

## COVID-19 Safe Work Plan (SWP) for Administrative, Ancillary and Specialized Units (non-research)

To request approval for resuming on-campus activities or services please complete this SWP. This plan requires a review by OHSE prior to approval from your direct supervisor and the senior leader of your unit (Dean, AVP or more senior leader). All employees who are affected by this SWP must be oriented and trained on the SWP protocols by their supervisor.

Please submit a copy of the approved and signed plan to OHSE, and keep a hard-copy that is readily available to all users at the worksite. If you require any assistance completing this form contact OHSE at [ohs@uvic.ca](mailto:ohs@uvic.ca).

Campus Unit/Service Information	
<b>Applicant Information</b>	Applicant (Supervisor): Mary Jo Hughes Email: <a href="mailto:hughesmj@uvic.ca">hughesmj@uvic.ca</a> Department: LEGACY ART GALLERIES Office phone number: 8807
<b>Sector Specific Guidelines and Safety Protocols</b>	<p>In addition to the Post-Secondary Sector, please indicate which other sector(s) your unit or service falls under:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Health Professionals</div> <div style="width: 33%;"><input type="checkbox"/> Retail Sector</div> <div style="width: 33%;"><input type="checkbox"/> Personal Services</div> <div style="width: 33%;"><input type="checkbox"/> In-person Counselling</div> <div style="width: 33%;"><input type="checkbox"/> Restaurants/Pubs/Cafés</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Museums/Art Galleries/Libraries</div> <div style="width: 33%;"><input type="checkbox"/> Offices</div> <div style="width: 33%;"><input type="checkbox"/> Gyms/Fitness Centres</div> <div style="width: 33%;"><input type="checkbox"/> Parks/Beaches/Outdoors Spaces</div> <div style="width: 33%;"><input type="checkbox"/> Child Care</div> <div style="width: 33%;"><input type="checkbox"/> Hotels/Resorts</div> <div style="width: 33%;"><input type="checkbox"/> Film Industry</div> <div style="width: 33%;"><input type="checkbox"/> Select Entertainment</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div> <p><b>Please acknowledge that you have reviewed and incorporated the applicable <a href="#">Provincial Health Officer</a> orders and <a href="#">WorkSafeBC sector-specific guidelines</a> in your SWP</b> <input checked="" type="checkbox"/> Yes</p>
<b>Unit/Service(s) Description</b>	<p>What is the unit and/or service(s) that you wish to resume on-campus, and describe the activities that are involved with this resumption plan:</p> <p>To open the Legacy Art Gallery (downtown) as a (1) workplace for staff beginning approximately June 1 and (2) a cultural site for the public (June 17) in order to provide art engagement and educational experiences for community and campus audiences while providing a safe environment for all stakeholders. SEE ATTACHED Full SAFETY PLAN</p> <p>Approximately how many employees will be authorized to work in this unit/service on-campus: 9</p>

	<p>Please use Record of Training to document all employees who will be working on-campus as part of the SWP. Keep this list in your department and update it as other employees return to campus. You do not need to include it as part of this application.</p>			
<b>Location(s) and Operating Hours</b>	Please list all locations associated with the activities described above (excluding personal offices), and the operating hours of each location.			
	Building/Facility	Room#/Area	Operating Days	Operating Hours
	Legacy Art Gallery Downtown	Click or tap here to enter text.	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input type="checkbox"/> Su	9-5; except Thursday until 7 pm
	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	Click or tap here to enter text.
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<b>Control Measures</b>				
<b>Maximum Occupancy</b>	Most rooms or areas will be <b>required</b> to establish a maximum occupancy, with signage posted on the entrance doors (a sample method is provided in Appendix 2)			
	Please indicate which locations will require an occupancy limit, and note the maximum occupancy for each:			
	Building/Facility	Room#/Area	Total Floor Area (m2)	Maximum Occupancy
	Legacy Art Gallery entire facility-not including basement	Click or tap here to enter text.	210	20
	Inner Gallery Space	Click or tap here to enter text.	37	2
	Under mezzanine gallery	Click or tap here to enter text.	20	2
	Classroom		40	4
If you anticipate times when individuals will be required to <a href="#">work alone</a> (click link for definition) do you have a working alone plan in place and has this plan been communicated to employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Please acknowledge that if there are common areas in the unit (e.g. lounges, meeting rooms, kitchens, washrooms) you must coordinate with other occupants and department administrators to establish occupancy limits, as applicable. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A				

