Emergency Response Manual
Vancouver Campus
May 2022

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Introduction
The New York Institute of Technology (NYIT) Vancouver Campus is situated at 701 West Georgia Street, Vancouver and At Broadway Tech Centre (BTC) located at 2985/2955 Virtual Way. The Georgia Street building is owned by Cadillac Fairview and the areas of Security and Facilities come under their jurisdiction. The BTC building is owned by QuadReal and areas of security and facility come under their jurisdiction for this location. NYIT will report to Cadillac Fairview or QuadReal on any emergencies that affect NYIT and the building. NYIT will also report any emergencies not affecting Cadillac Fairview/QuadReal will be reported to the New York Campus.

Coordination with Provincial Agencies
Throughout the response phase contact must be maintained with the following provincial agencies:
- Ministry of Advanced Education
- Ministry of Finance
- Emergency Management British Columbia (EMBC)

Security, Facilities and Hazardous Materials
Cadillac Fairview/QuadReal will take the lead in these areas.

Response Procedures:
The response procedures outlined below are consistent with Cadillac Fairview’s and QuadReal’s procedures.

Responsibilities
- Call 911 first, plus Cadillac Fairview Security (Downtown) at 604-669-3241 or Call 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 Cadillac Fairview First Aid personnel and/or 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)

Cadillac Fairview Security (Downtown) or QuadReal 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

NYIT Incident Commander will:

• Establish Incident Command
• Notify Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) immediately and local emergency responders as necessary
• Establish unified command with Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) if applicable
• Assess the situation and determine appropriate actions in conjunction with Cadillac Fairview or QuadReal
• Prepare incident report
• Provide incident report to the New York Campus
• Notify:
  o Communication & Marketing
  o Provost
  o General Counsel
  o Risk Management
• Conduct debriefing sessions with NYIT staff and Cadillac Fairview Security (Downtown) or QuadReal Security (BTC)
• 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 have to leave

Fire Wardens

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

- The Director of Student Affairs, backed up by Business Administration Manager, will take the lead on this for students
- The Executive Director, backed up by Business Administration Manager 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 Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) through Business Administration Manager
- Alert NYIT community via Canvas or email of the impending or present weather-related incident or natural disaster
- Advise NYIT community of campus closure or emergency protocols if a natural disaster has occurred
- Inform NYIT 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 NYIT 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
- Be unconscious

**Universal Precautions:** Universal precautions is a method of infection control in which all human blood and certain human fluids are treated as if known to be infectious for any blood-borne pathogens. Exposure occurs through contact with mucous membranes (i.e. eyes, nose and mouth) or broken, cut or abraded skin with contaminated blood.

Bias/Hate Crime

According to the Criminal Code of Canada, Section 319: Public incitement of hatred, 319. (1) 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  

(a) an indictable offence and is liable to imprisonment for a term not exceeding two years; or  

(b) an offence punishable on summary conviction.  

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

Bomb Threat

Anyone may be the recipient of a bomb threat via telephone. The caller needs to 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 generally two types of bomb threats:

- **General threat** – This type of caller generally will only indicate there is a bomb but will not provide any other information.
- **Specific threat** – This type of caller generally 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 in the office tower. Individuals seeking to exercise their right to assemble can do so on city sidewalks outside the building lobby.

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, etc.

Guidelines

- Contact Cadillac Fairview Security (Downtown) or QuadReal Security (BTC)
- Work with NYIT Incident Commander
- Perform an evaluation

Criminal Sexual Assault

Criminal Code of Canada, Section 265 covers sexual assault. Criminal Sexual Assault involves non-consensual sexual penetration or touching of a person’s intimate parts.

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 an individual is unconscious due to alcohol and/or other drug consumption, they cannot give consent to any sexual act.

- If NYIT has a student under age, then they must have a separate plan in place for any incident.

