

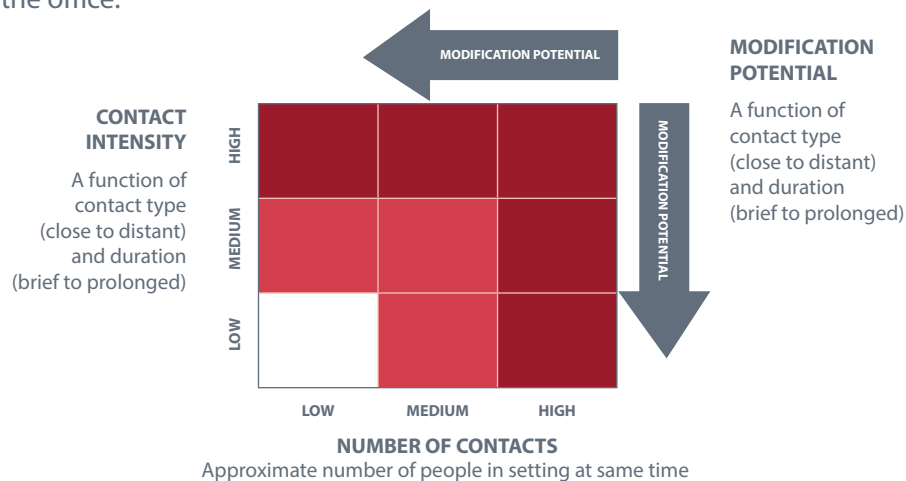
OFFICE REOPENING GUIDANCE

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As British Columbia enters Phase 2 of the provincial restart during the COVID-19 pandemic, employers are now considering how to manage office-based staff who have been working at home during Phase 1. The B.C. provincial government is still recommending that we make an effort to reduce our contacts with other people. This means that employers should consider continuing to have employees work from home, at least some of the time.

The image below has been shared by the provincial government to help British Columbians to manage their risk of disease transmission. The risk of transmission can be affected by both the contact intensity (the proximity of people during contacts and the duration of the contact) and the number of contacts (the number of people who are in one place at a time). To reduce our risk, we should consider measures that we can take to reduce both contact intensity and the number of contacts.

For an office setting, this means limiting the number of people in the office at a time, where possible, and allowing physical distancing or separation with engineered controls (e.g. plexiglass barriers) for the people who are in the office.



Staged return to work

The BCCSA recommends a gradual and staged approach to returning these workers to the office.

Stage 1 | Essential Employees Only (this may coincide with Phase 1 of the BC provincial restart plan)

- Only have workers onsite who are required to be there for essential operations.
- All other workers work from home.

Stage 2 | Expanded Return (this may begin during Phase 2 of the BC provincial restart plan)

- Consider a mixture of work-from-home and work-from office.
- Consider which workers would benefit from an earlier return to the office (perhaps their job requires a greater site presence or perhaps working in the office is a better fit for the worker).
- Consider using staggered shifts or work hours, consider having people work from home some days and from the office other days.
- Continue to enable work from home when workers are sick.

Stage 2 | New Normal (this may begin during Phase 3 or 4 of the BC provincial restart plan)

