans should be reviewed prior to each flu season and the information communicated to staff, faculty, and students.

## 10.9 Operations Management

Review of the web site should take place on an annual basis to ensure that students can access homework, etc. online.

All administrative staff should be cross trained for their position.

The Pandemic Coordinator at the College would, if requested, assess the health of any individual at the College and have the authority to enforce mandatory sick leave if said person does not follow the direction of his/her Program Manager/Department Chair.

Program Managers/Department Chairs need to ensure they have at least two “back up” facilitators for each course.

The Student Services Manager and the attendance office are responsible for monitoring absences of students on a daily basis and informing the Pandemic Coordinator and President when the number of students absent due to the symptoms of the flu reaches 10% on a given day.

Staff and faculty are responsible to inform their Program/Department Manager when they will not be at work due to illness. Managers are responsible to inform the accounting department of absence of staff and faculty on a daily basis. When the percentage of staff and faculty being away on a daily basis reaches 10% then accounting will inform the Pandemic Coordinator and the President.

### Resources:

<http://www.aema.alberta.ca/>

<https://open.alberta.ca/dataset/pandemic-influenza-preparedness-checklists>

## **Emergency Response Plan for Ventilation Failures (e.g. Dental Lab)**

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### **11.0 Introduction**

The following section outlines how Columbia College will respond to a ventilation failure. This section identifies who is responsible for managing this area, who they will work with and what procedures they will follow in case of an emergency in this area. It includes the development, communication, and training of appropriate responses for this type of emergency.

### **11.1 Leadership Responsibility**

The lead person in this area is the College's Facility Manager who will coordinate his/her activities with the College's Occupational Health and Safety Committee and report to the President on a regular basis about relevant matters pertaining to the effective management of this area.

### **11.2 Communication Protocol and Contacts**

The Facility Manager has developed a communication protocol to deal with emergencies in this area see item 11.5. These protocols include mechanisms that alert all appropriate staff and students to the emergency. This includes a list with responsibilities for various employees.

This communication also identifies those individuals who will be contacted or alerted as to the status of the emergency. Clear direction is provided to ensure a consistent message to all employees, and where appropriate, students.

To ensure senior managers and leaders are kept familiar with the Emergency Response Plan the Facility Manager will review this Emergency Response Plan and procedures each year during the month of October at an Academic Council meeting. Department Manager/Chairs will then share this plan with their team within two months.

### **11.3 Contacts**

The landlord should be contacted and then Emergency Services (911) if someone is displaying symptoms described in item 11.5, number 1. (To call Emergency services from a telephone in the college dial 9 - 911)

### **11.4 Procedures in This Type of Emergency**

The following is a list of procedures that will be followed when this emergency occurs. It also identifies who is responsible for what and outlines when a ventilation failure situation is considered an emergency.

1. When the smell of gas or other noxious odour is noticed in the lab or any part of a building or when two or more students or staff have symptoms of headache, nausea or light-headedness emergency evacuation procedures will take effect.

2. Students and staff should, in an orderly manner, evacuate the building immediately by following the emergency exit diagram displayed in each classroom. Evacuees may move to another Columbia College building that is not affected by the emergency, i.e., evacuees of Building 805 could assemble in the hallway of Building 803 or evacuees of Building 802 could assemble in Building 4.
3. A Fire Warden should advise the landlord, facility manager, other classrooms and other tenants in the building of the emergency and ensure that evacuation takes place.
4. The Fire Warden should consider calling 9-911 and/or consider pulling the emergency fire bells to activate a response from EMS.
5. All evacuees are to congregate at the spot designated for their building far enough away to allow access by the Fire Department. With the assistance of facilitators, wardens will account for students and staff of their building.
6. No one will re-enter the building until given permission to do so by the Fire Department or one of the wardens.

### **11.5 Reporting of Emergencies**

The leader in this area will keep copies for at least five years of all ventilation related emergencies where an evacuation occurred, or there are table top discussions at AC meetings.

See Emergency Response Incident Report (Appendix 7).

### **11.6 Continuous Improvement**

The Facility Manager will seek input on an annual basis during the month of October to improve emergency response plans. This leader will also seek input following an emergency situation on how to improve the College's effective handling of an emergency.

### **11.7 First Aid Requirements**

The Facility Manager will ensure that first aid kits are available in each Columbia College building and will maintain said kits. These kits will be checked and serviced in July of each year.

### **11.8 Response Plans**

Emergency Protocol:

The Fire Warden should advise the landlord, facility manager, other classrooms and other tenants in the building of the emergency and ensure that evacuation takes place. Follow emergency procedures outlined in item 11.5.

### 12.0 Introduction

The following section outlines how Columbia College will respond administratively to a medical emergency. This section identifies who is responsible for managing this area, who they will work with and what procedures they will follow in case of an emergency in this area. It includes the development, communication, and training of appropriate responses for this type of emergency.

### 12.1 Leadership Responsibility

The lead person in this area is the College's Facility Manager who will coordinate his/her activities with the College's Occupational Health and Safety Committee and report to the President on a regular basis about relevant matters pertaining to the effective management of this area

### 12.2 Communication Protocol and Contacts

The Facility Manager has developed a communication protocol to deal with emergencies in this area that are attached to this document. These protocols include mechanisms that alert all appropriate staff and students to the emergency (see Appendix 13).

To ensure senior managers and leaders are kept familiar with the Emergency Response Plan the Facility Manager will review this Emergency Response Plan and procedures each year at an Academic Council meeting.

### 12.3 Contacts

The communication protocol also lists the internal resources that can be contacted when an emergency occurs (see Appendix 13).

### 12.4 Procedures in Medical Emergency

The following is a list of procedures that will be followed when this emergency occurs. It also identifies who is responsible for what and outlines what they will do.

See Appendix 13 and Appendix 14.

### 12.5 Reporting of Emergencies

The leader in this area will keep copies for at least five years of all medical emergencies, emergency training or table top discussions at AC meetings.

See Emergency Response Incident Report (Appendix 7).

## **12.6 Continuous Improvement**

The Facility Manager will seek input on an annual basis of how to improve emergency response plans. This leader will also seek input following an emergency situation on how to improve the College's effective handling of an emergency.

## **12.7 First Aid Requirements**

The Facility Manager will ensure that first aid kits are available in each Columbia College building and will maintain said kits.

The Facility Manager will review and, where required, order and maintain an inventory of First Aid materials including AEDs.

The Facility Manager will ensure these products are available throughout the College.

## **12.8 Response Plans**

Columbia College will develop emergency response plans for medical emergencies involving CPR and First Aid and AED use (see Appendix 13 and Appendix 14).



# Emergency Response Plan for Mental Health Emergencies

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## 13.0 Introduction

The following section outlines how Columbia College will respond administratively to a Mental Health Emergency. This section identifies who is responsible for managing this area, who they will work with and what procedures they will follow in case of an emergency in this area. It includes the development, communication, and training of appropriate responses for this type of emergency.

## 13.1 Leadership Responsibility

The lead person in this area is the College's Facility Manager who will coordinate his/her activities with the College's Occupational Health and Safety Committee and report to the President on a regular basis about relevant matters pertaining to the effective management of this area.

## 13.2 Communication Protocol and Contacts

The Facility Manager has developed a communication protocol to deal with emergencies in this area (attached to this document as Appendix 15). These protocols include mechanisms that alert all appropriate staff and students to the emergency.

To ensure senior managers and leaders are kept familiar with the Emergency Response Plan the Facility Manager will review this Emergency Response Plan and procedures each year at an Academic Council meeting.

## 13.3 Contacts

The communication protocol also lists the internal resources that can be contacted when an emergency occurs (see Appendix 13).

## 13.4 Procedures in This Type of Emergency

The following is a list of procedures that will be followed when this emergency occurs. It also identifies who is responsible for what and outlines what they will do (see Appendix 15).

## 13.5 Reporting of Emergencies

The leader in this area will keep copies for at least five years of all emergencies, emergency drills or table top discussions at AC meetings.

### **13.6 Continuous Improvement**

The Facility Manager will seek input on an annual basis of how to improve emergency response plans. This leader will also seek input following an emergency situation on how to improve the College's effective handling of an emergency.

### **13.7 First Aid Requirements**

The Facility Manager will ensure that first aid kits are available in each Columbia College building and will maintain said kits.

The Facility Manager will review and, where required, order additional hygiene products, paper products, and disposable materials prior to the start of each flu season.

The Facility Manager will ensure these products are available throughout the College.

### **13.8 Response Plans**

Columbia College will develop emergency response plans for medical emergencies involving Mental Health Emergencies (see Appendix 3).

## Appendix 1 - General Workplace Inspection Checklist

### Columbia College Occupational Health and Safety Committee General Workplace Inspection Checklist

**Instructions:**

1. Complete the inspection as it relates to your area (e.g. office, classroom).
2. Document deficiencies and assign a risk level as (H) High, (M) Medium, or (L) Low.
3. Report deficiencies to department management.
4. Take action to correct deficiencies as follows:

Risk	Criteria	Recommended Timeline to Correct Deficiencies
High	Likely to result in serious injury	Correct immediately within one day to a week
Medium	May result in injury	Correct within one to three weeks
Low	Could possibly result in minor injury	Correct within three to six weeks

Date:			Department/Area:				
Inspected by:			Reviewed by:				
	Yes	No	N/A	Risk (H,M,L)	Action (include name of individual responsible and timelines)	Date Corrected	
Are all work areas clean and orderly?							
Are doorways, aisles, hallways and stairwells free of materials and obstructions that could pose a tripping or evacuation hazard?							
Are floor surfaces smooth, even and free of cracks or defects that could cause a trip or fall?							
Is lighting adequate?							
Is ventilation adequate?							
Are ceiling tiles in place; no evidence of significant leaks or mold?							

	Yes	No	N/A	Risk (H,M,L)	Action (include name of individual responsible and timelines)	Date Corrected
<b>Offices</b>						
Are filing cabinet drawers kept closed when not in use?						
Are filing cabinet drawers properly loaded from the bottom, and do not pose a tipping hazard?						
Are computer workstations configured in a manner to minimize ergonomic injury?						
Are the chairs used for computer workstations adjustable?						
<b>Classrooms/Computer Labs</b>						
Are desks and chairs in good repair?						
Are cords and cables from AV equipment stored properly to reduce chance of tripping?						
Have books, papers, food and beverage containers been picked up?						
Are computer labs stocked with wipes to wipe down computer keyboards after use?						
<b>Clinical Areas</b>						
Are sharps containers available and not overfilled?						
Is personal protective equipment available and ready for use (i.e., eye protection and gloves)?						
Have chemical containers been closed when not in immediate use?						
Are all chemicals stored at levels below eye level?						
Are there sufficient numbers of staff scheduled to work to ensure safety?						
Are waterless hand cleaners available where required?						

