

## BC Cancer Research Institute COVID-19 Phase 1 Activities & Risk Assessment Template: Departments

**BCCRI – Department:** 

Research Lead and date of COVID-10 training module completion:

Operational Lead and date of COVID-10 training module completion:

Please review the BC Cancer Research Institute COVID-19 Phase 1 Department Activities & Risk Assessment Guidelines, the FAQs provided, and complete the training module prior to completing this form.

A. Department activity plan in order to facilitate research staff to return to work for phase 1. (summarizing each of the 4 requested points in the guidelines). Max 3 paragraphs.

B.	Department	Communication	Plan	(please	outline	the	departm	ent's	chain	of
	communication	on for reported illr	nesses	and repor	ted posit	ive CC	OVID-19 ca	ases).		
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sta	it who require	e access to BCCRI	TOT CO	naucting	aepartm	entai	activities	auring	Pnase	1).

D.	External contractor and all external parties' access procedure.	(please detail how your					
	department will manage all external party access to the department).						
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**E.** Risk Assessment of contacting COVID-19 while working at BCCRI. Please summarize in the table provided activities described above, associated risks and the measures in place to reduce the risk.

Activity/ Procedure	Risk level	COVID-19 exposure risk associated with this activity	Measures in place to reduce COVID-19 exposure risk (controls)	Risk level remaining after controls

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Department Head								
Name:		Signature:						
Office of Research A	dministratio	n						
Name:		Signature:						
For research adminis	For research administration use only							
Approved	Not approve	ed						
Revision # Approved	l by:							