Primary Response Team:
- Call 911, Cadillac Fairview security or QuadReal 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 NYIT 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

7.11. HARASSMENT

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 on the NYIT Campus. 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: a. Has the purpose or effect of creating an intimidating, hostile or offensive working or school environment; or 48 b. 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 c. Otherwise adversely affects an individual's employment or a student's opportunities in curricular, extracurricular, and non-academic activities. NYIT strongly supports academic freedom and does not intend this policy to prevent or limit discussion of ideas, taboos, behavior or language as an essential element of course content, even if opinions and ideas expressed cause some discomfort. Every member of the NYIT 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 Assistant Deans have a particular responsibility to promote work, living, and study environments free of verbal and physical harassment. Complaints of harassment by an NYIT employee should be directed to the Office of Human Resources, which is authorized to convene the Harassment Grievance Committee. Complaints of harassment by an NYIT student should be directed to the Director of Student Affairs, who has the authority to commence student disciplinary proceedings. The complete harassment policy is available at the Office of the Director of Student Affairs (Policies and Procedures Manual D-2.9).

Explosion

Explosions are classified as internal (in the 701 West Georgia Street building or 2985 Virtual Way Building or 2955 Virtual Way Building) or external (outside the building). 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 disabled individuals 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**
- During normal business hours call VP, IT & CIO at 516-686-7744. Failing this call the Chief of Staff at O:516-686-7474 | C:845-216-8698.
- Outside of normal business hours the above numbers.
- Cadillac Fairview and QuadReal must be involved for information purposes.

**IT & CIO**
- Upon receiving notification assess the situation and diagnose the problem.
- If 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 behavior 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. NYIT must complete WorkSafeBC forms. NOTE: Cadillac Fairview or QuadReal responds to any medical emergency under the Good Samaritan Act.

**Missing Student**

A student shall be deemed missing when he or she is absent from the University for more than 24hours without any known reasons or when anyone reports that there is a concern for the well-being 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 University 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 Cadillac Fairview Security (Downtown) or QuadReal 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. Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) should be informed.
- 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 Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) and 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. Cadillac Fairview and/or QuadReal should be informed.
- Student, faculty and staff notification should be based on consultation with the local health department and Cadillac Fairview and QuadReal.
- For COVID-19 cases, please refer the Emergency Response document created for Vancouver Campus.

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 behaviors may be present:

- Paranoia
- Hysteria
- Confusion
- Agitation
- Anxiety
- Uncontrolled Anger
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.
- Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) will make recommendations with respect to emergency closing. Notify NY Director of Security
- Before making an independent decision to close the campus NYIT will contact Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) for their assessment of the decision.
- NYIT will notify the NY Director of Security with respect to the emergency closing
- During the day the decision must be made 2 hours prior to 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 Cadillac Fairview or QuadReal on any and 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 a 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 items should:

- Immediately call Cadillac Fairview Security (Downtown) or QuadReal 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). Terroristic 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
Utility Outage

In case of a power failure, the emergency lights will operate, but there will be limited elevator service. Cadillac Fairview Security (Downtown) or QuadReal Security (BTC) & Operations personnel will investigate and determine 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 Executive Director or his designee in consultation with Cadillac Fairview or QuadReal.