	Yes	No	N/A	Risk (H,M,L)	Action (include name of individual responsible and timelines)	Date Corrected
<b>Clinical Areas (cont)</b>						
Are beds, wheelchairs, patient lifting and transfer devices and other equipment functioning properly?						
<b>Material Handling and Storage</b>						
Are storage shelves capable of supporting the intended load?						
Are storage shelves secure and not able to tip?						
Are heavy items stored at optimal lifting heights (between shoulder and knees)?						
Are carts available to move heavy items and materials?						
<b>Security</b>						
Are areas locked as required and do security devices (alarms and locks) work properly?						
<b>Emergency Response</b>						
Are emergency evacuation routes posted at entrance ways and in classrooms?						
Are emergency phone numbers posted by the building alarm pad?						
Are the names of first aiders posted by the building alarm pad?						
Are adequate first aid supplies available?						

	Yes	No	N/A	Risk (H,M,L)	Action (include name of individual responsible and timelines)	Date Corrected
<b>Fire</b>						
Are fire exits marked and signs illuminated?						
Are fire extinguishers, hoses and alarm pull stations clearly marked and free of obstructions?						
Have fire extinguishers been inspected and bear inspection tags?						
<b>Electrical</b>						
Are electrical cords in good condition and free of damage and defects (including not frayed and grounding prongs in place)?						
Are there enough electrical outlets/power bars to ensure they are not overloaded?						
Are power bars connected directly to an electrical outlet?						
Is the area around electrical panels free of obstructions?						
Are electrical appliances CSA approved?						
<b>Documentation and Training</b>						
Are emergency response procedures available in the department?						
Are previous workplace inspections retained by the Facility Manager?						
Are job Hazard Assessments retained by the Facility Manager?						

	Yes	No	N/A	Risk (H,M,L)	Action (include name of individual responsible and timelines)	Date Corrected
<b>Documentation and Training (con't)</b>						
If employees work alone, are employees aware of working alone procedures and guidelines?						
If there is a potential for violence, have employees received violence prevention awareness information?						
<b>Other</b>						

## Appendix 2 – Risk Assessment

---

The Risk Assessment is a formula that will measure frequency, probability, and severity of the consequences in order to calculate degree of risk. The Hazard Form calculates risk using the following formula:

$$A \times B \times C = \text{Degree of Risk}$$

A = Frequency

B = Probability

C = Consequence

The Risk Value may be chosen to prioritize various actions in order to effectively manage workplace hazards. The Hazard Form is used to determine a priority based on the following ranges (see the attached Hazard form for the numbers to be used when calculating risk value):

High Risk >10

Medium Risk 3 to 10

Low Risk 0 to 3

A hazard that is assessed as “High Risk” requires immediate action to minimize risk to health, safety and/or the environment. Individuals who are responsible for follow-up are to be identified.



### 1.0 Introduction

Hazard analysis evaluates the frequency, probability and consequences of a workplace hazard, as a measure of risk.

### 2.0 Frequency

A frequency analysis is an indicator of how often hazards may occur during the day or work shift. Frequency can be indicated using a scale from 1 (rare occurrence) to 10 (continuous occurrence).

The Hazard Form will indicate the hazard frequency through the use of the following numerical values:

Continuous	10
Frequent	7
Occasional	5
Infrequent	3
Rare	1

### 3.0 Probability

The probability value is based on the likelihood that an event will occur. For example, “How often has this event happened in the past month, year, decade?” Probability levels range from “most likely” to “improbable”.

The Hazard Form will indicate the probability through use of the following list (see the attached Hazards form for the formula to calculate the numbers):

Most likely	5 in 10
Possibly	1 in 100
Conceivably	1 in 1,000
Remotely	1 in 500,000
Improbably	1 in 1,000,000

## 4.0 Consequence

Consequence can be divided among five categories. They are based on increasing levels of severity to personal health, environment, or property. The Hazard Form indicates the degree of consequence by use of the following:

<b>Consequences</b>			
<b>Category</b>	<b>Description (Estimated Lost in \$)</b>	<b>Potential Consequences to Health, Environment and Property</b>	
1	Catastrophic (> 5,000,000)	Large numbers of severe injuries and death	Building and equipment loss
2	Major (3,000,000 to 5,000,000)	Loss of life	Major equipment loss
3	Intermediate (100,000 to 3,000,000)	Causes severe injury or long-term occupational damage	Intermediate equipment damage
4	Minor (10,000 to 100,000)	May cause a minor injury or mild illness	Major equipment damage
5	Minimal (< 10,000)	Will not result in injury or minor illness	Will not result in equipment damage

## Appendix 4 – Introduction to Control

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### 1.0 Introduction

Definition: A Control is the effective elimination (or inactivation) of a hazard in such a manner that the hazard no longer poses a risk to the environment or workers.

Ideally, hazards should be controlled or dealt with at their source (referred to as applying Engineering Controls) or along the path between the source and the worker (referred to as applying Administrative Controls). If this is not possible, hazards need to be controlled at the worker level through the use of Personal Protective Equipment (PPE).

### 2.0 Identifying a Suitable Control

The identification of a suitable control normally involves:

- Determining short-term and long-term controls.
- Initiating a short-term control while more long-term controls can be set up.
- Initiating long-term control when reasonable and practical.

### 3.0 Types of Control

#### 3.1 Types of Direct Hazard Controls

- Elimination – this involves removing hazardous work routines, tools, processes, machines or substances and is the most suitable way to protect workers.
- Automation – to automate or mechanize a practice.
- Dilution – to dilute or dissipate the hazard.
- Absorption – to block or absorb a hazard before it reaches workers.
- Re-designation – this involves doing the same work in a safer manner.
- Isolation – to isolate, contain, or keep away from workers.

#### 3.2 Types of Administrative Controls

- Training and Supervision – initial and refresher training on safe work procedures should be offered. Supervision should also be provided to assist workers in identifying and evaluating hazards.
- Maintenance and Cleaning Programs – this involves cleaning, waste disposal, spill clean-up, and a maintenance program.
- Changes to Work Procedures – this involves requiring workers to use approved safety procedures. Said procedures must be periodically monitored and reviewed as well as updated.

- Physical Hygiene Practices – this can reduce the risk of toxic materials being absorbed by workers. In some settings, street clothing should be kept separate to avoid contamination. Eating areas should be separated from toxic hazards and eating forbidden in toxic areas. If necessary, workers should shower and change clothes at the end of each shift.
- Initiating Job Rotations and other such procedures can reduce the time workers are exposed to a less threatening hazard.

#### **4.0 Types of Personal Protective Equipment**

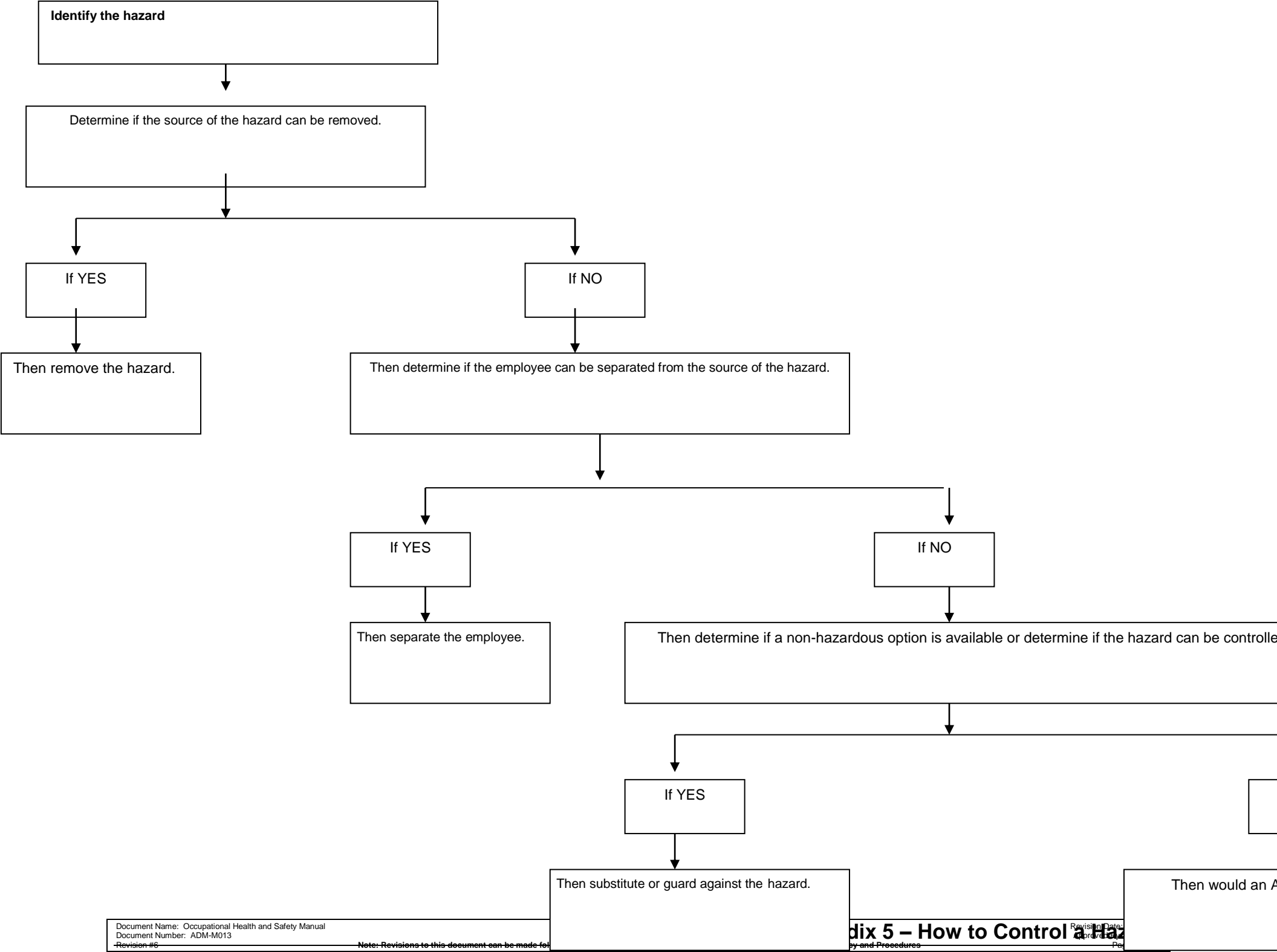
Personal protective equipment (PPE) may be used when other controls are not feasible or when additional protection is needed. Employees are to be trained in the proper use of equipment. Employees must understand the effectiveness and limitation of the personal protective equipment.