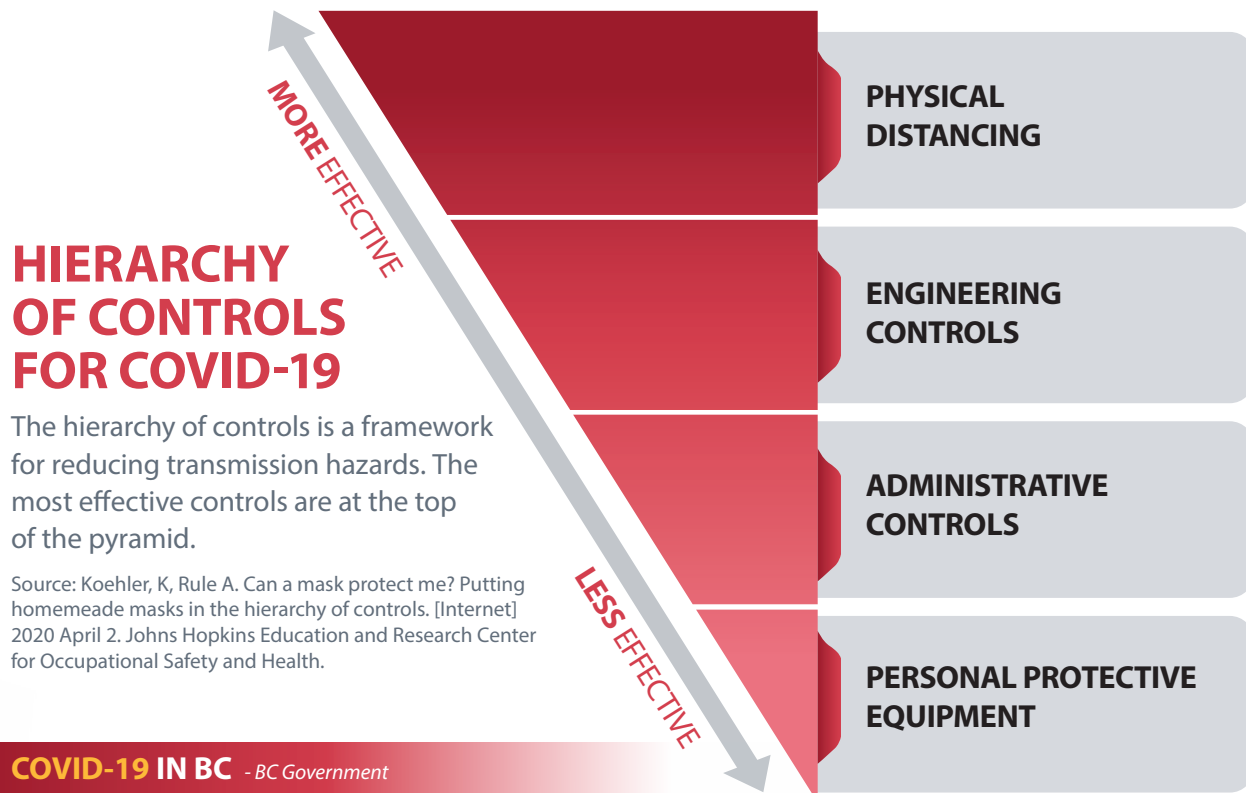
- This will look different for different organizations depending on their work requirements.
- This may still include some work-from-home if physical distancing is still recommended and/or when workers are sick.

Considerations for office reopening

WorkSafeBC has published a Guide to reducing the risk of COVID-19 during Phase 2 that includes some useful information for offices that are reopening. This is available here: <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>

The following checklists and recommendations are intended to assist with this planning.

Use the hierarchy of controls during planning.



An individual or a committee should be placed in charge of ensuring safe office operations. If you operate in a shared occupancy building with other tenants, collaborate on plans for shared access points (e.g. elevators, doors, washrooms).

The following steps should be taken when preparing the office for the return of workers:

1. Preparing the Building
2. Preparing the Workforce
3. Control Access
4. Physical Distancing Plan
5. Managing Touchpoints & Cleaning
6. Communication

1) Preparing the Building

If the building has been unoccupied consider a deep cleaning and building inspection prior to re-entry.

Further information about cleaning is available in the BCCSA resource Enhanced Surface Cleaning and Disinfection. This is available here: <https://www.bccsa.ca/customelements/uploadedResources/BCCSA COVID19 ENHANCED cleaning APR 14th 2020.pdf>

Prepare and implement cleaning plans for ongoing cleaning, and cleaning in the event of a COVID-19 case among the workforce.

Consider the following areas for cleaning (both pre-occupancy and ongoing):

- Light switches
- Telephones (especially those in common areas)
- Handrails (staircase)
- Building entrance and exit door handles and doors
- Elevator control buttons
- Conference room tables, chairs, and doors
- Cafeteria tables and chairs, condiment handling areas or containers
- Vending machine areas
- Lunchroom areas
- White boards, white board pens and blackboards
- Inside doorknobs and doors
- Water fountains (especially handles and valves)
- Bathroom sinks (especially faucet handles)
- Bathroom towel dispensers and hot air dryers
- Toilets, urinals, stall doors and walls, and wall areas around toilets and urinals
- Soap dispensers

Pre-occupancy Checklists

| | | | |
|------------------------------------|------------|--------|------|
| DATE CLEANING WAS COMPLETED | Year: | Month: | Day: |
| CLEANING WAS COMPLETED BY | Company: | | |
| SIGN-OFF FROM CLEANERS | Signature: | Title: | |
| SIGN-OFF FROM SITE REP | Signature: | Title: | |

HVAC System Inspection

| | | | | QUALIFIED PERSON SIGN-OFF |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------|
| HVAC SYSTEM INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| HVAC SYSTEM CLEANED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| HVAC FILTERS REPLACED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| BUILDING FLUSHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| SYSTEM OPERATING AS DESIGNED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| FURNACE INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| OTHER: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