- Inform New York
- Inform Cadillac Fairview Security (Downtown) or QuadReal Security (BTC)
- Inform affected NYIT 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 web site
- Classes are suspended for that period and then made up by the instructor in consultation with their students
- Evacuate the building
- Secure the 17th floor rooms and suites at 2985(#150) and 2955(#450) Virtual Way
- Affix temporary signage to the 17th floor, ground floor and/or fourth floor regarding closure
- Contact Cadillac Fairview to program the elevators not to stop on the 17th floor and close the doors and QuadReal 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 Canada West.
- Inform all students, faculty, and staff affected using all available communication tools and media, including the web site
- Instructor will reschedule missed classes in consultation with their students
- Evacuate the building
- Secure the 17th floor rooms and suites at 2985(#150) and 2955(#450) Virtual Way
- Affix temporary signage to the 17th floor regarding closure and suites at 2985(#150) and 2955(#450) Virtual Way
- Contact Cadillac Fairview to program the elevators not to stop on the 17th floor and close the doors; and/or QuadReal to deny access to the suites at Virtual Way
- 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 web site
- Evacuate the campus
- Secure the 17th floor rooms and suites at 2985(#150) and 2955(#450) Virtual Way
- Affix temporary signage to the 17th floor regarding closure as well as suites at 2985(#150) and 2955(#450) Virtual Way if needed
- Contact Cadillac Fairview to program the elevators not to stop on the 17th floor and close the doors and QuadReal to deny access to suites at 2985(#150) 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 17th floor has assigned Fire Wardens who are trained in evacuation procedures. The Fire Wardens are responsible for supervising the evacuation of the 17th floor and for coordinating the dissemination of emergency information to Cadillac Fairview security for the coordination of evacuation.

The ground floor at 2985 Virtual way (#150) and fourth floor suite at 2955 Virtual Way (#450) has 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 pull 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 17th floor has Fire Wardens trained in shelter-in-place and lockdown procedures
Appendix A – Emergency Call Tree
Contact Information for Business and Non-Business Hours

During non-business hours, if the decision is made to close or delay opening of campuses or take other actions in case of an emergency, the following Call Tree comes into effect:

<table>
<thead>
<tr>
<th>Name of Caller</th>
<th>Will Contact:</th>
<th>Business Phone Number</th>
<th>Residential or Cellular Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irene Young</td>
<td>Cadillac Fairview</td>
<td>778-783-5905</td>
<td>604-626-2900</td>
</tr>
<tr>
<td></td>
<td>QuadReal</td>
<td>604-834-0246</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sharon Raj</td>
<td>778-783-5923</td>
<td>778-871-0777</td>
</tr>
<tr>
<td></td>
<td>Ben Thapa</td>
<td>604-639-0942</td>
<td>604-753-9425</td>
</tr>
<tr>
<td></td>
<td>COS: Peter Kinney</td>
<td>O:516-686-7474</td>
<td>C:845-216-8698</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:pkinney@nyit.edu">pkinney@nyit.edu</a></td>
<td></td>
</tr>
<tr>
<td>Sharon Raj</td>
<td>Shannon Svingen Jones</td>
<td>778-783-5910</td>
<td>778-994-2300</td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ben Thapa</td>
<td>Tomoko Mikuriya</td>
<td>778-783-5932</td>
<td>604-626-2242</td>
</tr>
<tr>
<td>Pak Kei Tse (Kelvin)</td>
<td>New York</td>
<td>778-783-5917</td>
<td>778-513-9239</td>
</tr>
<tr>
<td>Tomoko Mikuriya</td>
<td>Tokunbo Makanju</td>
<td>778-783-5928</td>
<td>604-626-2242</td>
</tr>
<tr>
<td>Sinan Caykoylu</td>
<td>778-783-5909</td>
<td>604-723-0669</td>
<td></td>
</tr>
<tr>
<td>Remi Charron</td>
<td>778-783-5921</td>
<td>778-231-7888</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gregory Gerber</td>
<td>778-783-5964</td>
<td>604-306-1945</td>
</tr>
<tr>
<td>Adetokunbo Makanju</td>
<td>MS CS Asst Dean</td>
<td>778-783-5928</td>
<td>902-789-9525</td>
</tr>
<tr>
<td>Sinan Caykooylu</td>
<td>MBA Asst Dean</td>
<td>778-783-5909</td>
<td>604-723-0669</td>
</tr>
<tr>
<td>Remi Charron</td>
<td>MS EM Asst Dean</td>
<td>778-783-5921</td>
<td>778-231-7888</td>
</tr>
<tr>
<td>Gregory Gerber</td>
<td>MS IT Asst Dean</td>
<td>778-783-5964</td>
<td>604-306-1945</td>
</tr>
</tbody>
</table>
Appendix B–Supplier/Other Contact List