#### **5.0 How to Control a Hazard**

To identify a hazard requires a job hazard analysis. A hazard control action plan is to be completed and implemented when an existing work process is assessed as hazardous to others.

The following flowchart should be used to assist in this process.





## Columbia College Hazard Form

Please print on this document.

<b>1. HAZARD IDENTIFICATION</b> <i>(The individual who identified the hazard is to complete Section #1.)</i>			
Name:			
Program/ Department:			
Phone Number:	(Work)	(Home)	(Cell)
Location of Hazard			
<b>Actual Hazard</b> <i>(Please describe the hazard)</i>			
<b>Recommended Action:</b> What do you think the Facility Manager or Manager in charge should do to ensure that this hazard does not recur? If an incident occurred, then what do you think would prevent another incident from occurring?			
Place an X in the most appropriate column pertaining to the hazard observed.			
	<b>High Risk</b>	Hazard may result in serious injury (possibly death), serious environmental impact or significant damage to property.	
	<b>Medium Risk</b>	Hazard may result in sustained injury, moderate environmental impact or damage to equipment	
	<b>Low Risk</b>	Hazard may result in negligible to minor injury or environmental impact.	
<b>NOTE: High risk hazards must be reported immediately to the Facility Manager or Manager in Charge.</b>			
Date:	Signature		
<b>Please forward this form to the Facility Manager or Designate or Manager in Charge.</b>			

**2. HAZARD ANALYSIS** (To be completed by the Facility Manager or Manager in Charge.)

Name:	
Program/ Department:	
Phone Number:	

**NOTE: Please review the college document “Workplace Hazards and Working Alone Regulations” before completing the following questions.**

**Risk Assessment: A x B x C = Risk**

Frequency of Exposure	A	Probability of Occurrence	B	Severity of Consequence	C
Continuously	10	Most Likely	1.0	Catastrophic	20
Frequently	6	Possible	0.6	Fatal	10
Occasionally	3	Conceivable	0.3	Serious	5
Infrequently	2	Remove	0.1	Minor	2
Rarely	1	Inconceivable	0.05	Negligible	1

Risk Score:	
Prioritization:	>10 High Risk      3 – 10 Medium Risk      0 – 3 Low Risk

Additional Comments on Analysis:

**3. HAZARD CONTROL** (To be completed by Faculty, Manager or Designate. If more space is required then photocopy this document and attach as needed.)

The following hazard control action plan may suggest a number of tasks, equipment or duties to be changed, addressed, fixed, repaired, or it may require retraining or new procedures to be written. Each task must be assigned to an individual with an expected completion date and subsequent follow-up. Hazards assessed as “High Risk” must have immediate target dates for the implementation of controls. Engineering Controls (elimination, substitution, or isolation of hazard) is the most desirable control method. Administrative Controls (Safe Work Procedures) are acceptable if Engineering Controls are not feasible or do not completely eliminate or control the hazard. The assignment of Protective Personal Equipment to control the hazard should be considered a last resort.

Item	Identified Task of Job or Hazard	Current Control Method	New Control Method Required	To be Completed by (Name)	Target Date for Corrections
1					
2					
3					
4					

Date:	Signature:
-------	------------

This completed Hazard Form must be forwarded to the President. Documented follow-up on all recommended action and controls is required and is subject to internal and external health and safety audits.

**4. PRESIDENT APPROVAL**

The President will review the Hazard Form and may discuss same with those involved and/or seek input from others. The President will approve, modify or not approve each item listed as Item 1 to 4 under the heading Hazard Control

Item	Comments	Signature	Date
1			
2			
3			
4			
5			



## Appendix 7 – Emergency Response Incident Report

**COLUMBIA COLLEGE**  
**Occupational, Health and Safety**  
**Emergency Response Incident Report**

<p><b>NOTE:</b>  <i>Must; Shall; Will:</i>  <i>Should:</i>  <i>May or Could; Can:</i></p>	<p><u>Clarification of Terms</u>                  These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i>.                  This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory.                  These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.</p>
---	---

**Type of Incident:**

<b>Fire</b> <input type="checkbox"/>	<b>Violence</b> <input type="checkbox"/>	<b>Medical Emergency</b> <input type="checkbox"/>	<b>Ventilation Failure</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
--------------------------------------	--	---	---	---------------------------------------

<b>DATE OF INCIDENT</b>		<b>BUILDING/ (s):</b>	
<b>REPORT SUBMITTED BY:</b>		<b>DATE:</b>	
<p>1. Describe events surrounding incident:</p>   <p>a). What actions took place to deal with incident:</p>			

2. Observations and Recommendations on dealing with this type of event in the future:

3. Corrective action suggestions:

**Corrective Action Status:**  
 Completed: Yes  No  Date: \_\_\_\_\_

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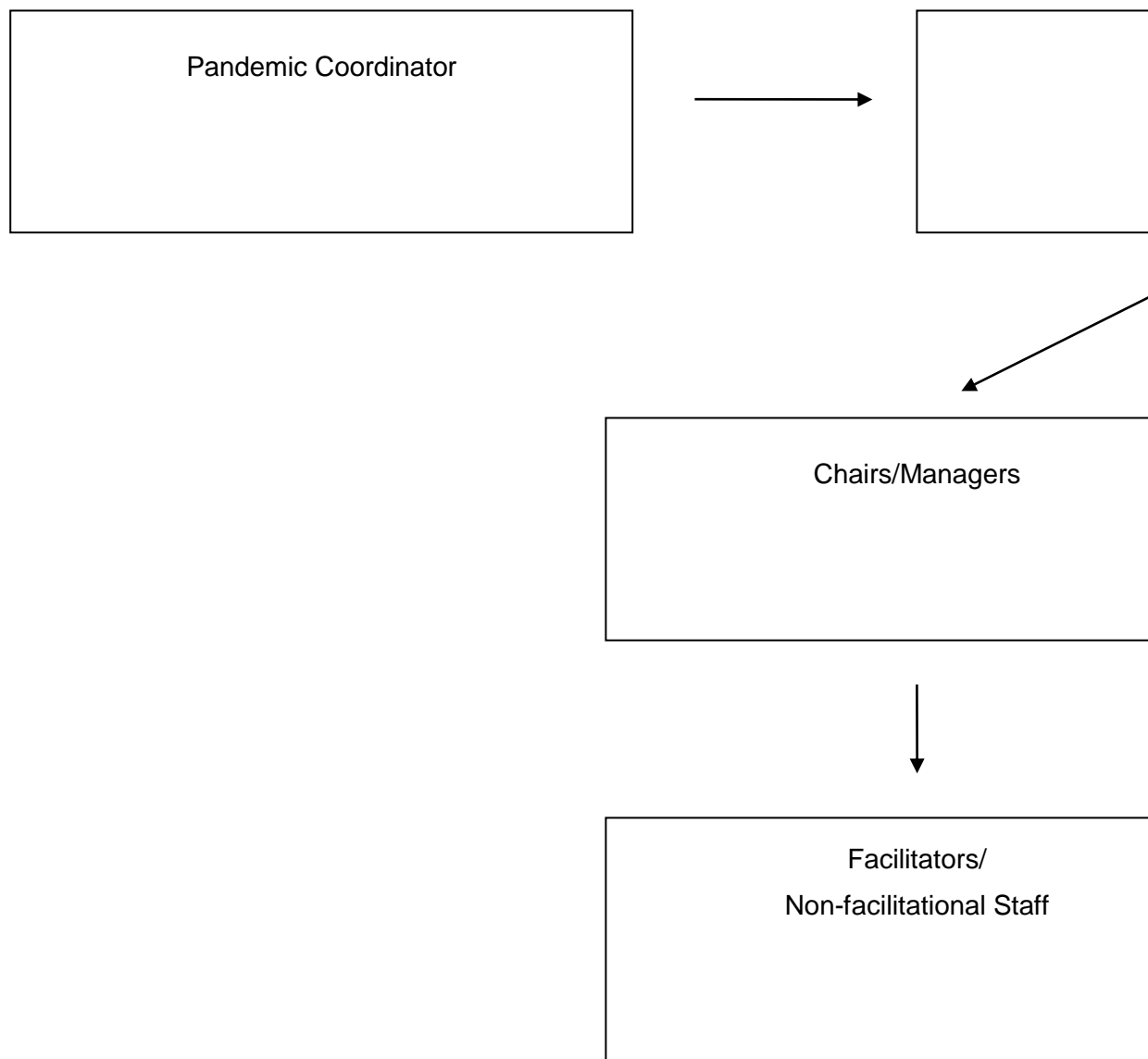
**President's Approval:**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 8 – Communication Protocol

In the event of an infectious disease emergency a communication plan with a fan out list will prevail.

1. In the case of a Pandemic Emergency the President or his delegate will be notified immediately by the Pandemic Coordinator.
2. The president will make a decision regarding the plan of action.
3. All chairs/managers or their designated will be alerted.
4. The chairs/managers will alert facilitators, and non-facilitational staff in their departments.
5. Facilitators will alert their students as to the state of emergency and what it involves.

Graph of Communication Protocol



## Appendix 9 – Pandemic Planning

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**Advanced Education and Technology's Expectations for  
Private Vocational Training Providers for Pandemic Influenza Planning**

**OVERVIEW:**

It is expected that all post-secondary institutions develop pandemic plans. These plans should be developed based on each institution's assessment of risk and with the goal of ensuring students the opportunity of academic success in completing their programs.

**PROCEDURES:**

Institutions should take appropriate precautions for the prevention and management of student and staff exposure to pandemic influenza based on their pandemic risk assessment. To assist institutions a "Guideline for Students and Staff at Post-secondary Institutions and Private Vocational Training Providers" can be found on the Alberta Health Services (AHS) website at: [www.albertahealthservices.ca](http://www.albertahealthservices.ca). This Guideline provides specific items for consideration, including the cleaning of facilities. Institutions are advised to provide students, staff, and faculty with preventative information for pandemic influenza, including proper hand washing etiquette, safe coughing techniques, influenza self-assessment tools, and linking institution websites to AHS' website for further information on pandemic influenza.