<b>Physical Distancing</b>	<p>All individuals are <b>required</b> to keep 2m apart from one another.</p> <p>Please indicate which measures you will be implementing to limit the number of people in the workplace to ensure physical distancing:</p> <p><input type="checkbox"/> Staggered/alternating shifts <input checked="" type="checkbox"/> Workflow scheduling <input checked="" type="checkbox"/> Remote Working <input checked="" type="checkbox"/> Virtual Meetings <input checked="" type="checkbox"/> Rearranging workspace <input type="checkbox"/> Other <a href="#">Click or tap here to enter text.</a></p> <p>Briefly describe your physical distancing plan and how you intend to monitor compliance:</p> <p>We are a small enough staff that physical distancing is not a huge issue. We will not have the full staff working at once – some will continue to work remotely. We have rearranged the open concept space to ensure that workstations are spread farther apart than 2 meters and that there is clear walkway that does not pose threats to distancing now that stations are moved to one side of aisle. Legacy director will make daily inspections of spaces and ensure staff are following protocols.</p> <p>Do you anticipate any unique situations where physical distancing will be difficult to maintain in the unit or work area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe those situations in the space below, and indicate what <u>additional measures</u> you will implement to ensure the safety of employees in the following sections (engineering controls, administrative controls and masks/PPE).</p> <p>Only when a large artwork needs to be installed or moved, requiring two or more people to assist. In this case, all people involved in the task will wear masks.</p>
<b>Engineering Controls</b>	<p>Please indicate which engineering control measures you will be implementing where you have assessed that employees are unable to maintain physical distance from others:</p> <p><input checked="" type="checkbox"/> Barriers <input checked="" type="checkbox"/> Partitions <input type="checkbox"/> Other <input type="checkbox"/> Not applicable</p> <p>If applicable, please describe how <a href="#">barriers or partitions</a> will be used:</p> <p>Plexiglas barrier at front desk runs from top of desk to near ceiling, provides automatic distance between front desk worker and public.</p> <p>There an existing partition between two workspaces that has been augmented to provide an extra height well above staff's heads to provide an added barrier between them.</p>
<b>Administrative Controls</b>	<p>Please indicate which administrative control measures you will be implementing to promote physical distancing:</p> <p><input checked="" type="checkbox"/> Signage <input type="checkbox"/> Tape Lines <input checked="" type="checkbox"/> Directional/Traffic Flow <input checked="" type="checkbox"/> Single-use Products <input type="checkbox"/> Other</p>

	<p>Please describe how you will implement to above listed administrative controls. If applicable, you may attach floorplans, photos or other documents to your application.</p> <p><b>Signage:</b></p> <p>Front door</p> <p>Stop and self assess for COVID-19 before entering</p> <p>Maximum capacity</p> <p>Social Distancing</p> <p>Inner Gallery; Under Mezzanine; Kitchen; Classroom: Maximum capacity signs</p> <p>Washrooms:</p> <p>-Handwashing protocol signs</p> <p>Kitchen:</p> <p>Sanitization reminders related to surfaces</p> <p>Staff cleaning protocols and schedule</p> <p>Directional Floor arrows: indicating one route through gallery</p> <p>Single use products</p> <p>-sanitizing wipes/sanitizing spray and paper towel for cleaning off surfaces positioned at front desk; in washroom; in kitchen; in classroom; in offices</p>
<p><b>Masks and PPE</b></p> <p><b>(optional measure in addition to other control measures)</b></p>	<p>Please indicate which of the following supplies are <u>required</u> for your unit or service:</p> <p><input checked="" type="checkbox"/> Non-medical masks (cloth or disposable)</p> <p><input checked="" type="checkbox"/> Disposable gloves</p> <p><input type="checkbox"/> N95 respirators</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> N/A</p> <p>If applicable, please describe which work tasks will require the use of masks and/or gloves?</p> <p>Masks: Lifting/moving large objects;</p> <p>Gloves: when doing deep cleaning with all purpose cleaner</p> <p><b>Please acknowledge that you (and the relevant employees) have read and understood the information on <a href="#">“selecting and using masks”</a> and <a href="#">“instructions on how to use a mask”</a></b></p> <p><input checked="" type="checkbox"/> Yes</p>
<p><u><b>Cleaning and Hygiene</b></u></p>	<p>Surfaces that are touched frequently by multiple persons (“high touch”) are <b>required</b> to be cleaned and disinfected at least twice per day.</p>

