



NEW YORK INSTITUTE OF TECHNOLOGY

Vancouver

Campus Emergency Response Manual

Vancouver Campus

May 2023

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Introduction

The New York Institute of Technology (New York Tech) Vancouver campus is situated at 2925/2955/2985 Virtual Way in Vancouver, British Columbia at the Broadway Tech Centre (BTC). The BTC buildings are owned by QuadReal; facilities issues and security fall under their jurisdiction. New York Tech-Vancouver will report emergencies that affect the campus and/or the building. New York Tech-Vancouver will also report any emergencies to the main (New York) campus of New York Tech.

Coordination with Provincial Agencies

Throughout the response phase contact must be maintained with the following provincial agencies:

- Ministry of Post-Secondary Education and Future Skills
- Ministry of Finance
- Ministry of Emergency Management and Climate Readiness

Security, Facilities and Hazardous Materials

QuadReal will take the lead in these areas.

Response Procedures:

The response procedures outlined below are consistent with QuadReal's procedures.

Responsibilities

- Call 911 first, plus QuadReal security (BTC) at 604-834-0246
- If appropriate activate the fire alarm
- Try to confine the hazard by closing the doors as you leave
- If you are providing medical treatment, use proper personal protective equipment
- Work with QuadReal's First Aid Response Team.
- To the degree possible obtain and record information about the incident and individuals without creating any risk for yourself or the university
- Keep all pertinent information confidential
- Notify NY Chief of Staff as per Appendix A
- Secure your area and belongings as necessary (lock doors and windows, secure important files, vital records and equipment)

Security (BTC) will:

- Respond to scene as soon as possible and assist depending on the situation
- Notify emergency responders and meet them at the building entrance as necessary
- Establish a security perimeter as necessary
- Make a preliminary assessment if evacuation, shelter-in-place, or lockdown is indicated
- Activate their EOC
- Secure scene for emergency response personnel
- Maintain confidentiality of all information

- Support the local emergency responders, as necessary
- Provide support and information to affected individuals as appropriate and available
- Not allow anyone other than trained and equipped responders to enter the incident area

New York Tech Incident Commander will:

- Establish Incident Command (IC)
- Notify QuadReal Security (BTC) immediately
- Establish unified command with Security (BTC) if applicable
- Assess the situation and determine appropriate actions in conjunction with QuadReal
- Prepare incident report
- Provide incident report to the New York campus
- Notify:
 - Communication & Marketing
 - Provost
 - General Counsel
 - Risk Management
- Conduct debriefing sessions with New York Tech staff and Security.
- Conduct post-incident evaluation
- Initiate corrective action and revise emergency plans if necessary
- Take universal precautions whenever there is a potential for contact with blood or other potentially infectious material. Treat all blood and body fluids as infectious
- Assist in isolating contaminated persons and do not allow them to leave or spread the contamination
- Protect everyone from coming into contact with blood and body fluids
- If you are providing medical treatment, use proper personal protective equipment. These should be available with the first aid supplies
- Do not leave the patient alone
- To the degree possible obtain and record information about the incident and individuals without creating any risk for yourself or the university
- Keep all pertinent information confidential
- Secure your area and belongings as necessary (lock doors and windows, secure important files, vital records, and equipment)
- Try to confine the hazard by closing the doors if you must leave

Fire Wardens

- Assist evacuation, shelter-in-place, and lockdown of affected building or area as directed by Security
- Ensure evacuees do not use elevators
- Provide instructions to the community as indicated by the conditions and/or requested by QuadReal Security (BTC) or first responders

Student Affairs and/or Human Resources

- The Director of Student Affairs, backed up by Assistant Director of Business Administration, will take the lead on this for students
- The Executive Director/Campus Dean, backed up by Assistant Director of Business Administration will take the lead on this for employees

- Contact the parent, guardian, and/or next of kin and provide details in the following events or when necessary:
 - The student, faculty or staff is required to be transported to a medical facility and treated
 - The student, faculty or staff has caused harm to themselves or another
 - The student, faculty or staff was arrested or taken into custody by police
 - The student, faculty or staff was responsible for vandalism or other destruction of university property
 - The student, faculty or staff was operating a vehicle while under the influence of alcohol or other drugs
 - The student, faculty or staff is deceased
- In some circumstances other staff will make the contact when language there are language specific requirements

Communications

- The Marketing Coordinator will take the lead
- All communications should be coordinated with Security (BTC) through Assistant Director, Business Administration
- Alert New York Tech community via Canvas or email of the impending or present weather-related incident or natural disaster
- Advise New York Tech community of campus closure or emergency protocols if a natural disaster has occurred
- Inform New York Tech community when an all-clear status is declared, and campus has resumed normal operations
- If necessary, prepare official statement for any media inquiries
- Use Emergency Alert System to notify the New York Tech community

Counselling – Empower Me by Student Care

Depending on the incident, Empower Me may be called in to support the IC. Under most circumstances they will be contacted to:

- Determine what mental health support services are needed
- Provide support and counselling to student, faculty, or staff
- Provide bereavement and/or grief counselling to student, faculty or staff as deemed appropriate

Emergency Situations

Alcohol and/or Drug Related Emergency

Alcohol or drug overdose is a medical emergency. Alcohol poisoning can be fatal. Drug overdoses (prescription and illegal) may result in death. Individuals who appear under the influence of alcohol or drugs may exhibit symptoms which include the following:

- Loss of motor control
- Disorientation
- Slurred speech
- Slow, shallow breathing
- Clammy, cold skin
- Looks bluish or pale

- Vomiting
- Agitation
- Unconsciousness

Bias/Hate Crime

According to the Criminal Code of Canada, Section 319:

Everyone who, by communicating statements in any public place, incites hatred against any identifiable group where such incitement is likely to lead to a breach of the peace is guilty of an indictable offence and is liable to imprisonment for a term not exceeding two years; or an offence punishable on summary conviction.