As part of the prevention procedures in spreading the virus, students and staff who develop influenza like illness are requested to isolate themselves (at home) until they are symptom free and are feeling well and fully able to participate in normal day to day activities. Generally, the period of isolation will be up to seven days after the onset of symptoms. However, this period could be longer (up to 10 days) in individuals with severe illness. It should be noted that doctor notes to confirm the illness or recovery may not be available.

Institutions may need to implement absenteeism policies that allow staff to be away from work for up to seven days without requiring doctor notes and for students to be away from classes for up to seven days without negatively affecting their ability to complete their programs. This may require institutions to redesign their academic program requirements. Institutions are expected to provide appropriate student support to enable those students that are absent with influenza-like illness the opportunity to successfully complete their program requirements in a timely manner.

**Students Receiving Government Financial Assistance**

Institutions are asked to provide appropriate support to students that develop influenza, and are absent for up to seven consecutive calendar days, to enable them to complete their courses.

If students are receiving financial assistance from Alberta Employment and Immigration (AE&I) and their absence will affect their ability to complete their program as scheduled, the institution should contact their regional AE&I authorized official.

If students are receiving loan funding through Advanced Education and Technology's (AET) Students Finance Program and their absence will affect their ability to complete their program as scheduled, they should contact the Student Funding Contact Centre by calling 1-800-222-6485. Issues will be addressed on an individual basis.

## Students in Health Programs

For institutions with students in health programs, a separate committee has been established in order to develop consistent policies and procedures to support program completion for students in the case that they are required to work as responders or they are involved in their practicum during a pandemic outbreak. The committee includes institutions, Alberta Health and Wellness (AHW), AET and AHS. These policies and procedures will be posted separately.

### **LONG-TERM EMERGENCY PLANNING:**

1. AHS in conjunction with AHW are responsible for pandemic influenza emergency management response within the province.
2. A post-secondary liaison committee has been established, which is co-chaired by AHS and AET to assist institutions to develop plans and ensure that consistent communication, policies, and procedures are developed across the post-secondary system. The committee includes all publicly-funded post-secondary institutions, representation from private vocational providers, AHW, AHS, and AET.
3. It is essential that institutions have emergency response plans in place, which include plans for pandemic influenza.
4. The role of AET is to provide support to institutions regarding communication of information and ensuring policies taken with respect to students and staff are appropriate across the post-secondary system. The *key decision* areas where AET will need to be informed include institution decisions made with respect to the following areas that impact a significant number of staff and students:
  - Cancellation or suspension of classes.
  - Closure of facilities.
  - Cancellation of student placements.These areas could have significant academic and financial issues for students and institutions in the event of a prolonged closure of facilities or cancellation of classes.
5. In the event of an emergency, institutions will work with the appropriate local authorities, including AHS, and implement policies with their advice. The primary objective for institutions is to ensure the health and safety of staff, students, and the community; and the protection of property.
  - Institutions need to include in their plans policies regarding authority for decision making with respect to the key areas that impact staff and students noted above.
  - When an institution implements any of the key decisions noted above that impact a significant number of the institution's staff and students, they must inform AET at [aet.emergency@gov.ab.ca](mailto:aet.emergency@gov.ab.ca). AET will ensure that the appropriate officials within the ministry are apprised of the situation. The Communications branch within AET will also be advised so they can respond to any media enquiries.
  - If conditions exist where key decisions extend beyond seven days, the institution needs to contact AE&I and other appropriate regulating bodies to ensure that plans are in place for students to be able to continue and complete their studies once normal operations are resumed. This includes the extension of student financial assistance.

The following perception survey may be modified to include aspects that are important to your organization and be used to obtain a baseline assessment of the perceived culture of safety in the organization. When a survey such as this is used, it is sometimes evident that various levels of staff have different perceptions of the organization's culture. Repeating the survey periodically will assist in evaluating progress in improving the safety culture

### Employee Perception Survey<sup>34</sup> – (Example)

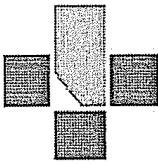
Studies have shown that the perception of how safety is valued, viewed, and practiced in a workplace vary greatly. A safety culture is one in which doing things safely is part of every job or task; it is one that values the health and safety of the worker. Several indicators help describe the perception of safety in our company. Please take the time to fill out this anonymous questionnaire and send it to \_\_\_\_\_.

Please respond to the following statements, indicating if they are true: A - all the time; S - sometimes; N - never.

**CIRCLE THE RESPONSE YOU FEEL DESCRIBES YOUR PERCEPTION:**

1. In this organization, safety is a high priority.	A S N	14. There are opportunities for people to participate in safety programs.	A S N
2. The amount of work we do here sometimes makes it hard to do things safely.	A S N	15. Most people I work with participate in safety programs.	A S N
3. My supervisor stresses safety.	A S N	16. If I see a co-worker doing something unsafe, I tell them.	A S N
4. I work safely.	A S N	17. My supervisor tells me if I am doing things unsafely.	A S N
5. My co-workers work safely.	A S N	18. I was given safety training when I first started working here.	A S N
6. I can shut down a machine, or not perform a task, if it is unsafe.	A S N	19. I have been trained in WHMIS.	A S N
7. The senior administrators are concerned about safety.	A S N	20. I receive safety training regularly.	A S N
8. My supervisor talks to us about safety issues.	A S N	21. I feel that safety training is good in this organization.	A S N
9. If I report a safety problem, something is done about it.	A S N	22. We have a strong safety committee in this organization.	A S N
10. Safety is discussed at my performance evaluation.	A S N	23. If I make a suggestion to the safety committee, they will take action.	A S N
11. Material Safety Data Sheets are available for me to look at.	A S N	24. I have participated in workplace inspections.	A S N
12. There is good follow-up on safety suggestions	A S N	25. I have been able to contribute to the safety program here.	A S N
13. I talk about safety with my co-workers.	A S N	26. I have some good ideas about how to improve safety here.	A S N
I am a (circle one):    Supervisor/Manager    Senior Manager    Full time worker    Part-time worker			

34 From Spotlight On Safety; Gene Marie Shematek; Journal of the Canadian Society of Medical Laboratory Science; 2001.



## H1N1 PANDEMIC PLANNING: STUDENTS, TRAINEES, RESIDENT PHYSICIANS AND FELLOWS IN ALBERTA HEALTH CARE FACILITIES

### RECOMMENDATIONS

#### **Purpose of this Document:**

- 1) To provide guidance for seamless health care provider operations while supporting the continuation of essential health education-related programs, wherever possible.
- 2) To prevent, minimize and/or deal with disruptions to the education of students, resident physicians, fellows and other trainees (referred to as "Learner(s)") that are engaged in educational activities within Alberta Health Services, private health care facilities and community-based organizations.
- 3) To coordinate planning and recommendations between Alberta Health Services (AHS), Alberta Health and Wellness(AHW), Alberta Advanced Education and Technology (AET) and Alberta Post-Secondary Institutions (PSI)'s with respect to Learners performing work or participating in educational activities in Alberta health care facilities.
- 4) To minimize health risks to Learners, PSI clinical instructors and their patients while they are engaged in health care activities.

#### **Guidelines for Learners and Post-Secondary Institution Clinical Instructors:**

- 1) Learners' educational objectives must remain a priority rather than provision of services. Disruption to ongoing curricula should be minimized to the extent possible.

- 2) Dealing with emergency and crisis situations are an integral part of health training, therefore Learners should generally not be excluded from participating in these situations unless there are safety issues to be considered.

Learners on clinical placements should only be *permitted to perform tasks for which they are competent and for which the appropriate supervision can be provided*

- 3) Learner participation in any educational endeavour will be allocated according to the competence of the Learner, the assessment of risk of the situation by the clinical faculty or supervising clinician and the learning objectives of the educational program. During the pandemic but prior to suspension of programs, PSI Learners' activities will continue to be determined by the PSI.
- 4) Learners who do not wish to participate in volunteer activities during an influenza pandemic must not be subject to coercion or academic penalties.
- 5) The PSI's and AHS may exercise flexibility on a case-by-case basis for Learners who require a leave from clinical duties for compassionate reasons.
- 6) ***As part of their responsibilities, if any Learner or PSI clinical instructor has symptoms consistent with an influenza-like illness he/she must not come to work and should stay home until he/she is symptom free.*** In that case, he/she must follow AHS recommendations for treatment and self-isolation. If any Learner is ill, it is good professional practice to stay away from work until he/she is symptom free.
- 7) PSI's, AHS, private health care facilities and community based organizations must not expect or coerce Learners to engage in any activity without appropriate protective measures in place.
- 8) Infection risks among Learners and PSI clinical instructors are to be minimized. In the context of ongoing clinical placements, these individuals are to be provided with the same protection (i.e. personal protective equipment, anti-virals, treatments and vaccines) by AHS, the private health care facility or community-based organization as the clinical site's employees during a pandemic.
- 9) It is expected that Learners and instructors will take steps to reduce their risk of exposure by using the appropriate personal protective equipment and following Workplace Health and Safety standards and Canadian Standards



Association (CSA) requirements for the Selection, Use and Care of Respirators.

- 10) Seasonal influenza and pandemic H1N1 vaccinations are strongly recommended for Learners and PSI clinical instructors, however, they are not mandatory. The H1N1 vaccination is a higher priority. Learners should note that having one or both of these vaccinations may be a consideration during any hazard analysis process undertaken with respect to patient or Learner safety.
- 11) Learners and PSI clinical instructors should have access to timely and thorough information and advice regarding their rights, obligations and relevant ethical considerations throughout all stages of a pandemic.
- 12) Learners and PSI clinical instructors are expected to comply with relevant policies and regulations around infection control, surveillance and occupational health.

### **Education of Learners in Clinical Settings**

#### **1) *Patient Care:***

Learners and PSI clinical instructors must be aware of and comply with AHS or other private health care or community-based organization patient care relevant policies including isolation, cohorting, transport, vaccination, and prescription of antiviral medications. The AHS pandemic information and infection control practices should be readily accessible and reviewed regularly by all Learners, PSI clinical instructors and PSI administrators via the AHS public website.