Cadillac Fairview
Pacific Centre, 609 Granville St #910, Vancouver, BC V7Y 1G5
604-688-7236

QuadReal
Suite 260 – 2985 Virtual Way, Vancouver, BC V5M 4X7
1-877-977-2262

IT
Service Central
servicecentral@nyit.edu
516-686-1400

Empower Me by Student Care
www.studentcare.ca/nyit/
1-833-628-5589

Water
WA-2! Water Company Ltd.
PO Box 2308 Station Main
Vancouver, BC V6B3W5
604-689-4009

Office Supplies
Hamster Canada
https://www.eway.ca/
1-877-272-2121

Catering
Food.ee
https://www.food.ee/
1 844-836-6333
Appendix C - Acronyms

Campus IMC  Campus Incident Management Coordinator
CIMP       Campus Incident Management Plan
EMBC       Emergency Management British Columbia
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
IT         Information Technology
MRSA       Methicillin-Resistant Staphylococcus Aureus
SARS       Severe acute respiratory syndrome
VPD        Vancouver Police Department
COVID-19   Novel Corona Virus-19
Appendix D – 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.

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:

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Not Sure</th>
<th>Estimated age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accent</td>
<td>English</td>
<td>French</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td>Loud</td>
<td>Soft</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td>Fast</td>
<td>Slow</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Diction</td>
<td>Good</td>
<td>Nasal</td>
<td>Lisp</td>
<td>Other</td>
</tr>
<tr>
<td>Manner</td>
<td>Emotional</td>
<td>Calm</td>
<td>Vulgar</td>
<td>Other</td>
</tr>
</tbody>
</table>

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:**

**Reported by:**

- **Name:**
- **Dept/Agency:**
- **Contact Number:**

## Critical Information

<table>
<thead>
<tr>
<th>Incident Type:</th>
<th>Location/ Site Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Name:</td>
<td></td>
</tr>
<tr>
<td>Incident Prognosis:</td>
<td>□ Worsening □ Improving □ Stable □ Unknown</td>
</tr>
<tr>
<td>Lead Agency:</td>
<td></td>
</tr>
<tr>
<td>Related Event:</td>
<td></td>
</tr>
</tbody>
</table>

**Incident Status:**

- □ Major Assistance Required
- □ Assistance Required
- □ Under Control
- □ Resolved
- □ Unknown
- □ Closed

**Severity:**

- □ Major □ Unknown
- □ Moderate □ Minor

**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

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatalities</td>
<td>Building Damage</td>
</tr>
<tr>
<td>Injuries</td>
<td>Utilities Damage</td>
</tr>
<tr>
<td>Evacuees</td>
<td>Road Damage</td>
</tr>
</tbody>
</table>

**Heavy** □ □ □ □ □

**Moderate** □ □ □ □ □

**Light** □ □ □ □ □

**None** □ □ □ □ □

## 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

<table>
<thead>
<tr>
<th>NYIT Campus</th>
<th>City, Province:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Report:</td>
<td>Time of Report:</td>
</tr>
<tr>
<td>Report Number:</td>
<td></td>
</tr>
</tbody>
</table>

## Primary Contact Information

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

## Site-Support Facility

<table>
<thead>
<tr>
<th>EOC/ICP Activated:</th>
<th>Activation Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐</td>
<td></td>
</tr>
<tr>
<td>Hours of Operation:</td>
<td></td>
</tr>
</tbody>
</table>

## General Incident/Event Information

<table>
<thead>
<tr>
<th>Event Name:</th>
<th>Tracking No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Status:</td>
<td>Incident Prognosis:</td>
</tr>
<tr>
<td>☐ Major Assistance Required</td>
<td>☐ Worsening</td>
</tr>
<tr>
<td>☐ Assistance Required</td>
<td>☐ Stable</td>
</tr>
<tr>
<td>☐ Under Control</td>
<td>☐ Improving</td>
</tr>
<tr>
<td>☐ Resolved</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>☐ Unknown</td>
<td>☐ Major</td>
</tr>
<tr>
<td>☐ Closed</td>
<td>☐ Moderate</td>
</tr>
</tbody>
</table>