	<p>Please indicate which disinfectants you will be using for those high-touch surfaces/equipment that will not be serviced by FMGT Custodial Services:</p> <p><input checked="" type="checkbox"/> Disinfecting wipes (Diversey: Oxivir Tb Wipes):</p> <p><input checked="" type="checkbox"/> Disinfecting sprays (Staples SE16 Dinsinfectan Spray&amp;Wipe Cleaner- Hydrogen Peroxide 0.50% w/w):</p> <p><input type="checkbox"/> 10% bleach solution</p> <p><input type="checkbox"/> Other <a href="#">Click or tap here to enter text.</a></p> <p>Which high-touch surfaces/equipment will be disinfected and how frequently?</p> <table border="0"> <thead> <tr> <th><u>Item:</u></th><th><u>Frequency (2x/per day, or greater):</u></th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> door handles</td><td><b>2x day</b></td></tr> <tr> <td><input checked="" type="checkbox"/> sink faucets</td><td><b>After each use</b></td></tr> <tr> <td><input checked="" type="checkbox"/> light switches</td><td><b>2x day</b></td></tr> <tr> <td><input checked="" type="checkbox"/> equipment buttons/switches/handles</td><td><b>after each use</b></td></tr> <tr> <td><input checked="" type="checkbox"/> keyboards</td><td><b>after use (when shared)</b></td></tr> <tr> <td><input checked="" type="checkbox"/> counters/tables</td><td><b>2x day</b></td></tr> <tr> <td><input checked="" type="checkbox"/> photocopiers</td><td><b>After each use</b></td></tr> <tr> <td><input checked="" type="checkbox"/> Other stapler, kettle,tape dispenser</td><td><b>after each use</b></td></tr> </tbody> </table> <p>Who will be responsible to disinfect high-touch surfaces/equipment? Once per day by janitorial; once per day by staff as per staff schedule (with sign off) posted in kitchen</p> <p>Do you have sufficient portable hand sanitizer available for employees and visitors, as applicable?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>Please acknowledge that you and your unit's employees are aware of good hygiene practices which require frequent handwashing or hand sanitizing, covering your mouth when coughing/sneezing, and avoiding touching one's face and mouth with unwashed hands.</b></p> <p><input checked="" type="checkbox"/> Yes</p>	<u>Item:</u>	<u>Frequency (2x/per day, or greater):</u>	<input checked="" type="checkbox"/> door handles	<b>2x day</b>	<input checked="" type="checkbox"/> sink faucets	<b>After each use</b>	<input checked="" type="checkbox"/> light switches	<b>2x day</b>	<input checked="" type="checkbox"/> equipment buttons/switches/handles	<b>after each use</b>	<input checked="" type="checkbox"/> keyboards	<b>after use (when shared)</b>	<input checked="" type="checkbox"/> counters/tables	<b>2x day</b>	<input checked="" type="checkbox"/> photocopiers	<b>After each use</b>	<input checked="" type="checkbox"/> Other stapler, kettle,tape dispenser	<b>after each use</b>
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<p><b>Supply Chain</b></p>	<p>Do you have adequate cleaning, hygiene and PPE supplies to resume work activities at this time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What are your plans to access additional cleaning/disinfecting supplies or PPE, if required? Through janitorial service and through Staples</p> <p><b>Please acknowledge that if the required cleaning/disinfecting supplies or PPE is not available, that work activities cannot continue until it can be made safe</b> Yes <input checked="" type="checkbox"/></p>																		
<p><b>Illness Management</b></p>																			