#### **2) *Exposure:***

- a) An AHS "Employee Incident and Investigation Report" is to be completed and submitted by the Learner or appropriate AHS administrative office for any Learner meeting the exposure criteria as set by AHS, with a copy of the report being sent to the appropriate PSI.
- b) A PSI employee incident or investigation report may also be required to be completed by the applicable PSI. Learners are responsible to check with their relevant PSEI to determine institutional requirements.
- c) Worker's Compensation Board documentation will also need to be filed for any Learner or PSI clinical instructor meeting the exposure criteria.

- d) In the absence of influenza-like symptoms, appropriately vaccinated Learners may continue to work after an exposure. Unvaccinated Learners who commence a 10-day course of antiviral prophylaxis after an exposure may also resume work immediately. Unvaccinated Learners who do not commence antiviral prophylaxis will be excluded from work in AHS facilities for four days after an exposure. If the unvaccinated Learner does not have influenza-like symptoms after four days, he/she may return to work in the clinical setting. Prescription of anti-viral medications to exposed Learners or PSI clinical instructors will follow AHS protocol.

3) ***Minimizing Risks to Learners:***

- a) The objective is for all Learners and PSI clinical instructors who are entering a clinical setting to be fit-tested for a N95 respirator prior to commencing their rotations. However, it is understood and agreed that this was not a requirement for all PSI Learners prior to H1N1 2009. As such, PSI's will move towards this objective in order to enable Learners to continue working in clinical facilities where they may be required, at some time, to use N95 respirators. Where a proper N95 respirator has not been or cannot be fitted to an individual, that person will be excluded from situations which might require a N95 respirator.
- b) All Learners and PSI clinical instructors will follow AHS "Point of Care Risk Assessment" document with respect to the use of Personal Protective Equipment specific to N95 respirators.
- c) In addition to following routine infection-prevention and control precautions, when within two meters of an individual who is unable or unwilling to wear a respirator or cover their cough or sneeze, or when engaging in Aerosol Generating Medical Procedures, it is mandatory for Learners and PSI clinical instructors to wear a fit-tested N95 respirator, eye protection and any other appropriate personal protective equipment as required and supplied by AHS. Learners and PSI clinical instructors who cannot be successfully fitted must not work in high risk settings. Learners working with any patient with influenza-like illness should follow the recommendations provided in the document "Prevention and Management of Health Care Worker exposure to pandemic (H1N1) 2009".
- d) The health of Learners is of concern with special attention necessary for those who are at increased risk including Learners who are pregnant, have serious chronic illness or are immuno-suppressed.

Rotations should be re-arranged where indicated to minimize risk to these Learners.

- e) Where AHS or the PSI is aware of a medically-compromised or pregnant Learner, heightened vigilance to H1N1 exposure is necessary and additional preventative precautions should be taken. Medically-compromised or pregnant Learners should be asked to identify themselves so that rotation reassignments can be made where possible, such that the Learner is not participating in high risk activities. Policies for the provision of vaccines and antiviral medications to Learners will be communicated rapidly when available.

**4) Placement Coordination of Non-Preceptored Learner Groups in units/service areas in H1N1 Outbreak:**

- a) A Learner group is comprised of three or more Learners and a PSI clinical instructor or clinical teaching scholar.
- b) Learner groups will be permitted to continue on units/service areas where there is known or suspected H1N1 if they have been fitted for N95 respirators.
- c) Learners in a student group will not be assigned patients with known or suspected H1N1 illness and will not be involved in Aerosol Generating Medical Procedures.
- d) If it is determined by the AHS unit/service supervisor, the private health care facility or the community-based organization that the operational continuation of a Learner group is not possible due to the current impact of H1N1 to the unit/service area, every effort will be made to reassign the group to a suitable alternate area when possible.
- e) It is expected that the PSI clinical instructor or clinical teaching scholar will attempt to create Learner assignments that minimize unnecessary risk.

**5) Placement Coordination of Preceptored Learners:**

- a) Preceptored Learners are defined as a group with no more than two Learners assigned to a preceptor who is an AHS employee.

- b) Preceptored placements will be permitted to continue on units/service areas where there is known or suspected H1N1 if they have been fitted for N95 respirators.
- c) The Learner assignment will be determined by the preceptor and faculty advisor in collaboration with the Learner.
- d) Preceptored Learners who are not N95 fit tested will not be assigned to patients with known or suspected H1N1 and will not be involved in Aerosol Generating Medical Procedures.
- e) Preceptored Learners who are N95 fit tested may be assigned to patients with known or suspected H1N1 and may be involved in Aerosol Generating Medical Procedures.
- f) If it is determined by the AHS unit/service supervisor, the private health care facility or the community based organization that the operational continuation of the placement for a preceptored Learner who is not N95 respirator fit tested is not possible due to the current impact of H1N1 to the unit/service area, the placement will be suspended or terminated.

**6) *Observership and job shadowing***

- a) These experiences will be assessed on an individual basis. These experiences are not encouraged during a pandemic Activation/Surge stage or higher.

**Suspension of Education:**

- 1) At some point during a pandemic crisis, continuing to meet Learner's educational objectives may become impossible or undesirable.
- 2) A decision to suspend clinical education in a specific facility or all facilities within an organization, may be made by:
  - a) The owner of the facility, AHS or AHW due to incapacity of clinical sites;
  - b) The Office of the Chief Medical Officer of Health or the local Senior Medical Officer of Health in a declaration of a public health emergency; or
  - c) The PSI due to inability to meet educational objectives.

- 3) Prior to a decision being finalized, the initiating organization will consult with the other affected organizations (including AHS, AHW, AET, PSI's, the private health care facility (if applicable) and community based organizations (if applicable), with the exception of extreme exigency.
- 4) All decisions related to cancellation of clinical education will be communicated to Learners through channels determined by the PSI. Where possible, PSI's may be able to provide alternate means to achieve learning objectives for select practicum courses.
- 5) AHS recognizes that its partnerships with Alberta PSI's are important and will work with those institutions to attempt to make alternate arrangements for Learners in the case of H1N1 outbreak. In the case of an outbreak or H1N1 illness where the PSI or AHS withdraws Learners from placement, although AHS is under no obligation to guarantee alternative Learner placement, all attempts to accommodate these placements will be made.
- 6) The decision to suspend a program may need to be made individually for various programs and levels of Learner. This will require day-to-day monitoring of the extent to which clinical services are disrupted by the pandemic, including cancellation of elective care, redeployment of sites, illness of faculty members and clinical instructors and the ability of faculty members to provide education in the face of increased workload.
- 7) If a PSI clinical instructor for a non- preceptored student group becomes ill, it is the sole responsibility of the PSI to find a replacement PSEI clinical instructor. In the case that a replacement PSI clinical instructor cannot be provided, the non-preceptored student group placement will be suspended or cancelled until such time as one can be provided.
- 8) Once the decision to suspend clinical training has been made, Learners may be asked to volunteer their services to AHS. In some cases it may be possible for Learners to volunteer for an activity that can be used toward their credentials or academic program. However, most often, volunteer activities will not be eligible for credentialing or academic programs, therefore training or the academic program may need to be extended. Learners who request consideration of credit toward their credentialing for volunteer activities will be required to submit logbook documentation detailing activities/responsibilities undertaken, relationship to course objectives, dates, times and names of health professionals providing supervision for these activities (including contact information and licensing credentials).

- 9) Volunteer activities should be tailored to the level of education of the Learner.
- 10) Medical Students, Residents and Fellows - Once their academic program has been suspended, the deployment of volunteer medical students, residents, and fellows will be determined by the AHS Department Head. Where Department Heads are not joint appointments between the PSI and AHS, the PSI Department Head will become advisory to the AHS Department Head regarding the abilities of the Learners. Clerkship Directors, Program Directors and the Associate Deans for Undergraduate and Postgraduate Medical Education will also be advisory to the AHS Department Head regarding the abilities of the Learners.
- 11) Nursing Students – Once their academic program has been suspended, the AHS Professional Practice Group will assist in deployment of volunteer nursing students with PSI Nursing Deans providing advice with respect to the abilities of the Learners.

#### **When a Learner or PSI Clinical Instructor Becomes Ill:**

- 1) If any Learner or PSI clinical instructor has symptoms consistent with an influenza-like illness he or she must not come to work. In that case, the individual must notify the appropriate office and follow AHS pandemic (H1N1) 2009 website recommendations. Existing policies for sick leave will apply except that a physician's note will not be a requirement for sick leaves taken during rapidly escalating pandemic.
- 2) Learners and PSI clinical instructors who develop symptoms while at a clinical placement setting should perform respiratory etiquette, report their illness according to AHS and their own PSI guidelines, and leave the clinical placement setting as soon as possible.

#### **Worker's Compensation:**

In accordance with the Alberta Government Worker's Compensation Act, Learners registered and attending PSI's in Alberta are covered for activities performed during clinical practicum courses within Alberta and with agencies outside of Alberta when the Learner is a resident of the province of Alberta. Resident Physicians are covered by Worker's Compensation through AHS.

Learners who are not residents of Alberta and who are working in health care facilities outside of the province of Alberta are responsible to check with their PSEI to determine their WCB coverage on an individual basis.

### **Learner/Faculty Activity beyond Academic Programs:**

- 1) It is recognized that Learners and PSI faculty members may wish to become involved in pandemic support activities outside their academic responsibilities through volunteer activities or employment activities with AHS.
- 2) It is also recognized that the Public Health Act of Alberta makes provision for the province's Chief Medical Officer of Health to declare an emergency in which citizens may be required to assist. Pursuant to s. 29 of the *Public Health Act*, where an investigation confirms the presence of a communicable disease, including H1N1, a MOH may take any steps the MOH considers necessary. Where an investigation confirms the existence of a public health emergency the MOH has the same above power and may take whatever other steps, in the MOH's opinion are necessary in order to lessen the impact of the public health emergency. Further, by order the MOH may prohibit a person from attending a school or prohibit a person from engaging in the person's occupation. These powers exist without a declaration of a local or state public health emergency. Learners and PSI faculty members possess distinct knowledge and skills beyond those available to the general public, in the event of pandemic emergency, academic programs may be suspended by the Chief Medical Officer of Health to require such service of PSI faculty members and Learners.
- 3) At such time as Learners and/or PSI faculty members provide service outside their academic programs to AHS as volunteers, employees or individuals required to serve, they are acting fully under the auspices of AHS. This includes legislated rights and responsibilities, Worker's Compensation, insurance, etc. It is the responsibility of the individual and AHS to clarify these items and their insurance coverage with AHS at that point in time.
- 4) Job responsibilities for individuals acting as volunteers, employees or individual required to serve must conform to the requirements of the Alberta Health Professions Act with respect to training levels appropriate for the job.
- 5) Learners should receive information and coaching by AHS to assist their decision-making regarding assignment of appropriate clinical duties and self-appraisal of their knowledge and competency.