All bias and hate crimes will be reported to the Vancouver Police Department.

Bomb Threat

Anyone may be the recipient of a bomb threat via telephone. The person answering the phone should remain calm and obtain as much information as possible from the caller. The fire alarm should not be activated to evacuate the building as this may cause unnecessary panic or detonate the bomb.

There are two types of bomb threats:

- General threat – This type of caller will only indicate there is a bomb but will not provide any other information.
- Specific threat – This type of caller will indicate a specific location, time and often the reason for making the call.

Use the Bomb Threat form to capture information.

Civil Disturbance or Demonstration

Demonstrations are not permitted within the building as they may interfere with business operations for other tenants. Individuals seeking to exercise their right to assemble can do so on city sidewalks outside the building.

Criminal Behavior or Violence

Criminal behavior encompasses many actions including the following:

- Undesirable behavior
- Possession of a weapon
- Sexual harassment
- Telephone harassment
- Theft
- Trespassing
- Vandalism

Guidelines

- Contact Security (BTC)
- Work with New York Tech Incident Commander
- Perform an evaluation

Sexual Assault

Criminal Code of Canada, Section 271, 272, and 273 covers sexual assault. Sexual assault refers to non-consensual sexual contact, which can range from unwanted groping or kissing to engaging in sexual activities with someone underage, asleep, unconscious, or simply unwilling.

Confidentiality should be provided to both the victim and the accused to the extent consistent with protecting the greater good of the campus community and complying with local, provincial, and provincial laws and reporting requirements.

If New York Tech has any underage students, they must have a separate plan and process for sexual assault.

Primary Response Team:

- Call 911, Security (BTC)
- Director of Student Affairs & Executive Dean

Secondary Response Team:

- Office of Strategic Communications and External Affairs
- Office of Human Resources
- Office of the President
- Office of the Vice President for Student Affairs
- Office of the Vice President for Academic

Follow-up:

- Encourage a follow-up medical exam if an assault or sexual assault has occurred.
- Encourage follow-up counseling on or off campus.
- Discuss accommodating a new resident assignment, if applicable.
- Ensure judicial follow up occurs according to the New York Tech Student Code of Conduct.

Provide appropriate follow-up with the campus community, including addressing community concerns, information sharing, and other necessary support services.

Harassment/Discrimination

Harassment on the basis of race, sex, religion, or any other protected class, evidenced by persistent words, conduct or actions directed at an individual that badger, annoy, threaten or cause substantial emotional distress, is strictly not tolerated at New York Tech. Slurs and other verbal/nonverbal or physical conduct directed to an individual because of his/her membership in a protected class is considered to constitute harassment when this conduct:

- Has the purpose or effect of creating an intimidating, hostile or offensive working or school environment; or
- Has the purpose or effect of unreasonably interfering with an individual's work or student's performance in school including his/her performance in curricular, extracurricular, and non-academic activities; or
- Otherwise adversely affects an individual's employment or a student's opportunities in curricular, extracurricular, and non-academic activities.

New York Tech strongly supports academic freedom and does not intend this policy to prevent or limit discussion of ideas, taboos, behaviour or language as an essential element of course content, even if opinions and ideas expressed cause some discomfort. Every member of the New York Tech community is encouraged to refuse, firmly and without apology, to submit to subtle or overt pressure with sexual, religious, political, or other overtones. The Executive Director/Campus Dean and Associate Deans have a particular responsibility to promote work, living, and study environments free of verbal and physical harassment. Complaints of harassment by a New York Tech employee should be directed to the Office of Human Resources, which is authorized to convene the Harassment Grievance Committee. Complaints of harassment by a New York Tech student should be directed to the Director of Student Affairs, who has the authority to commence student disciplinary proceedings. Please see the [Vancouver Student Handbook](#) and the [Vancouver Employee Handbook](#).

Explosion

Explosions are classified as internal (in the 2925, 2955, or 2985 Virtual Way buildings) or external (outside the buildings). An explosion could result in the release of chemical, biological, or radiological hazards and result in fires or injuries.

Death or Suicide

In the event the local law enforcement is investigating the occurrence and determine that the deceased may be the victim of a crime or criminal activity, or there are other extenuating circumstances, they will ask that the parents, guardian and/or next of kin not be contacted by campus officials. Notification will then be made by the investigating law enforcement as deemed appropriate.

Fire

Fires are classified as being either a limited area, internal, external or full-scale. A building evacuation should be initiated as soon as the fire is discovered or when the fire alarm is sounded. The elevators should not be used and all people with disabilities should be assisted and accounted for.