## Initial Situation Summary

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

<table>
<thead>
<tr>
<th>current Objectives /Priorities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Objectives /Priorities:</td>
</tr>
<tr>
<td>concerns/Problems:</td>
</tr>
</tbody>
</table>

## Prepared by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Function/Title</th>
<th>Date &amp; Time</th>
</tr>
</thead>
</table>

## Approved by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Function/Title</th>
<th>Date &amp; Time</th>
</tr>
</thead>
</table>

## 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 □

<table>
<thead>
<tr>
<th>#</th>
<th>Facility Name</th>
<th>Address</th>
<th>Capacity</th>
<th>Total Registered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Major Impacts to NYIT Personnel

People Impacts: □ None

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Under Alert</th>
<th>Evacuated</th>
<th>Homeless</th>
<th>Injured</th>
<th>Fatalities</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconfirmed (In addition to confirmed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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](http://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](http://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](tel:604.233.9777) in Greater Vancouver or [toll-free within BC at 1.888.922.8887](tel:1.888.922.8887)
   - **Mail**: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

<table>
<thead>
<tr>
<th>Employer information</th>
<th>WorkSafeBC claim number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer's name (as registered with WorkSafeBC)</td>
<td></td>
</tr>
<tr>
<td>WorkSafeBC account number</td>
<td>Type of business</td>
</tr>
<tr>
<td>Classification unit number</td>
<td>Operating location number</td>
</tr>
<tr>
<td>Employer address line 1 ( mailing)</td>
<td>Employer contact last name</td>
</tr>
<tr>
<td>Employer contact last name</td>
<td>First name</td>
</tr>
<tr>
<td>Employer address line 2 ( mailing)</td>
<td>Employer contact telephone (and area code)</td>
</tr>
<tr>
<td>Employer contact telephone (and area code)</td>
<td>Extension</td>
</tr>
<tr>
<td>Employer contact fax (and area code)</td>
<td>Extender</td>
</tr>
<tr>
<td>Employer contact fax (and area code)</td>
<td>Employ contact fax (and area code)</td>
</tr>
<tr>
<td>City</td>
<td>Province/state</td>
</tr>
<tr>
<td>Province/state</td>
<td>Employer payroll contact last name</td>
</tr>
<tr>
<td>Employer payroll contact last name</td>
<td>First name</td>
</tr>
<tr>
<td>Employer payroll contact telephone (and area code)</td>
<td>Extension</td>
</tr>
<tr>
<td>Employer payroll contact telephone (and area code)</td>
<td>Employer payroll contact fax (and area code)</td>
</tr>
<tr>
<td>Employer payroll contact fax (and area code)</td>
<td></td>
</tr>
</tbody>
</table>

### Employer information

- **Worker's last name**
- **First name**
- **Middle initial**
- **Gender**
  - [M]
  - [F]

<table>
<thead>
<tr>
<th>Date of birth (yyyy-mm-dd)</th>
<th>Home phone number (include area code)</th>
<th>Social insurance number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address line 1</td>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Province/state</td>
<td>Country (if not Canada)</td>
</tr>
<tr>
<td>Postal code/zip</td>
<td>Employer payroll contact last name</td>
<td></td>
</tr>
<tr>
<td>Employer payroll contact last name</td>
<td>First name</td>
<td></td>
</tr>
<tr>
<td>Employer payroll contact telephone (and area code)</td>
<td>Extension</td>
<td></td>
</tr>
<tr>
<td>Employer payroll contact telephone (and area code)</td>
<td>Employer payroll contact fax (and area code)</td>
<td></td>
</tr>
</tbody>
</table>