## Requirement to Serve declared by Alberta Chief Medical Officer of Health under the Alberta Public Health Act

In the unlikely event that a declaration under Section 52 of the Alberta Public Health Act occurs and a local or provincial public health emergency is declared, the following would be applicable:

- a) In the case of a state of public health emergency, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council may make such an order: This declaration would allow the AHW to exercise some extraordinary powers to assist with the management of a public health emergency. A local state of public health emergency may also be declared by AHS on the advice of the Senior Medical Officer of Health and the Chief Medical Officer of Health. A local declaration may be relied upon, for example, where a small geographical region of the province has been impacted by the public health emergency as opposed to a large portion of the province. The extraordinary powers available following these declarations include the ability for AHW or AHS to acquire or use real or personal property and to conscript persons as needed to meet an emergency.
- b) Responsibility for WCB coverage, Occupational Health and Safety regulations, appropriate insurance and workers' compensation coverage will be determined by provincial mechanisms for persons conscripted to serve.
- c) Responsibility for Individuals serving under this legislation would be acting fully under the auspices of Alberta Health and Wellness.

### **Access to Information:**

- 1) It is recognized that the AHS Pandemic (H1N1) 2009 website at (<http://www.albertahealthservices.ca>) is the source for all information regarding H1N1 management in Alberta. Links that provide specific documents referenced to in this document include:
  - a) Information for Health Care Professionals (<http://www.albertahealthservices.ca>) which includes information such as:
    - i) Prevention and Management of Health Care Worker exposure to pandemic (H1N1) 2009;
    - ii) Donning and doffing of Personal Protective Equipment (PPE) including the AHS Point of Care Risk Assessment document regarding the





clarification of the use of personal protective equipment specific to N95 respirators;

iii) AHS policies directing aspects of clinical care to ensure that Learners have access to the applicable policies and procedures; and

iv) AHS Ethical Decision-Making document.

b) Information for Post-secondary schools  
(<http://www.albertahealthservices.ca>)

## Appendix 10 – Seasonal Flu Situations

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Columbia College will follow the recommendations provided by Alberta Health and Wellness in high flu season times and unusual situations such as a pandemic (e.g., H1N1 virus) for all employees. The College immunization program will continue this fall and will also include H1N1 when available.

The H1N1 virus is contagious and is spread person to person at close contact. The virus rests on hard surfaces such as counters and doorknobs and can spread when people touch infected surfaces and unknowingly transfer the virus to their eyes, nose or mouth.

Information on precautions to minimize the risk of contracting H1N1 is available throughout the College and College website. Appropriate tools such as masks are available in each building to help prevent the spread of the virus.

As a general rule, Alberta Health and Wellness advises that individuals experiencing symptoms of a respiratory infection with a fever and a cough, should practise self-care and stay at home for up to seven days after the symptoms begin or until they have been symptom free for 24 hours.

**Employees who self-isolate are required to advise their Chair/Manager and Accounting.** Those experiencing severe symptoms should notify their physician or a health care provider for follow up instructions regarding care and testing. If an employee has been directed to be tested, he/she should remain away from work until test results are available. Procedure for Absence Reporting must be followed. The Reporting Absences document is available in Accounting and in the future will be in Document Manager.

Eligible employees (see Sick Leave Policy) may use their accumulated sick pay during this time.

Environmental Health & Safety is available to assist those employees and departments who are concerned about a suspected or confirmed exposure to flu virus such as H1N1.

**Call 780 492 1810.**

### Columbia College Revision: May 2018

#### Guidelines for Students and Staff at Post-Secondary Institutions and Private Vocational Training Providers

##### Prevention and Management of Student Exposure to Pandemic Influenza Virus

The following guidelines were prepared by the Alberta Health Services Liaison Committee.

These guidelines will be updated and distributed to staff, faculty, and students at Columbia College prior to each flu season or more often if required.

Columbia College accepts these guidelines and will follow them. Columbia has not changed the wording of these guidelines but has provided additional information to assist staff and students as it pertains to our institution. In some cases, the College has added additional requirements to these guidelines to increase the safety of our students and staff. In other cases, the College has replied to statements included in the guidelines.

Although some of these provincial guidelines do not apply to Columbia College they were none-the-less included in this document. For example, some guidelines talk about residential students. However, Columbia College has no residence at this time.

These are general guidelines for any student entering a post-secondary institution and private vocational training providers. Each institution is expected to evaluate its institution based on its Risk Assessment. This guidance document provides information for:

**Post Secondary/Vocational/Adult Learning Settings:** For the purpose of this guidance document these settings include public and private colleges, universities and vocational/technical schools. School populations are comprised of young adults who live in on-campus housing, private accommodation off campus or in the family home.

#### 1.0 Introduction

At this time, a pandemic influenza virus is being transmitted widely within communities across Canada; however, in most cases the disease has been relatively mild and in keeping with seasonal influenza illness.

To date, infection with the pandemic influenza virus has resulted in influenza like illness (ILI) similar to seasonal influenza. ILI is defined as:

**“The acute onset of respiratory symptoms with fever and cough, and one or more of the following symptoms: sore throat, muscle aches, joint pain, or weakness. Gastrointestinal symptoms may also be present, and fever may not be prominent.”**

This pandemic influenza virus is thought to be spread from person to person in the same way as seasonal influenza where transmission occurs predominantly through coughing or sneezing. Indirect transmission can also occur through self-inoculation after contact with surfaces and objects contaminated with the virus from infected persons.

The incubation period for the pandemic influenza virus is understood to be up to 4 days and the period of communicability up to 7 days from onset of symptoms in uncomplicated cases. This may be longer (up to 10 days) in individuals with severe illness and children in whom symptoms and virus shedding may persist. Consistent with seasonal influenza, transmission of the pandemic influenza virus is most likely during the initial days of infection when the individual is symptomatic and has a high viral load.

## **2.0 Recommendations Regarding Infection Prevention Measures for Facilities, Faculty and Students**

### **2.1 General Information**

Communication programs that educate students, faculty and staff play an important role in the control of the transmission of the pandemic influenza virus in private vocational training providers and post-secondary settings.

At this time, the most important factors in the control of the spread of the pandemic influenza virus in post-secondary and private vocational training provider settings are:

- Early identification of ill students, staff and faculty exhibiting symptoms of ILI,
- Exclusion from the setting of any ill with symptoms of ILI, and
- Practicing cough/sneeze etiquette and frequent hand cleaning.

Public health officials may consider sharing these key messages when communicating with post-secondary administrations.

Post-secondary and private vocational training providers should develop communication programs that meet the needs of students, faculty and staff. Information that can be included in these education programs is outlined below.

### **2.2 Monitoring & Self Care**

- Staff, faculty and students are encouraged to get the annual influenza vaccination for themselves and their family.
- Staff, faculty, and students with special health needs should identify themselves so their special needs can be taken into consideration during the high flu season.
- Faculty, staff and students should follow established protocols related to reporting/managing ILI.
- Faculty, staff and students should observe students for any signs of ILI, identify possible cases of ILI and record reports of ILI activity.
- Encourage faculty, staff and students to monitor their health daily for symptoms of ILI. This link provides students, faculty and staff with the appropriate information for self-care once symptomatic. <http://www.albertahealthservices.ca/files/ns-2009-05-21-flu-self-care.pdf>

## 2.3 Reporting

- Post-secondary and private vocational training providers should establish mechanisms to monitor pandemic influenza virus activity in their setting and report appropriately to local public health officials.
- Post-secondary and private vocational training providers should consider establishing a dedicated phone line and/or web-based method of receiving illness reports from staff and faculty for the purpose of determining trigger points for activations.
- During the high flu season, the President and the Pandemic Coordinator at Columbia College will receive reports of the number of staff and students experiencing flu-like symptoms on a daily or as needed basis.

## 2.4 Isolation

- All essential staff at Columbia College should be prepared, if asked, to work from home as much as needed during the high flu season using e-mail, telephone, and fax to conduct business.
- Students/staff/faculty who become ill at home with ILI should be encouraged to remain at home until they are symptom free and are feeling well and able to fully participate in all normal day to day school activities (including intra/extramural activities).
- Students/staff/faculty who becomes ill at school should isolate themselves by going home until they are symptom free and are feeling well and able to fully participate in all normal day to day school activities (i.e., intra/extramural activities).
- Consider cohorting of students with ILI, as a measure to contain the spread of the virus, for on-campus residences and private vocational training providers.
- Cohorting of students is the conventional way of delivery in most programs at Columbia College. Thus, the College generally adheres to this recommendation.
- Review and revise, as needed, policies, such as student absenteeism policies and sick leave policies for faculty and staff that make it difficult for students, faculty and staff to stay home when they are ill or to care for an ill family member. Do not require a doctor's note to confirm illness or recovery. Doctor's offices may be very busy and may not be able to provide such documentation in a timely way.

## 2.5 Support

- Facilitators at Columbia College need to:
  - Have extra assignments that will cover material in class. These assignments could be given to students who miss class due to illness.
  - Consider extending the length of a course to accommodate those students who become ill. Example: A student may become ill in the course. The facilitator may provide them with an assignment that he/she could complete to pass the course. The student would have until two weeks beyond the official end date of the course to complete the assignment. Registrar's office would need to be properly notified. Non-Grade Incomplete Request form may need to be used.

- Post-secondary and private vocational training providers may want to consider providing support for those students (residing on campus) who are ill who do not have other support available and are ill but not ill enough to be treated in hospital. This may include providing in-room meals and care.
- Students/staff/faculty and parents should be given information on how to take care of themselves when caring for someone who is ill.
- Columbia College will provide the above noted information when the government makes it available.

## 2.6 Considerations Prior to Travel

- Institutions should communicate with individuals who are traveling from other parts of the country or other countries in advance of their travel and advise them not to travel while ill. Individuals should be warned of the possibility of quarantine measures while traveling.
- Institutions should develop plans in case of the temporary closure of study abroad programs and to support both ill and healthy individuals affected in the event they cannot return home.
- Individuals who are traveling should be warned of the possibility that quarantine or other public health measures may be applied at international borders.