<b>Sick Policy</b>	<p><b>The following individuals (students, faculty, staff) must not come to campus:</b></p> <ul style="list-style-type: none"> <li>anyone with COVID-19 symptoms including fever, chills, cough, shortness of breath, sore throat and painful swallowing, must self-isolate at home <a href="#">for a minimum of 10 days</a> from onset of symptoms, until their symptoms are completely resolved.</li> <li>anyone under the direction of public health to self-isolate must follow those instructions.</li> <li>anyone who has arrived from outside of Canada, or who is a contact of a confirmed COVID-19 case, to <a href="#">self-isolate for 14 days and monitor</a> for symptoms, including individuals who live in the same household as a confirmed COVID-19 case who is self-isolating.</li> </ul> <p>Employees who have been exposed to anyone confirmed to have COVID-19, or to anyone with possible symptoms of COVID-19, should call HealthLink BC at 811 for an assessment and to determine any necessary next steps.</p> <p><b>Please acknowledge that your unit's leaders and employees are aware of the <a href="#">sick policy</a> requirements and their responsibility to follow them:</b> <input checked="" type="checkbox"/> Yes</p>
<b>COVID-19 self-assessment screening</b>	<p>All individuals (students, faculty and staff) must do a self-assessment daily for COVID-19 symptoms before coming to campus. If individuals have any symptoms they should:</p> <ul style="list-style-type: none"> <li>stay home</li> <li>consult the COVID-19 self-assessment tool at <a href="https://bc.thrive.health/covid19">bc.thrive.health/covid19</a></li> <li>contact 811 for medical advice</li> </ul> <p>There is no requirement nor is it recommended that employers or supervisors check temperatures as part of daily health monitoring unless required by an industry standard (e.g. health care setting).</p> <p><b>Please acknowledge that your unit's leaders and employees are aware of these requirements and their responsibility to follow them:</b> <input checked="" type="checkbox"/> Yes</p>
<b>Communication and Training</b>	
<b>Communication</b>	<p>How will this SWP and related protocols be communicated to employees?</p> <p><input checked="" type="checkbox"/> Copy of SWP posted <input type="checkbox"/> <a href="#">UVic/OHSE COVID-19</a> websites <input checked="" type="checkbox"/> Signage <input checked="" type="checkbox"/> Other</p> <p>Each staff member to sign printed copy of Legacy SWP and protocols; director to keep copies</p>

<b>Training</b>	<p>List all orientation and training employees will complete before returning to on-campus work:</p> <p><input checked="" type="checkbox"/> SWP review and sign-off (use Record of Training - keep the records in your unit)</p> <p><input checked="" type="checkbox"/> Job/Unit specific training</p> <p><input type="checkbox"/> Other, please describe</p>
<b>Monitoring and Reassessment</b>	
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• A site visit coordinated by the supervisor and involving the employees should be completed prior to the resumption of activities/services to identify any potential start-up issues and ensure all measures are in place.</li> <li>• OHSE may also need to conduct a pre-resumption site visit, and will periodically monitor and inspect areas to ensure compliance with WSBC and the SWP protocols.</li> <li>• All employees should be advised to contact their supervisor, joint local safety committee or union (if applicable) if they have any concerns about their safety. Concerns may also be documented on the "<a href="#">department incident and hazard report</a>" form.</li> <li>• It is the responsibility of the supervisor to monitor compliance with this SWP and address any concerns that are raised by their employees in a timely manner</li> </ul> <p><b>Please acknowledge that your unit's leaders and employees are aware of these requirements and their responsibility to follow them: <input checked="" type="checkbox"/> Yes</b></p>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>• It is the responsibility of the supervisor or unit leader to periodically assess the effectiveness of this SWP and to update the protocols, as required.</li> <li>• Any changes to this SWP must involve consultation with the employees.</li> </ul> <p><b>Please acknowledge that your unit's leaders are aware of these requirements and their responsibility to follow them: <input checked="" type="checkbox"/> Yes</b></p>
<b>Employee Consultation</b>	
<p>Please acknowledge that you have consulted with the individuals who will be working in this unit or service area to ensure their input, concerns and questions were addressed as part of this safe work plan application? <input checked="" type="checkbox"/> Yes</p>	

#### APPLICANT ACKNOWLEDGEMENT

I acknowledge that the senior leadership of the unit/service area is responsible for ensuring that this Safe Work Plan is adhered to, and for addressing all reports of non-compliance in a timely way. Non-

compliance is a serious issue and will be investigated according to established procedures for workplace incidents.

**Mary Jo Hughes**  
**Applicant/Supervisor**  
**Director, Legacy Art Galleries**

**3 June 2020**  
**Date**