1. **What is the worker's occupation?**
2. **Has the worker been employed by this firm for less than 12 months?**
   - [Yes]
   - [No]
3. **If yes, start date (yyyy-mm-dd)**

4. **At the time of injury, was the worker**
   - [ ] Permanent
   - [ ] Apprentice
   - [ ] Self-employed
   - [ ] Casual
   - [ ] Temporary
   - [ ] Volunteer
   - [ ] Principal/Partner or relative of employer
   - [ ] Other (specify)
   - [ ] Full time
   - [ ] Student
   - [ ] Fisher
   - [ ] Part time
   - [ ] New entrant to workforce
   - [ ] Hired on a contract basis

### Incident information

5. **Date of incident (yyyy-mm-dd)**
6. **Time of incident (hh:mm)**
   - [Am]
   - [Pm]
   - [0R]
7. **Did worker report injury or exposure to employer?**
   - [Yes]
   - [No]
8. **The injury or disease was first reported to employer on (yyyy-mm-dd)**
9. **Name of person reported to**
   - [ ] First aid
   - [ ] Supervisor
   - [ ] Office
   - [ ] Other (specify)
10. **Describe how the incident happened**
11. **Describe the injury in detail**
    - [ ] (What part of the body was injured)
12. **Side of body injured**
    - [ ] Left
    - [ ] Right
    - [ ] Both
    - [ ] 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?**
   - [Yes]
   - [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.

<table>
<thead>
<tr>
<th>Worker last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>WorkSafeBC claim number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social insurance number</td>
<td>Personal health number (CareCard)</td>
<td>Date of incident (yyyy-mm-dd)</td>
<td>Date of birth (yyyy-mm-dd)</td>
</tr>
</tbody>
</table>

15. Contributing factors — select **at least one**, and as many as applicable
   - Lifting
   - lb
   - kg
   - Struck
   - Crush
   - Repetitive activity (repeated over and over again)
   - Sharp edge
   - Slip or trip
   - Twist
   - Fall
   - Harmful substances in the work environment
   - Assault
   - Motor vehicle accident
   - Unsure/other (please explain below)
   - 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)

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

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

**Wage information**

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

27. Provide the base salary amount for this employment position at the time of injury $ weekly $ monthly $ yearly

28. Does worker receive other amounts of compensation in addition to base salary?
   - Yes
   - No

Please select check boxes for any of the following amounts worker receives in addition to base salary AND provide the amount for each:
- Tips and gratuities $ __________
- Room and board $ __________
- Shift differential __________
- Overtime __________

29. If worker is disabled from work, will you continue to pay:
   - Base salary?
   - Other amounts of compensation in addition to base salary?
   - Will worker receive vacation pay on every cheque?

30. Please select check boxes for any of the following amounts worker continues to receive in addition to base salary AND provide the amount for each:
- Tips and gratuities $ __________
- Room and board $ __________
- Shift differential __________
- Overtime __________

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

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Worker's last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>WorkSafeBC claim number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social insurance number</td>
<td>Personal health number (canada)</td>
<td>Date of incident (yyyy-mm-dd)</td>
<td>Date of birth (yyyy-mm-dd)</td>
</tr>
</tbody>
</table>

Return-to-work information

35. Has the worker returned to work?
   - Yes  - 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?
   - Yes  - No

41. If No: Do you have any modified or transitional duties available?
   - Yes  - No
   Have the modified or transitional duties been offered to the worker?
   - Yes  - 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)

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/easf/.