## 2.7 Environmental Cleaning

Influenza viruses can survive on some surfaces for several hours to days but are rapidly destroyed by cleaning. Objects and surfaces that are frequently touched by multiple students or staff (high touch surfaces such as doorknobs, faucet handles, telephones, and computer keyboards) should be cleaned appropriately by users. This will help to prevent the transmission of the influenza virus from person to person through contaminated hands.

Columbia College encourages staff, faculty, and students (users) to do their part by cleaning high touch surfaces before and after use in order to reduce the spread of viruses.

It is recommended that high touch surfaces in post-secondary and private vocational training provider facilities be cleaned daily or as determined necessary from a risk perspective. No special disinfectants are required for influenza; regular household or commercially available cleaning products are sufficient for this purpose.

Columbia College will adjust cleaning staff work schedule during high flu season to clean high touch surfaces such as door knobs, doorways, sinks, faucets, etc., on a daily basis. This level of cleaning of computer keyboards is not possible and therefore the College will ask staff and students to take extra care in these areas and consider cleaning them before and after use. Wipes will be provided to each computer lab.

Post-secondary and private vocational training providers are recommended to increase the frequency of cleaning during school hours as well as monitoring hand cleaning supplies. All sinks in washrooms, kitchens and classrooms should be well stocked and hand washing supplies at all times (i.e. soap and paper towels).

Columbia College will increase the hours of cleaning staff during influenza season. It also will modify their duties in order to increase the frequency of cleaning during school hours. Additional cleaning supplies will also be purchased and distributed.

## 2.8 Hand Hygiene and Respiratory Etiquette

Hand hygiene and covering coughs and sneezes with one's sleeve are an important means of preventing the transmission of pandemic influenza virus.

- Practice cough and sneeze etiquette. <https://www.albertahealthservices.ca>ipc>
- Practice frequent hand cleaning (i.e. after sneezing or coughing, before and after eating, after recreational activities, after going to the washroom, after riding on public transit, etc.) Use the correct hand washing technique.
- <https://www.albertahealthservices.ca>info>
- Columbia's staff, faculty, and students are, whenever possible, encouraged to minimize close contact during high flu season. This may include students possibly sitting further apart in their classroom, reducing the amount of hand shaking, and standing or sitting further apart during conversation.

Consideration should be given to providing increased numbers of hand washing stations (or alcohol-based hand rub stations) as well as tissues and waste receptacles throughout post-secondary and private vocational training provider facilities. It is recommended that additional tissue supplies, and waste receptacles be kept in areas (i.e., classrooms). If alcohol-based hand rubs are provided to supplement hand washing facilities, locked dispensers that are permanently attached to a wall are recommended and should be located in appropriate areas.

Columbia College installed a large number of hand rub stations several years ago. It maintains these stations in order to protect staff and students. Tissues and waste receptacles are located in various locations in the College.

It should be noted that hand washing with plain soap and water is the preferred method of hand hygiene in schools and child care centers as the mechanical action is effective at removing visible soils as well as microbes. In instances where hand washing sinks are not available, supervised use of alcohol-based hand rubs may be considered. If hands are visibly soiled, then alcohol-based hand rubs may not be effective at eliminating the influenza virus.

## 2.9 Recognizing Possible Outbreaks

Post-secondary and private vocational training providers should develop programs for monitoring of students/staff and faculty illness and develop a strategy to recognize an outbreak of the pandemic influenza virus and/or other triggers that warrant consultation with local public health officials. Prompt action will help to ensure appropriate measures can be implemented to mitigate the impact and spread of the illness to both students and staff.

Columbia College has established procedures to ensure that school administrators and the Pandemic Coordinator normally receive daily reports of student, staff and faculty absenteeism levels during high flu season. These reports will indicate the level of individuals experiencing virus illness when that information is provided by those who are ill.

Realizing that consultation with public health officials may occur for any number of reasons, it is especially recommended that notification and consultation occur in outbreaks or unusual situations. Examples of such situations would be when absenteeism of students/staff is greater than what would normally be expected on any day or when unusual or more severe illness is observed.

When the level of virus illness affects more than 10% of Columbia College staff, faculty and students on a given day then the Department of Health will be contacted. The College will follow their direction by, if necessary, closure and re-opening of a program, a College building, or the College as a whole.

Columbia College will work with the local health department to discuss an operational plan for the increased need for healthcare and other mental health and social services to meet the needs of the College and community after a pandemic.

A recovery plan to deal with the consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption) will be developed by Columbia College prior to re-opening of a program, building, or the College as a whole.

## 2.10 Self-Assessment

All individuals working in and/or attending post-secondary institutions should perform daily self-assessment for symptoms of influenza (see questions below) and should not work if they are experiencing an Influenza-Like Illness (ILI).

### **Adult:**

Acute Onset of NEW cough or change in an existing cough  
PLUS, one or more of the following:

- Fever ( $\geq 38\text{C}$  on arrival or by history)
- Sore throat
- Arthralgia (joint pain)
- Myalgia (muscle aches)

Prostration (severe exhaustion)

NOTE: Older adults have a lower basal body temperature therefore fever may be present when the temperature is greater than  $1.5^{\circ}$  Celsius above baseline.

### **Pediatric:**

Acute onset of any of the following respiratory symptoms: runny nose, cough, sneezing, +/- fever

## 3.0 Students in Clinical Experience and Placement Agreements

The following measures were apparently developed to deal with nursing programs and Columbia College will, with the cooperation of Alberta Health, follow them. However, these regulations do not seem to provide guidance to our Dental Assisting Department. Therefore, we are awaiting such guidelines. <https://www.albertahealthservices.ca/careers/page11687.aspx>

Faculty is taking the influenza virus very seriously and the health and the safety of our students is critically important. You may come into close contact with patients who are exhibiting influenza-like symptoms. We ask that the key points are followed:



### 3.1 Workplace Exposure

A workplace exposure occurs when:

- A student is not wearing appropriate PPE within 2 meters of an individual with suspected or confirmed influenza who is unable to contain his/her cough OR
- A student is not wearing appropriate PPE while an Aerosol Generating Medical Procedure (AGMP), as defined by the Public Health Agency of Canada, is being performed on a suspected or confirmed case of influenza.
- Students who have been exposed may continue to work unless they develop symptoms.
- Recommendations for prophylaxis in outbreak situations will be directed by the Medical Officer of Health and the outbreak management team and may include exclusion from work.
- Students who have already had influenza-like illness should not assume they are immune unless a diagnosis of influenza has been confirmed.
- Questions about accessing antiviral medication within AHS facilities should be directed to OHS. If OHS is not available, contact the Zone Medical Officer of Health on call. Questions about accessing antiviral medication in the community should be directed to the Zone Medical Officer of Health on call.

### 3.2 Ill or Symptomatic Students

- Whether related to workplace exposure, or exposure in the community or home, any student who exhibits influenza symptoms should follow the guidelines described above under Self Assessment.
- Student who are not receiving treatment must be off work seven (7) days after the onset of symptoms.
- Symptoms such as cough may continue for longer than seven (7) days. However, **if a student is otherwise healthy**, he or she is unlikely to still be infectious after seven (7) days following the onset of symptoms, and it is appropriate for him/her to return to work.
- People who receive antiviral treatment may be infectious for a shorter time. Students who receive antiviral treatment may return to work as soon as their symptoms resolve and after they have received at least three (3) full days of treatment.

It is important to remember that as more information becomes available regarding the pandemic influenza virus and best practices, these guidelines may be revised to reflect that information

### 3.3 Medically Compromised or Pregnant Students/Faculty/Staff

- Medically compromised or pregnant students should not work in designated influenza assessment clinics, hospital influenza units or be present while an aerosol generating procedure

(AGMP) is being performed on a patient suspected or confirmed to have influenza.

- In outbreak situations, students with medical conditions that place them at high risk for severe diseases or complications of influenza should reflect on their capacity to continue to provide services in clinical settings that are self directed. In addition, they may discuss with their Department Head or Zone Medical Leader their capacity to continue within AHS facilities.

## Appendix 12 – Differences Between Cold & Flu

* Note: A stomach upset is sometimes incorrectly called the “stomach flu” - there is no such illness as “stomach flu”. As noted, stomach upsets are caused by viruses and other micro-organisms but not by the influenza virus			
Differences Between a Cold, the Flu, and Gastrointestinal Infection – Alberta Health and Wellness			
Description Description/Symptoms	Respiratory Infection		Gastrointestinal Infection
	Common Cold	Influenza (the Flu)	Stomach Upset*
Virus Involved	Many different kinds of viruses such as rhinovirus, coronavirus, adenovirus, etc.	Influenza A or B Note: Pandemic H1N1 influenza is a type of influenza A	Norovirus (Norwalk-like viruses) is the most common.
Fever	Sometimes	Usually high, beginning suddenly and lasting 3-4 days.	Rarely
Headache	Rarely	Usually, can be severe	Sometimes
Chills, aches, pain	Rarely	Usually, and often severe	Common
Loss of appetite	Sometimes	Sometimes. Pandemic H1N1 influenza symptoms may also include nausea, vomiting, and diarrhea.	Frequently – usually nausea, vomiting and diarrhea occur as well.
Cough	Sometimes	Usually	Rarely
Sore throat	Sometimes	Sometimes	Rarely
Sniffles or sneezes	Usually	Sometimes	Rarely
Extreme Tiredness	Rarely	Usually – tiredness may last 2-3 weeks or more.	Sometimes
Involves whole body	Never	Usually	Stomach and bowel only.
Symptoms appear quickly	More gradual	Yes	Yes
Possible Complications (Health problems)	Sinus infection or ear infection.	Pneumonia, kidney failure, swelling of the brain and death.	Dehydration (losing more fluid than you take in)
How it's spread	Most colds are caused by rhinoviruses that are in invisible droplets in the air we breathe or on things we touch.	When someone coughs or sneezes, tiny droplets filled with virus can travel up to two meters away. If these droplets land in your eyes, nose or mouth, you may become infected with the virus. Droplets landing on surfaces that we touch can also cause infection when we touch our face.	Most commonly caused by bacteria and someone touches a surface that has the bacteria, then touches his/her mouth or food.
Vaccine	No vaccine available.	Yearly vaccine provides protection against two influenza A strains and one influenza B strain.	No vaccine available.

## Appendix 13 – Communication Protocol and Contacts

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In the event of a Medical Emergency:

1. Staff will have been informed from internal website, email and posters in facilitator room of the names and contact numbers of CPR and First Aid certified employees in each building (see Appendix 17, as well as Document Manager).
2. Emergency protocol will be posted in each classroom, lunchroom and in facilitator rooms. (see Sample 2).