Fires can be the result of faulty electrical items, hazardous materials, arson, explosion, terrorism, etc. When the fire pull is pulled the alarm goes off in the entire building; however, on the floor where the fire pull is activated the alarm sounds in full on that floor as well as one floor above and one floor below. In the rest of the building the alarm is slow paced as a warning.

Information Breach/Disclosure

Information breach/disclosure occurs when privilege or confidential information is intentionally or unintentionally released to unauthorized parties, or when such information is obtained by unauthorized parties through improper or illegal means.

New York

Call VP, IT & CIO. Failing this, call the Chief of Staff.

IT & CIO

Upon receiving notification assess the situation and diagnose the problem. If an information breach is identified, take immediate corrective action as necessary. Prepare a detailed report of the incident.

Communications

Work with IT & CIO, Legal and NY Communications team to determine if affected students, faculty and staff are to be notified of breach, and to what extent. Prepare official communication and distribution lists. Prepare official statement for any media inquiries.

Medical Emergency

An on-campus medical emergency is any medical/health condition caused by an illness, accident or self-destructive behaviour that could result in serious impairment or death and requires immediate medical attention. If the medical emergency is the result of a physical assault, the incident must be reported to local law enforcement. New York Tech must complete WorkSafeBC forms.

Missing Student

A student shall be deemed missing when he or she is absent from the institute for more than 24 hours without any known reasons or when anyone reports that there is a concern for the wellbeing of a student. If abduction is observed, the student will be deemed a missing person immediately. All students shall have the opportunity to identify an individual to be contacted by the institute in case a student is determined to be missing. Camera footage and access cards may be requested by and provided to the Vancouver Police Department to facilitate an investigation.

Public Health Emergency

A public health emergency includes a case or outbreak that may involve infectious diseases such as the following:

- Avian Flu and Other Influenza
- Measles
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Mumps
- SARS
- COVID-19

Guidelines

Typically, it is not necessary to inform the entire campus community or Security (BTC) about a single infectious disease case. Disclosure and confidentiality of patient information must follow provincial and provincial laws. Anyone suspected of having an infectious disease should be referred to their primary physician, or to an appropriate health treatment facility. Students with an infectious disease should be encouraged not to attend school. When a case of infectious disease occurs at campus, this fact should not be considered a reason for the facility to be closed, except in the event of an emergency. When an outbreak or an increase in an infectious disease occurs within the campus population, or if transmission within the campus is identified, the campus should contact the local health department.

Persons suspected of being infected with a reportable infectious disease for which isolation is required should be refused admittance to the campus while acute symptoms are present. Student, faculty and staff notification should be based on consultation with the local health department and QuadReal.

Psychological Emergency

A psychological emergency is any situation in which someone is experiencing extreme distress, is unable

to cope with everyday life, or is in danger of hurting himself or others. The following behaviours may be present:

- Paranoia
- Hysteria
- Confusion
- Agitation
- Anxiety
- Uncontrolled anger
- Delusions/Hallucinations
- Disruptive behaviour

Guidelines

When dealing with individuals displaying erratic or irrational behaviour that might cause harm to themselves or others, do the following:

- Try to calm the individual
- Listen and let them do the talking
- Try to delay any related negative decisions
- Acknowledge the person's feeling
- Be respectful and empowering
- Be reasonable and point out choices

Do NOT do the following:

- Be confrontational
- Reject demands or requests
- Use challenging body language
- Make false statements or promises
- Make any sudden movements

Severe Weather/Natural Disaster

This applies to the following:

- Blizzard
- Flooding
- Hail
- Heavy rain
- Ice
- Sleet
- Snow storm
- Thunderstorm
- Coastal storm
- Earthquake
- Other severe weather events

Guidelines

Monitor the forecast and warnings for weather and road conditions from different sources, including Environment Canada, local media outlets, etc. Security (BTC) will make recommendations with respect to emergency closing. Before making an independent decision to close the campus, New York Tech will contact Security (BTC) for their assessment of the decision. New York Tech will notify the NY Director of

Security with respect to the emergency closing.

During the day, the decision must be made 2 hours before the cancellation or closing time. In the case of overnight weather events the Executive Director will advise NY Director of Security no later than 6:00 am Vancouver time. If talking to the media, involve QuadReal on all statements.

The following are issued by Environment Canada:

- Advisory – issued when a less serious event is expected or is imminent within 12 hours.
- Watch – issued for specific areas when the potential exists for an event to occur with 36 hours or less.
- Warning – issued for specific areas 24 hours or less before anticipated effects from an event is strongly expected or is imminent.

Suspicious Mail

Anyone may be the recipient of suspicious mail or package. A suspicious object may contain the following characteristics:

- Unexpected delivery, foreign mail, air mail and/or special delivery
- Misspellings of common words
- Restrictive markings such as “Personal” and/or “Confidential”
- Titles but no names
- Protruding wires or foil Lack of a return address
- Excessive weight
- Excessive postage
- Oily stains or discolorations
- Visual distractions
- Lopsided or uneven writing
- Strange odors
- Leaking powdery substance
- Excessive amount of securing material used (masking tape, string, etc.)
- Strange sounds

The recipient of a suspicious mail item should:

- Immediately call Security (BTC) or 911
- Not handle, shake, smell, or taste the suspicious article
- Isolate the article, and evacuate the immediate vicinity
- Advise anyone who has handled the article to immediately wash their hands with soap and water.