Plumbing Systems Inspection

| | | | | QUALIFIED PERSON SIGN-OFF |
|-----------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------|
| PLUMBING SYSTEM INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| PLUMBING SYSTEM CLEANED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| WATER FILTERS REPLACED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| PLUMBING FLUSHED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| DRAINS CHECKED AND PRIMED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| PERIMETER DRAINS INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| BOILERS/HW TANKS INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| OTHER: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

Life Safety Systems Inspection

| | | | | QUALIFIED PERSON SIGN-OFF |
|-----------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------|
| FIRE ALARM PANEL INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| PULL STATIONS INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| SPRINKLER SYSTEM INSPECTED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| HEAT/SMOKE DETECTORS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| CARBON MONOXIDE DETECTOR | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| SECURITY ALARMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| ACCESS CONTROL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| OTHER: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

WorkSafeBC has created a resource on reducing the risk of Legionnaire's disease from water systems left idle during the pandemic. Please consult this resource here: <https://www.worksafebc.com/en/resources/health-safety/risk-advisory/legionnaires-disease-water-systems-left-idle-covid-19-pandemic?lang=en>

2) Preparing the Workforce

Workforce Planning - Employee/Worker Assessment

Managers should assess their workforce to determine personnel forecasting.

| ACTION | NAME | CONTACT# |
|------------------------------|------|----------|
| REVIEW OF PERSONNEL FORECAST | | |

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| ASSESS FOR EMPLOYEES REPORTING SIGNS OF ILLNESS (FEVER, COUGH, FLU) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ASSESS FOR EMPLOYEES REPORTING POTENTIAL EXPOSURES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ASSESS FOR EMPLOYEES/WORKERS REPORTING TRAVEL OUTSIDE OF PROVINCE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ASSESS FOR AND COORDINATE TEAMS/SHIFTS WORK PATTERNS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Use the BCCSA Health Screening tool daily to ensure that all workers on site are free of COVID-19 symptoms.

Workforce Planning - Work Patterns

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| STANDARD WORK HOURS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| GENERALLY FLEXIBLE WORK HOURS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| COORDINATED FLEXIBLE WORK HOURS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| MULTIPLE SHIFTS AND/OR TEAMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ARE THERE ANY RETURNING EMPLOYEES/WORKERS THAT WILL BE TAKING PUBLIC TRANSIT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| OTHER: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Workforce Planning - Communication

Each office should develop and communicate a pre-return message for all employees, managers, and workers to convey this plan. Communication should be ongoing, regular, and inclusive.

| | | |
|------------------------------------|-------------|-------------------------|
| CONTENT CREATOR | Name: _____ | Title: _____ |
| DATE COMMUNICATION OCCURRED | Year: _____ | Month: _____ Day: _____ |
| COMMUNICATION COORDINATOR | Name: _____ | Title: _____ |

| | | | |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|
| JOHS COMMITTEE PARTICIPATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|

| | |
|-----------------------------|--|
| CHANNEL FOR DELIVERY | <input type="checkbox"/> Email <input type="checkbox"/> Skype/Microsoft Teams/Zoom Meeting <input type="checkbox"/> Conference Call <input type="checkbox"/> Mailer <input type="checkbox"/> Other |
|-----------------------------|--|

3) Control Access

Building Access Control

Buildings will be inspected and prepared for employees return.

| ACTION | NAME | CONTACT# |
|------------------------------|------|----------|
| COORDINATE OFFICE INSPECTION | | |

| | | |
|---|------------------------------|-----------------------------|
| BUILDING HAS ACCESS CONTROL SYSTEM | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Details: | | |
| ALTERNATE SYSTEMS HAVE BEEN DEPLOYED TO TRACK OFFICE VISITS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Details: | | |
| SIGNAGE HAS BEEN POSTED PROHIBITING ACCESS TO PEOPLE WITH SYMPTOMS OF COVID-19 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SYSTEM CAN BE CONFIGURED TO RESTRICT ACCESS TO BUILDING | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SYSTEM CAN BE CONFIGURED TO RESTRICT ACCESS WITHIN BUILDING | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SYSTEM CAN PROVIDE DATA TO FACILITATE CONTACT TRACING | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| OTHER | Details: | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Contact Tracing

There may be a need for rapid access to the Access Control Logs to facilitate contact tracing. These logs should be maintained as confidential information with restricted access.