## Sample 2

# CALLING 9-1-1

## How to Call EMS/9-1-1

- When calling from a **Columbia College telephone dial 9-9-1-1**
- When calling from a **cell phone dial 9-1-1**
- **Listen carefully** to and answer all questions asked by the EMS dispatcher

**DO NOT HANG UP UNTIL THE DISPATCHER TELLS YOU TO**

## You should call EMS/9-1-1 in cases of:

- Danger to you or to others
- Unconsciousness or an altered level of consciousness
- Difficulty breathing or no signs of breathing
- Persistent chest pain or pressure (lasting longer than 10 minutes)
- Deadly bleeding
- Seizures, severe headache, or slurred speech
- Injuries to the head, neck, or back
- Blood in the vomit, urine, or stool
- Imminent childbirth

## **Appendix 14 – Procedures in a Medical Emergency**

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### **Medical Emergency protocol:**

#### **First person**

In case of medical emergency call:

- 9-911 if calling from a Columbia College phone
- 911 if calling from a cell phone
- Bring AED device to scene

#### **Second person**

Stay with person.

#### **Third person**

Seek someone in your building with First Aid or CPR certification

### **Definition of Medical Emergency:**

Student or staff showing signs of cardiac distress (chest pain, shortness of breath, perspiration, nausea), asthma (difficulty breathing), seizures, broken or painful limbs etc.

## **Appendix 15 – Procedures in a Mental Health Emergency**

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### **Mental Health Emergency protocol**

#### **First person**

In case of Mental Health Emergency call

1. Facilities Manager
2. Program or Department Chair
3. If there is a safety issue to call 911 from a cell phone or 9-911 from a Columbia College phone.

#### **Second person (preferably someone the person knows)**

1. Escort the student from the classroom and bring to a quiet location.
2. Notify someone in the vicinity where you are going.
3. Leave door open and position yourself between the person and the door.
4. Stay with person.
5. Remain calm.
6. Listen to person.
7. Use reflective response, “This is what I’m hearing you say”.
8. May be necessary to have student step out of course, until they have been deemed by a physician and/or mental health professional to be well enough to return to class.
9. Complete Emergency Response Incident Report (Appendix 7, also Document Manager - Emergency Response Incident Report).

#### **Definition of Mental Health Emergency:**

Student or staff showing signs of mental distress such as antisocial behaviour, threatening behaviour, loss of reality, severe anxiety (shaking, perspiration, faintness, difficulty breathing).



## Appendix 16 - Threat Assessment Form

Name of Assessed		Date	
Administered by		Case #	
Coding      0 – Not Present      1 – Maybe Present      2 – Definitely Present			
Clinical Items			Coding 0 – 1 – 2
1.	Negative Attitudes/Physical Appearance Drastic Change in School		
2.	Active Symptoms of _____ - Provisional until confirmed by mental health evaluation Major Mental illness _____		
3.	Evidence of preoccupation in violence		
4.	Family instability/criminality		
5.	Plans lack feasibility		
6.	Access to weapons/attempts to garner weapons		
7.	Non-Compliance with Remediation Attempts/Hostility		
8.	Current / Increase in Stress		
9.	Evidence of depression		
10.	Has been rejected by Peers		
11.	Described as a Risk Taker/Impulsive		
12.	Evidence of Stress & poor coping skills		
13.	Anger management problems (blow ups)		
14.	History of self harm/suicide attempts		
15.	Has uttered specific threats (proven or reported)		
16.	Active Substance Abuse		

***Shaded areas should be considered areas of special concern***		
Other Considerations		
O1		
O2		
O3		
O4		
TOTAL		/32
<b>OVERRIDE</b> This area allows officer(s) to express any concerns not addressed by the coding sheet		
Low – 0 – 9 Moderate 10-21 High 22-32	Final Risk Judgment:    Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	
Referred to TAT	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS		

**Columbia College  
Standard First Aid/CPR/AED Certification  
And Emergency Contact Information**

Updated February 2018

**Emergency Contact Numbers**

<b>NAME</b>	<b>PHONE NUMBER</b>
Willowglen Security – 24 Hours	403.651.1863
Willowglen Security (escort to your vehicle)	403.651.1863
Non-emergency Police (not life threatening situations)	403.266.1234
Emergency (life threatening)	911
Counterforce (problems with the alarm security system) <i>**Password is required**</i>	1-888-844-8425

**Standard First Aid/CPR/AED Certification**

<b>Local</b>	<b>Staff Member</b>	<b>Building</b>	<b>Certification</b>	<b>Certification Expires</b>
	Sharon Ness	802	First Aid/CPR/AED	Jun 2018
	Elvira Zyzromirski	802	First Aid/CPR/AED	Apr 2019
	Dev Patel (day & eve)	802	First Aid/CPR/AED	Apr 2019
	Mandeep Kaur	802	First Aid/CPR/AED	Jan 2019
	Beata Urbanczyk	802	First Aid/CPR/AED	Aug 2019
	Parvin Babaei (eve)	802	First Aid/CPR/AED	Nov 2019
	Shital Patel (eve)	802	First Aid/CPR/AED	Nov 2020
	Bruce Skorobohach	803	First Aid/CPR/AED	Nov 2018
*	Michael Campbell	803	First Aid/CPR/AED	Jan 2019
*	Maureen Routley	803	First Aid/CPR/AED	Jan 2019
*	Manuel Rumbaoa	803	First Aid/CPR/AED	Jun 2020
	Sharron Burns	4	First Aid/CPR/AED	Jan 2019
	Caron Pelletier	4	First Aid/CPR/AED	Jan 2019
	Nadine Nadalutti	4	First Aid/CPR/AED	Jan 2019

\* Denotes Columbia College staff members who are trained in “Non-Violent Crisis Intervention and Prevention”

**Fire Wardens**

<b>Building 802</b>	<b>Building 4</b>	<b>Building 803</b>	<b>Building 805</b>
Laurie Hykaway	Caroline Edworthy	Mike Campbell	Micheline Gagnon-Wardill
Patrick Simmons	Laura Trettwer	Maureen Routley	Carey Thomson
Evenings: Facilitators present in each building will assume this role			

**Contact Technical Support via the following options**

## Appendix 18 – Infectious Diseases Plan

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### COLLEGE

Contacts: Caroline Edworthy

### General Information

An INFECTIOUS DISEASE “OUTBREAK” describes a distribution of cases of communicable disease that are unusual in terms of time, place or persons affected (Alberta Public Health Act, Communicable Disease Regulations, 238/1985. 17/2018).

As Outbreaks may have the ability to spread quickly in a the college environment due to the number and close proximity of individuals the college will work closely with Alberta Health Services and Alberta Health and Wellness to assist them in investigating occurrences of all notifiable communicable disease outbreaks to establish the cause, mode of transmission, probable source and identification of individuals who are deemed to be at risk of contracting the disease and implementation of required infection prevention and control measures.

### Health Authority Responsibilities

Alberta Health and Wellness is the lead health authority in the Province of Alberta. They are responsible for managing the reporting of notifiable communicable diseases.

The Alberta Health Services Regional Medical Officer of Health (MOH) is responsible to take all reasonable steps to ensure that reportable communicable disease cases are investigated (including contacts and source(s) of infection) and that isolation procedures, quarantine and special measures delineated in the Alberta Public Health Act – Communicable Disease Regulation, are complied with.

### Columbia College Responsibilities

#### Reporting Requirements:

When notification of a suspected or confirmed infectious disease outbreak or case of a notifiable communicable disease is received the **Facilities Manager** will contact Alberta Health Services.

#### Investigation of Contacts and Source(s) of Infection:

When notification of a suspected or confirmed infectious disease outbreak or case of notifiable communicable disease is received via the Alberta Health Services MOH/designate or has been

confirmed as per above, the College shall assist the MOH/designate in establishing the cause, mode of transmission, probable source and identification of individuals who are deemed to be at risk of contracting the disease and implementation of any required infection prevention control measures. This may be done with the assistance of a variety of College departments, depending on the travel pattern of the infected individuals, etc.

The College shall manage information on such cases and provide any required information to the infectious disease outbreak specialist or the communicable disease contact as indicated by Alberta Health Services.

Alberta Health Services contact information:

Communicable Diseases Nurse/ Sheldon Chumir Health Centre: 403-955-6750

## Appendix 19 - References

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## Appendix 20 - Glossary

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**Benchmarking:** As it relates to OHS, comparison of occupational health and safety statistics and performance data with standards and measurements from other organizations.

**Biohazardous Material:** Blood, body fluids, or body substances that contain biological organisms known or suspected to cause disease in humans, or any material contaminated with such organisms.

**Contractor:** A person or business who provides services or materials through a contract or an agreement.

**Disabling Injuries:** Work-related injuries or illnesses that result in lost time or, if not resulting in lost time, require a modification of work (tasks or schedules) for a period of time.

**Employer:** A person or business that employs one or more employees.

**Employee:** Any person working for a company or organization that is paid by that organization. This is usually interpreted to include both management and non-management personnel.

**Hazard:** A situation, condition or thing that may be dangerous to the safety or health of employees.

**Imminent Danger:** Any danger that an employee would not normally face in his/her job or any dangerous conditions under which an employee wouldn't normally carry out his/her work.

**Incident:** Any occurrence that has the potential to cause injury or illness. This includes "near miss" incidents.

**Lagging Indicators:** Data that measures losses that have occurred. Examples include the number of incidents that have occurred, the average duration of injuries and lost time injuries and cost data related to incidents. Often considered "reactive data."

**Leading Indicators:** Data that demonstrates proactive work that has been done to prevent or eliminate workplace injuries. Examples include OHS program audit results, number of incident investigation performed, hazard assessments completed, and inspections performed. Often considered "proactive data."

**Lost Time Claim Rate:** The number of claims that resulted in time lost from work per 100 full time employees per year. Full time employees are often expressed as full-time equivalent employees (FTEs) to reflect total hours worked by both full and part-time employees.

**Lost Time Injury:** An injury or illness accepted by WCB that causes an employee to miss work beyond the day of the injury.

**Musculoskeletal Injury (work-related):** An injury to an employee of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissues that are caused or aggravated by work and includes overexertion injuries and overuse injuries.

**OHS metrics:** Measurements of occupational health and safety activities and outcomes.