Active Threat/Terrorism

Active Threat/Terrorism is violence or the threat of force or violence against person(s) or property for purposes of intimidation, coercion, or ransom. Terrorists use threats or violent acts to create fear among the public and to obtain immediate publicity for their cause(s). Terrorist events can occur on campus or off campus. Terrorism can take many forms including:

- Active Threat (one or more individuals actively engaged in killing or attempting to kill people in a confined and populated area)
- Arson and Fire bombings
- Bomb threats (see Bomb Threat section)

- Biological hazard (Anthrax, Botulism, Smallpox, etc.)
- Chemical
- Cyberterrorism
- Explosions
- Hijackings and Skyjackings
- Kidnappings and Hostage-Takings
- Nuclear
- Radiological
- Suspicious packages

Utility Outage

In case of a power failure, the emergency lights will operate, but there will be limited elevator service. QuadReal Security (BTC) & Operations personnel will investigate and communicate the expected length of the outage. If power will be interrupted for a lengthy period, an evacuation order will be issued by the landlord. Information updates from the landlord will be communicated through the building public address system.

Emergency or Delayed Campus Closing and Opening

Emergency Closing decisions will be made by the Campus Dean/Executive Director or her designee in consultation with QuadReal.

- Inform New York
- Inform Security (BTC)
- Inform affected New York Tech students, faculty, and staff

Closing the Vancouver Campus for a day or less

- Inform all students, faculty, and staff affected using all available communication tools and media, including the website
- Classes are suspended for that period and then made up by the instructor in consultation with their students
- Evacuate the building
- Secure the suites at 2925 (#310), 2985 (#180) and 2955 (#450) Virtual Way
- Affix temporary signage to the third floor, ground floor and/or fourth floor regarding closure
- Contact to deny access to the suites at Virtual Way
- Inform all students, faculty and staff when the campus is back open for normal operations

Closing the Vancouver Campus for an extended period of time

- Classes will be rescheduled in other buildings to the degree possible. Potential locations are BCIT, UBC and UCW.
- Inform all students, faculty, and staff affected using all available communication tools and media, including the website
- Instructor will reschedule missed classes in consultation with their students
- Evacuate the building
- Secure the 2925 (#310), 2985 (#180) and 2955 (#450) Virtual Way
- Affix temporary signage to the suites at 2925 (#310), 2985 (#180) and 2955 (#450) Virtual Way regarding closure

- Contact QuadReal to deny access to the suites
- Inform all students, faculty and staff when the building is back open for normal operations

Cancelling classes with building and offices open

- Inform all students, faculty, and staff affected using all available communication tools and media, including the web site
- Inform all students, faculty and staff when the building is back open for normal operations

Closing campus with classes cancelled and building and offices closed

- Inform all students, faculty, and staff affected using all available communication tools and media, including the website
- Evacuate the campus
- Secure suites at 2925 (#310), 2985 (#180) and 2955 (#450) Virtual Way
- Affix temporary signage regarding closure as well as suites at 2925 (#310), 2985 (#180) and 2955 (#450) Virtual Way if needed
- Contact QuadReal to deny access to suites at 2925 (#310), 2985 (#180) and 2955 (#450) Virtual Way
- Inform all students, faculty and staff when the building is back open for normal operations

Evacuation

The primary purpose of evacuation is removal of the occupants away from buildings, structures, or areas that pose a safety threat due to an emergency.

The third floor at 2925 Virtual Way (#310), ground floor at 2985 Virtual way (#150 and #180) and fourth floor suite at 2955 Virtual Way (#450) have assigned Fire Wardens who are trained in evacuation procedures and are responsible for supervision

Roles and Responsibilities

- Pull the fire alarm if the entire floor requires evacuation.
 - When the fire alarm is pulled the alarm goes off in the entire building; on the floor however, on the floor where the fire pull is activated the alarm sounds in full on that floor as well as one floor above and one floor below. In the rest of the building the alarm is slow paced as a warning.
- If there is time, turn off equipment and take personal items such as coats and keys
- Assist persons with disabilities as needed
- Close doors behind the last person out
- Do not use the elevators unless authorized emergency personnel approve

Shelter-In-Place/Lockdown

Shelter-in-place is a temporary strategy designed to be used when it is safer to remain inside rather than evacuate to the outside. Sheltering can be employed when there is a hazardous plume (i.e., chemical, biological or radiological) moving towards an area and there is insufficient time to evacuate before the plume arrives. Sheltering can also be utilized when there is a hostile person on campus grounds or in the building. Ideal shelter areas are any interior rooms away from windows and doors that are above the

ground floor and have a minimal number of vents and doors that can be closed or sealed.

Important: The fire alarm should not be activated as this may confuse building occupants and cause some to evacuate outside.

The suites have Fire Wardens trained in shelter-in-place and lockdown procedures.