| ACCESS CONTROL LOG | | |
|--------------------------|-------|---------|
| PRIMARY CONTACT | Name: | Number: |
| SECONDARY CONTACT | Name: | Number: |

A contact tracing team should be established to review access logs and other facts to determine potential vectors. This information should be treated as confidential.

| CONTACT TRACING TEAM | | |
|--------------------------|-------|---------|
| PRIMARY CONTACT | Name: | Number: |
| SECONDARY CONTACT | Name: | Number: |

Restricted Access to Common Spaces

Access to common/shared space shall be restricted and/or controlled.

| ACCESS HAS BEEN CONTROLLED OR RESTRICTED FOR FOLLOWING COMMON AREAS | | | | |
|---|------------------------------|-----------------------------|------------------------------|--------|
| AREA | | | | METHOD |
| SHIPPING AND RECEIVING | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| COPY ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| MAIL ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| STORAGE ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| LUNCHROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| COFFEE STATIONS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| ELEVATORS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| GYM OR FITNESS FACILITY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

4) Physical Distancing Plan

Physical Distancing Plan

Controls to facilitate physical distancing should be developed and implemented. Monitoring the effectiveness of the controls will be a critical function. Each office should appoint (at least one) individual to monitor and maintain controls.

| ACTION | NAME | CONTACT# |
|-------------------------------------|------|----------|
| ASSESS OFFICES AND DEVELOP CONTROLS | | |
| APPROVE AND MONITOR COSTS | | |
| MONITOR AND MAINTAIN CONTROLS | | |

Physical Distancing of at least 2.0 m can be maintained in the following areas. If physical distancing cannot be maintained provide details of engineering controls or PPE that will be required.

| LOCATION | | | | METHOD Provide detail of how distancing will be achieved. |
|----------------------|------------------------------|-----------------------------|------------------------------|--|
| PARKING AREAS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| ACCESS DOORS/LOBBIES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| RECEPTION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| ELEVATORS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| STAIRWELLS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| HALLWAYS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| OFFICES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| WORKSTATIONS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| WASHROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| LUNCHROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| COFFEE STATIONS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| SUPPLY ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| COPY ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| MEETING ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| TRAINING ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| SERVER ROOMS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| ELEVATORS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| OTHER : _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

Suggested tools to promote physical distancing

- Create one-way directional traffic throughout the office (signs, floor markings)
- Post capacity for spaces and meeting rooms
- Limit access (assigned offices and workstations)
- Create spacing for queues (lineups)
- Spacing between desks (checkerboard pattern)
- Utilize meeting and training rooms for workstations
- Deploy hand sanitizer stations
- Deploy relevant signage
- Deploy garbage receptacles for PPE disposal (foot operated closable lid)

Floor Plan

Consider obtaining floor plans with controls annotated

| PERSON RESPONSIBLE FOR DELIVERY OF FLOOR PLANS | | | |
|--|------------------------------|-----------------------------|------------------------------|
| CONTACT | Name: | Number: | |
| FLOOR PLAN ATTACHED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Testing

COVID-19 testing may be required among the workforce. Work with the health authorities to determine where testing is appropriate. Testing is now available for anybody who exhibits symptoms of COVID-19. See here for more information: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/testing-information>

The testing process and any results must be treated as confidential information.

Handwashing

Washrooms and common areas with sinks should be equipped with hand soap to facilitate ongoing hand washing. Signage should be posted as a reminder of the critical necessity of hand washing as well as proper technique.

Hand sanitizer stations (no touch is preferable) should be positioned at key locations (entrance) around the office. The locations of these could be included in the office floor plans.

Office PPE

Personal/homemade masks may be permitted as long as they are clean and hygienic. Consult the BCCDC advice on the use of masks: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks>

Specific PPE may be required for First Aid Attendants. (pocket masks, N95s, gloves, hand sanitizer, etc.)