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

Abbotsford, Kamloops, Kelowna, Nelson, 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 Co-ordinator at PO Box 2316 Sutm 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 1.888.957.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

### Worker’s information

<table>
<thead>
<tr>
<th>WorkSafeBC claim number (if known)</th>
<th>Customer care number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Worker's last name</td>
<td>First name</td>
</tr>
<tr>
<td>Date of birth (yyyy-mm-dd)</td>
<td>Personal health number (BC Services/HealthCard)</td>
</tr>
<tr>
<td>Address line 1</td>
<td>Postal code/Zip</td>
</tr>
<tr>
<td>City</td>
<td>Country (if not Canada)</td>
</tr>
<tr>
<td>Home phone number (include area code)</td>
<td>Business phone number (include area code)</td>
</tr>
<tr>
<td>Occupation</td>
<td>Business extension</td>
</tr>
<tr>
<td>Gender</td>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

### Employer’s information

<table>
<thead>
<tr>
<th>Employer’s organization name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of business (if known)</td>
</tr>
<tr>
<td>Operating location (if known)</td>
</tr>
<tr>
<td>Address line 1</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Province/State</td>
</tr>
<tr>
<td>Country (if not Canada)</td>
</tr>
<tr>
<td>Postal code/Zip</td>
</tr>
<tr>
<td>Employer’s contact name</td>
</tr>
<tr>
<td>Employer’s phone number (include area code)</td>
</tr>
</tbody>
</table>

### Incident information

1. Date and time of incident (yyyy-mm-dd) OR 2. Period of exposure resulting in occupational disease (yyyy-mm-dd)

<table>
<thead>
<tr>
<th>a.m.</th>
<th>p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Date and time my injury or disease was first reported to my employer (yyyy-mm-dd)

<table>
<thead>
<tr>
<th>a.m.</th>
<th>p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My injury or disease was first reported to (please check one)

- First aid
- Supervisor
- Office
- Other (specify)
# Worker’s Report of Injury or Occupational Disease to Employer

<table>
<thead>
<tr>
<th>Worker’s last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>WorkSafeBC claim number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Social insurance number</td>
<td>Personal health number (BC Services Card/CareCard)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Incident Information (continued)

4. Name of person reported to

5. Did you receive first aid?
   - [ ] Yes
   - [ ] 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?
   - [ ] Yes
   - [ ] 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?
   - [ ] Yes
   - [ ] No
   - If yes, please explain

12. Was protective equipment being used?
   - [ ] Yes
   - [ ] No

13. Were there any witnesses?
   - [ ] Yes
   - [ ] 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
   - [ ] Left
   - [ ] Right
   - [ ] Both
   - [ ] Not applicable
### WorkSafe BC - Worker’s Report of Injury or Occupational Disease to Employer

<table>
<thead>
<tr>
<th>Worker’s last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>WorkSafeBC claim number</th>
<th>Social insurance number</th>
<th>Personal health number (BC Services Card/CanCard)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### 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

- [ ] Lifting _________ [ ] lb [ ] kg
- [ ] Overexertion
- [ ] Repetitive (activity repeated over and over again)
- [ ] Slip or trip
- [ ] Twist
- [ ] Fall
- [ ] Struck
- [ ] Crush
- [ ] Sharp edge
- [ ] Fire or explosion
- [ ] Animal bite
- [ ] Assault
- [ ] Motor vehicle accident
- [ ] Unsure/other (please explain below)
- [ ] Harmful substance in the work environment

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)

### 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](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.

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 Sun Terminal, Vancouver BC, V6B 3W9, or call 604.279.8171.
### Worker Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr.</th>
<th>Mrs.</th>
<th>Dr.</th>
<th>Worker last name</th>
<th>First name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address line 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Postal code/zip</td>
<td>E-mail address</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Date of birth (yyyy-mm-dd)</td>
<td></td>
<td>Personal health number (BC care card)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Social insurance number</td>
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</tr>
</tbody>
</table>

### Employer Information

<table>
<thead>
<tr>
<th>Employer name (as registered with WorkSafeBC)</th>
<th>Phone number (please include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address line 1</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Province/state</td>
</tr>
</tbody>
</table>