Appendix A - Acronyms

Campus IMC	Campus Incident Management Coordinator
CIMP	Campus Incident Management Plan
EOC	Emergency Operations Centre
EOT	Emergency Operations Team
IC	Incident Commander
IM	Incident Manager
IMC	Incident Management Council
IMOC	Incident Management Operations Centre
IMP	Incident Management Plan
IMT	Incident Management Team
IRT	Incident Response Team
SARS	Severe acute respiratory syndrome
VPD	Vancouver Police Department
COVID-19	Novel Corona Virus-19

Appendix B – Forms

- Bomb Threat Form
- Incident Report
- Situation Report
- WorkSafeBC Accident Report Forms – Fillable forms available on WorkSafeBC website
 - Employer’s Report of Injury or Occupational Disease
 - Worker’s Report of Injury or Occupational Disease to Employer
 - Employer’s Statement of Return to Work

New York Institute of Technology Bomb Threat Form

When a bomb threat is received:

- 1 Listen.
- 2 Be calm and courteous.
- 3 Do not interrupt the caller.
- 4 Obtain as much information as possible.
- 5 Initiate call trace action (if available) while the call is ongoing, or record number shown if possible.
- 6 Using a pre-arranged signal, notify a colleague while the call is still ongoing. Your colleague should contact the local police service.
- 7 Complete the form provided below and give to your supervisor.

Telephone Trace Number: _____

Details to be recorded:

Date: _____ Time: _____ Duration of Call: _____
A.M. P.M.

Exact wording of threat:

Bomb Threat Telephone Procedures

Questions to ask:

What time will the bomb explode?

Where is it?

What does it look like?

Where are you calling from?

Why did you place the bomb?

What is your name?

Identifying Characteristics:

Sex Male Female Not Sure Estimated age: _____

Accent English French Other

Voice Loud Soft Other

Speech Fast Slow Other

Diction Good Nasal Lisp Other

Manner Emotional Calm Vulgar Other

Background Noises:

Voice was familiar (specify): _____

Caller was familiar with the area (specify): _____

CALL

911

NYIT Incident Report

Original Report: OR Incident Update: Update #: _____

Date of Incident or Update: _____ Time of Incident or Update: _____ Tracking No. _____

Reported by: Name _____ Dept/Agency _____ Contact Number _____

Critical Information

Incident Type:		Location/ Site Name:	
Incident Name:		Incident Status:	<input type="checkbox"/> Major Assistance Required <input type="checkbox"/> Assistance Required <input type="checkbox"/> Under Control <input type="checkbox"/> Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Closed
Incident Prognosis:	<input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Unknown	Severity:	<input type="checkbox"/> Major <input type="checkbox"/> Unknown <input type="checkbox"/> Moderate <input type="checkbox"/> Minor
Lead Agency:			
Related Event:			
Initial Situation & Summary of Update:			
Anticipated Actions/ Support Required:			

Location

Location/ Site Name: _____

Street Address: _____ City, Province: _____

Intersection Street 1: _____ Intersection Street 2: _____

Casualties & Infrastructure

	Confirmed	Estimated		Heavy	Moderate	Light	None
Fatalities			Building Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries			Utilities Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees			Road Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Supporting Agencies:
Other Responding Agencies and Contact Information: _____

ICP Established: Yes No ICP Location: _____

Completed by: Name _____ Function/Title _____ Date & Time _____ Logged/ Entered:

Distribution: Cadillac Fairview IC/EOC New York Other

Situation Report – Part 1: Summary

NYIT Campus			City:		
			Province:		
Date of Report:		Time of Report:		Report Number:	

Primary Contact Information

Final Report:

Name:		Function/Title:	
Phone:		Other Phone:	
Email:		Frequency/Call Sign:	

Site-Support Facility

EOC/ICP Activated:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Activation Level:	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Hours of Operation:	
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General Incident/Event Information

Event Name:		Tracking No.:	
Overall Status:	<input type="checkbox"/> Major Assistance Required <input type="checkbox"/> Assistance Required <input type="checkbox"/> Under Control <input type="checkbox"/> Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Closed	Incident Prognosis:	<input type="checkbox"/> Worsening <input type="checkbox"/> Stable <input type="checkbox"/> Improving <input type="checkbox"/> Unknown
		Overall Severity:	<input type="checkbox"/> Major <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> Unknown

Initial Situation Summary *(What has happened and/or changed since the last Situation Report? Bold new information.)*

current Objectives /Priorities:			
Future Objectives /Priorities:			
concerns/ Problems:			
Prepared by:	Name	Function/Title	Date & Time
Approved by:	Name	Function/Title	Date & Time

Distribution: Cadillac Fairview IC/EOC New York Other

Situation Report – Part 2: Details

Site-Support Activities

Campus Closure Issued: Yes No Effective Date: _____ Anticipated Cancellation Date: _____

Protective Measures in EFFECT:

Shelter-in-Place: Yes No Coverage Area(s): _____ # Persons Impacted: _____

Evacuation ALERTs: Yes No Coverage Area(s): _____ # Persons Alerted: _____

Evacuation ORDERS: Yes No Coverage Area(s): _____ # Persons Evacuated: _____

Reception Centre(s)/Group Lodging Facilities ACTIVATED: Yes No

#	Facility Name	Address	Capacity	Total Registered	Comments (Hours of Operations)
1					
2					
3					

Major Impacts to NYIT Personnel

People Impacts:	Under Alert	Evacuated	Homeless	Injured	Fatalities	Missing
<input type="checkbox"/> None						
Confirmed						
Unconfirmed (In addition to confirmed)						