Manage Touch Points and Cleaning

Assessing and managing touch points prior to the return to the offices is an effective control to prevent the potential for any infection spread.

| ACTION | NAME | CONTACT# |
|---|------|----------|
| ASSESS FACILITY TO REDUCE TOUCH POINTS | | |
| MONITOR CONTROLS | | |
| MONITOR AND MAINTAIN CONTROLS | | |

| LOCATION | OPTIONS | | |
|-------------------------|------------------------------------|--|--------------------------------|
| DOORS | <input type="checkbox"/> Automatic | <input type="checkbox"/> Propped Open | <input type="checkbox"/> Other |
| TELEPHONES | <input type="checkbox"/> Assigned | <input type="checkbox"/> Removed | <input type="checkbox"/> Other |
| FABRIC CHAIRS | <input type="checkbox"/> Assigned | <input type="checkbox"/> Removed | <input type="checkbox"/> Other |
| TOUCH SCREENS | <input type="checkbox"/> Disabled | <input type="checkbox"/> Removed | <input type="checkbox"/> Other |
| REMOTE CONTROLS | <input type="checkbox"/> Assigned | <input type="checkbox"/> Removed | <input type="checkbox"/> Other |
| WHITE BOARD PENS | <input type="checkbox"/> Assigned | <input type="checkbox"/> Removed | <input type="checkbox"/> Other |
| STAPLERS | <input type="checkbox"/> Assigned | <input type="checkbox"/> Removed | <input type="checkbox"/> Other |
| PHOTO COPIERS | <input type="checkbox"/> Disabled | <input type="checkbox"/> Restricted Access | <input type="checkbox"/> Other |
| OTHER | | | |

5) Communications

Ongoing communications and clear messaging are imperative. Joint Occupational Health and Safety Committees should be included.




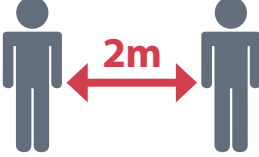


Communications Team

| TEAM MEMBER | NAME | CONTACT# |
|----------------------------------|------|----------|
| REGIONAL COMMUNICATIONS LEAD | | |
| LOCAL OFFICE COMMUNICATIONS LEAD | | |
| JOHS COMMITTEE REPRESENTATIVE | | |
| COMMUNICATIONS REPRESENTATIVE | | |

Communications Plan

| ACTION | | | | DETAIL |
|----------------------------|------------------------------|-----------------------------|------------------------------|--------|
| REGIONAL COMMUNICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| LOCAL COMMUNICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| JOHS COMMITTEE INVOLVEMENT | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| EXTERNAL COMMUNICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