### Details of Injury

<table>
<thead>
<tr>
<th>Worker's occupation</th>
<th>Date of Injury (yyyy-mm-dd)</th>
<th>Location of plant or project where injury occurred</th>
<th>Postal code/zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date worker was first laid off work (yyyy-mm-dd)</td>
<td>Time a.m.</td>
<td>2. Has worker returned to work? (if yes, what date? (yyyy-mm-dd))</td>
<td>Time a.m.</td>
</tr>
<tr>
<td>3. Did this employee work between first time off and final return or recovery?</td>
<td>If yes, please give dates (yyyy-mm-dd)</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>4. Did worker return to work as soon as possible? (please give your opinion)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR

4A. If not returned to work, is the worker able to do so? (please give your opinion)

5. On what date do you consider the worker was first able to return to work? (yyyy-mm-dd) | Time a.m. | |

6. How many working days or shifts did the worker miss? (day □ □  □) (shift □ □  □)

7. Is the worker earning or able to earn as much as before the injury? (yes □ □  □) (no □ □  □) (Now earning ($ per week))

8. If not, how much has the injury reduced the earnings? ($ per week)

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.)

11. If there are any peculiar circumstances or condition about this case, please state them.

Total amount ($)
**EMPLOYER’S STATEMENT OF RETURN TO WORK**
(continued)

<table>
<thead>
<tr>
<th>Worker last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>WorkSafeBC claim number</th>
</tr>
</thead>
</table>

**Additional Information**

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

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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 P.O. Box 2310 5th Terminal, Vancouver BC, V6B 2B9, or telephonie 604-273-8171.
## Appendix E - Distribution List

The following are to receive copies of the Emergency Response Manual (Vancouver Campus):

<table>
<thead>
<tr>
<th>#</th>
<th>Department</th>
<th>Function</th>
<th>Name</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Executive Director/ Campus Dean</td>
<td>Irena Young</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Marketing and Recruitment Director</td>
<td>Ben Thapa</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Director, Student Affairs</td>
<td>Shannon Svingen-Jones</td>
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<tr>
<td>5</td>
<td>Associate Registrar</td>
<td>Tomoko Mikuriya</td>
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<tr>
<td>6</td>
<td>Associate Bursar</td>
<td>Lillian Liao</td>
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<tr>
<td>7</td>
<td>Admissions Manager</td>
<td>Chenlin G</td>
<td></td>
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<tr>
<td>8</td>
<td>Business Administration Manager</td>
<td>Sharon Raj</td>
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<td>9</td>
<td>Associate Director, Career Services</td>
<td>David Kent</td>
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<tr>
<td>10</td>
<td>Student Engagement Coordinator</td>
<td>Maria Mejia</td>
<td></td>
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<tr>
<td>11</td>
<td>Management</td>
<td>Associate Dean</td>
<td>Sinan Caykoylu</td>
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</tr>
<tr>
<td>12</td>
<td>Engineering and Computing Science - Energy Management</td>
<td>Assistant Dean &amp; Associate Professor</td>
<td>Remi Charron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Engineering and Computing Science - Cybersecurity</td>
<td>Associate Dean</td>
<td>Tokunbo Makanju</td>
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<tr>
<td>14</td>
<td>Education</td>
<td>Assistant Professor / Assistant Dean</td>
<td>Gregory Gerber</td>
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<tr>
<td>15</td>
<td>Communications</td>
<td>Marketing Coordinator</td>
<td>Pak Kei Tse</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix F - Amendment Record

The NYIT Emergency Response Manual (Vancouver Campus) will require amendment on a regular basis. The Administration Coordinator will maintain a master record of amendments. Amendments will be controlled by showing the revision date contained in the footer of any revised page, for example:

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Section No.</th>
<th>Page(s)</th>
<th>Entered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30.03.16</td>
<td>Section No. 1</td>
<td>4</td>
<td>Jane Doe</td>
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</tbody>
</table>

Amendments will be distributed to everyone holding an authorized copy of the NYIT Emergency Response Manual (Vancouver Campus).