Details/ Comments: _____

Public Information and Media Issues

Other Comments

Attachments: _____



Employer's Report of Injury or Occupational Disease

As an employer, the *Workers Compensation Act* requires you to submit this report **within three days** of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Please report using one of the following options:

- 1. Online – The quickest and easiest option:** The online screen application customizes questions to the worker's injury. You can save your report and update it later with new information. Once submitted, you can follow the status of the claim online. Go to worksafebc.com and select "Report injury or illness."
- 2. Fillable PDF form:** Type in your details online, print the form, and submit it by **fax** or **mail**. Go to worksafebc.com and select "Report injury or illness."
- 3. Paper form:** Clearly **print** details, sign the form, and submit it by **fax** or **mail**.

Fax: 604.233.9777 in Greater Vancouver or **toll-free** within BC at 1.888.922.8807

Mail: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

Employer information

Employer's name (as registered with WorkSafeBC)		WorkSafeBC claim number (if known)	
WorkSafeBC account number		Type of business	
Classification unit number		Operating location number	
Employer address line 1 (mailing)		Employer contact last name	
Employer address line 2 (mailing)		First name	
City		Employer contact telephone (and area code)	
Province/state		Extension	
Country (if not Canada)		Employer contact fax (and area code)	
Postal code/zip		Employer payroll contact last name	
		First name	
		Employer payroll contact telephone (and area code)	
		Extension	
		Employer payroll contact fax (and area code)	

Worker information

Worker last name		First name		Middle initial		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth (yyyy-mm-dd)		Home phone number (include area code)		Social insurance number			
Address line 1				Address line 2			
City		Province/state		Country (if not Canada)		Postal code/zip	

1. What is the worker's occupation?		2. Has the worker been employed by this firm for less than 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. If yes, start date (yyyy-mm-dd)	
4. At the time of injury, was the worker (check all that apply)					
<input type="checkbox"/> Permanent		<input type="checkbox"/> Apprentice		<input type="checkbox"/> Self-employed	
<input type="checkbox"/> Temporary		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Casual	
<input type="checkbox"/> Full time		<input type="checkbox"/> Student		<input type="checkbox"/> Principal/partner or relative of employer	
<input type="checkbox"/> Part time		<input type="checkbox"/> New entrant to workforce		<input type="checkbox"/> Fisher	
				<input type="checkbox"/> Other (specify)	
				<input type="checkbox"/> Hired on a contract basis	

Incident information

5. Date of incident (yyyy-mm-dd)		Time of incident (hh:mm) <input type="checkbox"/> am <input type="checkbox"/> pm OR		6. Period of exposure resulting in occupational disease (yyyy-mm-dd) From To	
7. Did worker report injury or exposure to employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. The injury or disease was first reported to employer on (yyyy-mm-dd)		(please check one) To: <input type="checkbox"/> First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> Other (specify)	
9. Name of person reported to					
10. Describe how the incident happened			11. Describe the injury in detail (what part of the body was injured)		
			12. Side of body injured <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable		
13. Describe the work incident location (address, city, province) and where incident occurred (e.g. shop floor, lunchroom, parking lot)					
14. Did the injury(ies) or exposure result from a specific incident? <input type="checkbox"/> Yes <input type="checkbox"/> No					





Employer's Report of Injury or Occupational Disease

If faxing form, please complete this section and fax both sides of page. Missing pages may result in delays in processing.

Worker last name	First name	Middle initial	WorkSafeBC claim number (if known)
Social insurance number	Personal health number (CareCard)	Date of incident (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)

15. Contributing factors — select **at least one**, and as many as applicable

<input type="checkbox"/> Lifting	<input type="checkbox"/> lb	<input type="checkbox"/> kg	<input type="checkbox"/> Struck	<input type="checkbox"/> Assault
<input type="checkbox"/> Overexertion			<input type="checkbox"/> Crush	<input type="checkbox"/> Motor vehicle accident
<input type="checkbox"/> Repetitive (activity repeated over and over again)			<input type="checkbox"/> Sharp edge	<input type="checkbox"/> Unsure/other (please explain below)
<input type="checkbox"/> Slip or trip			<input type="checkbox"/> Fire or explosion	
<input type="checkbox"/> Twist			<input type="checkbox"/> Harmful substances in the work environment	
<input type="checkbox"/> Fall			<input type="checkbox"/> Animal bite	

16. Were there any witnesses?
 Yes No

17. Did the incident occur in British Columbia?
 Yes No

18. Were the worker's actions at time of injury for the purpose of your business?
 Yes No

19. Did the incident occur on employer's premises or an authorized worksite?
 Yes No

20. Did the incident happen during the worker's normal shift?
 Yes No

21. Was the worker performing their regular duties at the time of the incident?
 Yes No

22. Did the worker receive first aid?
 Yes No Date (yyyy-mm-dd) ▶

If yes, please provide first aid attendant name (if known)

23. Did the worker go to hospital, clinic, or visit a physician or qualified practitioner?
 Yes No Date (yyyy-mm-dd) ▶

If yes, please provide provider name (if known)

If yes, please provide provider address (if known)

24. Are you aware of any recent pain or disability in the area of the worker's reported injury?
 Yes No

25. Do you have any objections to the claim being allowed?
 Yes No ▶

If yes, please explain

Wage information

26. Did the worker miss any time from work beyond the date of injury or exposure?
 Yes No

If no work was missed and no change to duties/pay, proceed to bottom of page to sign, date, and submit this report.
If work was missed or if duties/pay have been modified, please answer all questions on this form.