RETURN TO THE WORKPLACE CHECKLIST

|  |  |  |  |  |  |
|--|--|---|--|--|---|
| PREPARE THE BUILDING | PREPARE THE WORKFORCE | CONTROL ACCESS | CREATE A PHYSICAL DISTANCING PLAN | REDUCE TOUCH POINTS & INCREASE CLEANING | COMMUNICATE FOR CONFIDENCE |
| <p>Cleaning plans, pre-return inspections, HVAC & mechanicals checks</p> | <p>Policies for management in deciding who returns and when; employee communications</p> | <p>Protocols for safety and health checks, building reception, shipping/receiving, elevators, visitor policies</p> | <p>Decreasing density, schedule management, office traffic patterns</p> | <p>Touchless ingress/egress, clean desk policy, food plan, cleaning common areas</p> | <p>Recognize the fear in returning, communicate transparently, listen/ survey regularly</p> |
| <ul style="list-style-type: none"> <input type="checkbox"/> Ensure health & safety of all workers <input type="checkbox"/> Co-ordinate return to work protocols with owner/ landlord <input type="checkbox"/> Ready Mechanical, HVAC, Fire/Life Safety & Security systems <input type="checkbox"/> Establish cleaning responsibilities; landlord, external or internal resource <input type="checkbox"/> Clean with products from approved lists from local governing authorities <input type="checkbox"/> Order sufficient PPE supplies; hand sanitizer, masks, disinfecting wipes, gloves, etc. ie minimum of 3 months <input type="checkbox"/> Engage suppliers in back-to-work plan <input type="checkbox"/> Consider office/building extended hours to promote physical distancing <input type="checkbox"/> Ensure all inspections, remediations, repairs, communications and deep office disinfection are complete before reopening <input type="checkbox"/> Re-evaluate evacuation emergency plan | <ul style="list-style-type: none"> <input type="checkbox"/> Mitigate anxiety of re-entry through effective change management planning and communications <input type="checkbox"/> Validate local governmental guidelines (maximum occupancy, restrictions, etc.) <input type="checkbox"/> Timing and office re-entry coordinated with leader/key stakeholders <input type="checkbox"/> Office leader(s) to prioritize & triage staff list eligible for re-entry – critical workers <input type="checkbox"/> Obtain floorplans for each office targeted for re-entry <input type="checkbox"/> Office leaders establish A & B critical worker teams to re-enter on a weekly rotation basis: <ul style="list-style-type: none"> • Alternating work weeks in the office • Staggered arrival/departure times • Critical workers teams to confirm their “in-office” schedules <input type="checkbox"/> Encourage commuting without using public transportation <input type="checkbox"/> Prepare and post reminders of physical distancing and cleaning protocols | <ul style="list-style-type: none"> <input type="checkbox"/> Screening procedure at all entry points including deliveries <input type="checkbox"/> Individual Health Declaration (see BCCSA Health Screening Tool) <ul style="list-style-type: none"> • Ability to test, trace and isolate employees within hours <input type="checkbox"/> On an exceptional basis & with prior approval - strict visitor protocol including non-contact sign-in process <input type="checkbox"/> Install plexiglass shields as appropriate <input type="checkbox"/> Reconfigure access/egress for physical distancing – i.e. access front of premises/building and exit through back of premises/building <input type="checkbox"/> Designate and signpost the direction of foot-traffic in main circulation paths <input type="checkbox"/> Clearly communicate building protocols through signage and floor markings <input type="checkbox"/> Disable touchscreens <input type="checkbox"/> Encourage use of stairs (one way) <input type="checkbox"/> Closely monitor and log office attendance & occupancy levels | <ul style="list-style-type: none"> <input type="checkbox"/> Review floorplans to support physical distancing – 2m between occupied workstations <input type="checkbox"/> Redesign spaces, alternate desk/chair use, etc., for physical distancing <input type="checkbox"/> Add barriers between desks including height adjustable panels for sit/stand desks <input type="checkbox"/> Enforce clean desk policy & stringent cleaning protocols for shared spaces <input type="checkbox"/> Reduce capacity of spaces—e.g., remove some chairs from large conference rooms to ensure 2m physical distancing <input type="checkbox"/> Prohibit shared use of small rooms and convert them to single-occupant use only <input type="checkbox"/> Enforce 2m physical distancing and occupancy limits in all common areas; kitchen, restrooms, printer areas, elevators, etc. <input type="checkbox"/> Immediately send home any staff showing signs of COVID-19 symptoms & follow de-contamination corporate procedure | <ul style="list-style-type: none"> <input type="checkbox"/> Maintain enhanced cleaning and disinfecting practices <ul style="list-style-type: none"> • 3x/day of all common point-of-contact areas • Minimum between team rotation or 1x/week for all other working areas <input type="checkbox"/> Sanitize all workspace areas, including office, conference room, breakroom, cafeteria, restroom, and other areas prior to opening. Ensure appliances/equipment are in working order <input type="checkbox"/> Supply disinfectants near or on each desk or work area, particularly those that are shared <input type="checkbox"/> Remove food/beverages – consider restocking with single-serving items <input type="checkbox"/> Enable DIY cleaning through hand sanitizer, disinfectant wipes, and other such products <input type="checkbox"/> Ensure hand-washing facilities are easily accessible <input type="checkbox"/> Consider low-touch or no-touch switches, doors, drawers, and other fittings <input type="checkbox"/> Remove high-touch shared tools such as whiteboard markers, remote controls, etc. | <ul style="list-style-type: none"> <input type="checkbox"/> Ensure leadership alignment on re-entry <input type="checkbox"/> Establish two-way communication <input type="checkbox"/> Clearly set employee expectations, with an emphasis on making them feel secure <ul style="list-style-type: none"> • Return to the Workplace (Office) Protocol • Individual Health Declaration • Clear visitor policy • Physical distancing & general signage to create safe workplace environment • Employee Safe Workplace Handbook |

MOST IMPORTANTLY
CONSTANTLY REINFORCE HAND WASHING, PHYSICAL DISTANCING AND STAYING HOME WHEN SICK

Contact List

| LEADERSHIP KEY CONTACTS | | |
|---------------------------|-------|--------|
| NAME | EMAIL | CELL # |
| | | |
| | | |

| HSE | | |
|------|----------|--------|
| NAME | POSITION | CELL # |
| | | |
| | | |
| | | |
| | | |

| REAL ESTATE / FACILITIES | | |
|--------------------------|----------|--------|
| NAME | POSITION | CELL # |
| | | |
| | | |
| | | |

External Emergency Contact List

| EMERGENCY CONTACT | CONTACT # |
|------------------------------|-----------|
| FIRE | |
| POLICE (RCMP) | |
| AMBULANCE | |
| HOSPITAL | |
| REGIONAL MUNICIPALITY OF ... | |
| COVID HOTLINE (24-HOUR) | |