27. Provide the **base salary** amount for this employment position at the time of injury
\$ _____ Hourly Daily Weekly Monthly Yearly

28. Does worker receive other amounts of compensation in addition to **base salary**?
Does worker receive vacation pay on every cheque? Yes No
If yes, vacation pay _____%

29. If worker is disabled from work, will you continue to pay:
Base salary? Yes No
Other amounts of compensation in addition to base salary? Yes No
Will worker receive vacation pay on every cheque? Yes No
If yes, vacation pay _____%

Please select check boxes for any of the following amounts worker receives in addition to **base salary** AND provide the amount for each:

<input type="checkbox"/> Tips and gratuities \$ _____	<input type="checkbox"/> Room and board \$ _____
<input type="checkbox"/> Shift differential \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Overtime \$ _____	

Please select check boxes for any of the following amounts worker will continue to receive in addition to **base salary** AND provide the amount for each:

<input type="checkbox"/> Tips and gratuities \$ _____	<input type="checkbox"/> Room and board \$ _____
<input type="checkbox"/> Shift differential \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Overtime \$ _____	

30. Provide the amount of **gross earnings** for the past 3 months or 12 weeks prior to the date of injury or exposure
\$ _____ 3 months 12 weeks

31. Does the worker have a fixed-shift rotation? Yes No

32. If no, please explain

33. If yes, show the normal work week by entering the paid hours

Sun	Mon	Tues	Wed	Thu	Fri	Sat

34. Did the worker continue to work past day of injury?
 Yes No

35. Last day worked (yyyy-mm-dd)

36. Number of hours scheduled to work on last day worked

37. Number of hours worked on last day

38. Number of hours paid by employer on last day worked





Employer's Report of Injury or Occupational Disease

If faxing form, please complete this section and fax both sides of page. Missing pages may result in delays in processing.

Worker last name	First name	Middle initial	WorkSafeBC claim number (if known)
Social insurance number	Personal health number (CareCard)	Date of incident (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)

Return-to-work information

39. Has the worker returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. If Yes : Date (yyyy-mm-dd) Since the return to work, have the worker's duties, hours of work, work schedule, and/or rate of pay changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. If No : Do you have any modified or transitional duties available? <input type="checkbox"/> Yes <input type="checkbox"/> No Have the modified or transitional duties been offered to the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. If yes, please describe modified or transitional duties

Signature and report date

43. Employer signature	44. Employer title	45. Date of report (yyyy-mm-dd)
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For assistance, please call our Claims Call Centre at 604.231.8888 or toll-free within Canada at 1.888.967.5377, M-F, 8:00 a.m. to 6:00 p.m.

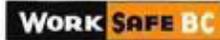
Please note: If you have concerns with this claim, please contact the officer handling the claim at the WorkSafeBC office to make known your objections or you may submit a letter detailing your specific concerns. **Impartial advice on WorkSafeBC claims** — To ensure you have an opportunity to obtain impartial advice on WorkSafeBC claims matters, the BC legislature has provided impartial advisers. **Employers' Advisers** are available to provide independent advice or clarification on a WorkSafeBC claim related to your firm. For additional information on the Employers' Advisers, please refer to their website at www.labour.gov.bc.ca/eao/.

Lower Mainland
604.713.0303 (Richmond)
Toll-free within Canada 1.800.925.2233

Abbotsford, Kamloops, Kelowna, Nanaimo, Trail, Prince George, Victoria
Toll-free within Canada 1.800.925.2233

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.





Worker's Report of Injury or Occupational Disease to Employer

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 53(3) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known) X		Customer care number (if known) X	
Worker's last name		First name	Middle initial
Date of birth (yyyy-mm-dd)	Personal health number (BC Services/CareCard)	Social insurance number	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Home phone number (include area code)		Business phone number (include area code)	Business extension
Occupation			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Employer's information

Employer's organization name			
Type of business (if known)		Operating location (if known)	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Employer's contact name		Employer's phone number (include area code)	Extension

Incident information

1. Date and time of incident (yyyy-mm-dd) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	OR	2. Period of exposure resulting in occupational disease (yyyy-mm-dd) From _____ To _____
3. Date and time my injury or disease was first reported to my employer (yyyy-mm-dd) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	My injury or disease was first reported to (please check one) <input type="checkbox"/> First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> Other (specify)	



Worker's Report of Injury or Occupational Disease to Employer

Worker's last name	First name	Middle initial	WorkSafeBC claim number X
Social insurance number		Personal health number (BC Services card/CareCard)	

Incident information (continued)

4. Name of person reported to		
5. Did you receive first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	6. Date of first aid (yyyy-mm-dd)	7. Name of first aid attendant X
8. Did you go to the hospital, a medical clinic, or see a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	9. If yes, name of physician or provider (if known) X	
10. Address of physician or provider (if known)		
11. Are you aware of any recent pain or disability in the area of your reported injury? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	If yes, please explain	
12. Was protective equipment being used? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. The supervisor in charge at the time of my injury was		
15. Describe how the incident happened		
16. Describe the injury in detail (what part of the body was injured)		
17. Side of body injured <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable		



Worker's Report of Injury or Occupational Disease to Employer

Worker's last name	First name	Middle initial	WorkSafeBC claim number X
Social insurance number		Personal health number (BC Services card/CareCard)	

Incident information (continued)

18. Describe the work incident location (address, city, province) and where incident occurred (e.g., shop floor, lunchroom, parking lot)

19. Contributing factors — select **at least one**, and as many as applicable

<input type="checkbox"/> Lifting _____	<input type="checkbox"/> lb	<input type="checkbox"/> kg	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Overexertion	<input type="checkbox"/> Struck	<input type="checkbox"/> Assault	<input type="checkbox"/> Motor vehicle accident
<input type="checkbox"/> Repetitive (activity repeated over and over again)	<input type="checkbox"/> Crush	<input type="checkbox"/> Sharp edge	<input type="checkbox"/> Unsure/other (please explain below)
<input type="checkbox"/> Slip or trip	<input type="checkbox"/> Fire or explosion	<input type="checkbox"/> Harmful substance in the work environment	
<input type="checkbox"/> Twist			
<input type="checkbox"/> Fall			

20. Did you or will you miss any time from work beyond the date of injury or exposure?
 Yes No

Signature and report date

21. Worker's signature	22. Date of report (yyyy-mm-dd)
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Additional information

The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office (WAO) provides free advice and assistance to workers and their dependants on disagreements they may have with WorkSafeBC decisions. WAO operates independently of WorkSafeBC. They have offices throughout the province and can be contacted at <http://gov.bc.ca/workersadvisers> or by telephone: Lower Mainland 604.713.0360, toll-free 1.800.663.4261; Vancouver Island 250.952.4393, toll-free 1.800.661.4066; Interior 250.717.2096, toll-free 1.800.663.6695.

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**EMPLOYER'S STATEMENT
OF RETURN TO WORK**

Please answer all questions. If completing by hand, use **INK**

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M-F, 8:00 a.m. to 4:30 p.m.

FAX
604 233-9777
Toll-free 1 888 922-8807

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC claim number

Worker information

Title <i>Mr.</i> <input type="checkbox"/> <i>Mrs.</i> <input type="checkbox"/> <i>Dr.</i> <input type="checkbox"/>		Worker last name		First name		Middle initial	
Address line 1				Preferred first name			
Address line 2				Phone number <i>(please include area code)</i>			
City		Postal code/zip		E-mail address			
Date of birth <i>(yyyy-mm-dd)</i>		Personal health number <i>(BC care card)</i>			Social insurance number		

Employer information

Employer name <i>(as registered with WorkSafeBC)</i>			Phone number <i>(please include area code)</i>		
Address line 1		City	Province/state	Postal code/zip	

Details of injury

Worker's occupation		Date of injury <i>(yyyy-mm-dd)</i>		Location of plant or project where injury occurred		Postal code/zip	
1. Date worker was first laid off work <i>(yyyy-mm-dd)</i>		Time <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i> <input type="checkbox"/>		2. Has worker returned to work? <i>If yes, what date? (yyyy-mm-dd)</i>		Time <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i> <input type="checkbox"/>	
3. Did this employee work between first time off and final return or recovery? <i>yes</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/>				If yes, please give dates. <i>(yyyy-mm-dd)</i> <i>from</i> _____ <i>to</i> _____			
4. Did worker return to work as soon as possible? <i>(please give your opinion)</i>							
OR							
4A. If not returned to work, is the worker able to do so? <i>(please give your opinion)</i>							
5. On what date do you consider the worker was first able to return to work? <i>(yyyy-mm-dd)</i>						Time <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i> <input type="checkbox"/>	
6. How many working days or shifts did the worker miss? <i>days</i> <input type="checkbox"/> <i>shifts</i> <input type="checkbox"/>			7. Is the worker earning or able to earn as much as before the injury? <i>yes</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/>			Now earning <i>(\$ per week)</i>	
8. If not, how much has the injury reduced the earnings? <i>(\$ per week)</i>				9. How long is this impairment of earning capacity likely to continue?			
10. Have you paid or allowed the worker anything for the period of disability? If so, please give particulars.							
Total amount (\$)							
11. If there are any peculiar circumstances or condition about this case, please state them.							
Employer's signature				Title		Date <i>(yyyy-mm-dd)</i>	



**EMPLOYER'S STATEMENT
OF RETURN TO WORK**
(continued)

Worker last name	First name	Middle initial	WorkSafeBC claim number
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Additional information

For additional information on WorkSafeBC, please refer to our web site at WorkSafeBC.com.

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the Workers Compensation Act and the Freedom of Information and Protection of Privacy Act. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604-279-8171.