



**Graduated Return to Campus Framework:
A Guide for ECU Staff, Administrators and Non-Teaching Faculty.**

Adrian Tees, BHK, MA (He/Him/His)
AVP HR/Privacy Officer
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Background and Approach

The following graduated return to campus (GRTC) framework is designed to support areas that employ Support Staff, Administration and Non-Teaching Faculty. Teaching (Regular and Non-Regular) Faculty scheduling will be led by the Academic Affairs Office.

The GRTC framework was developed in response to the BC Government's COVID-19 [Return-To-Campus Primer \(PDF\)](#). As such, the GRTC is based on the following key assumptions for Fall:

- COVID-19 transmission will be low, and more importantly serious infections will be uncommon. COVID-19 is a virus that is unlikely to be eliminated from the population. However, COVID-19 can be managed in the same manner as other common respiratory infections.
- All adults in BC will have had an opportunity to receive at least one dose of the COVID-19 vaccine before July 1, 2021, and many will have received two doses by the end of August.

This framework will attempt to define a structured mechanism that will empower each area leader, and their respective teams, to discuss and develop a GRTC plan for their specific area against the milestones established by the provincial government.

Furthermore, each area will be required to approach this work with compassion and sensitivity toward the physical and psychological safety needs of our community.

Lastly, we must all acknowledge that GRTC planning is occurring as we continue to grapple with the collective trauma of surviving a global pandemic. This will require us to adopt trauma-informed strategies to support the reopening of the campus in a manner that enables and empowers a healthy and diverse community.

It is incumbent upon all leaders, employees and labour groups to come together to address these challenges as a community to ensure a successful and safe restart.

Timeline

The primary objective of the GRTC is to have an approved plan in place to support a full workplace reopening for the start of the new term – **September 7th, 2021**. To support a September 7, 2021 campus reopening, programs should commence 4 to 8 weeks prior to this date, depending on how the area approaches this exercise. For those areas that are able to support ongoing telecommuting arrangements, these new telecommuting schedules will take effect upon a full reopening of the campus.

June 16 th , 2021	<p>President’s Executive Committee (PEC) adopts the GRTC and Telecommuting Frameworks.</p> <p>Members of PEC will start scheduling planning meetings for the week of June 28th.</p>	<p>BC’s Restart: Step 2</p> <p>June 15th is the anticipated date when BC organizations continue consultation within the sector.</p> <p>Employers should continue return to the workplace planning. Small, in-person meetings allowed.</p>
June 28 th , 2021	<p>Members of PEC will commence discussions/planning meetings with their respective areas to start developing their GRTC plans.</p>	<p>BC’s Restart: Step 3</p> <p>July 1st is the anticipated date when offices and workplaces can host seminars and larger scale meetings.</p>
July 14 th , 2021	<p>Executive leaders will bring forward their draft GRTC plans to PEC for review.</p> <p>GRTC plans approved at the meeting shall be implemented on the earliest date practicable upon approval.</p> <p>GRTC plans not approved will go back to the unit with feedback from PEC to assist the area in addressing any perceived gaps or concerns.</p>	

July 28 th , 2021	GRTC plans not approved at the July 14 th PEC meeting will return to PEC on the 28 th for reconsideration and approval.	
September 7 th , 2021	First week of students on campus. Areas should be close to resuming “new normal” operations by the start of the new semester.	BC’s Restart: Step 4 Workplaces are fully reopened.

Graduated Return to Campus Planning through a Trauma-Informed Lens

Developing a GRTC plan is a scheduling exercise that requires us to think about “work hardening” as it relates to physical and emotional wellbeing. The concept of work hardening comes from the practice of physical and occupational therapy, which can best be described as:

“a highly structured, goal-oriented program designed to return a person back to work.”¹

We recognize that this work hardening exercise should occur with a trauma-informed lens to empower our staff and faculty in the return to campus process. The “three pillars”² of trauma-informed care is one way to contextualize the exercise:

- **Awareness** of the prevalence of trauma, and how common it is for all people.
- **Recognition** of the signs of traumatic impact and how the survival stances of *fight, flight, or freeze* may show up in the people they serve, support, or work with.
- **Engagement** in taking steps to avoid re-traumatizing people while supporting healing from past traumatic experiences.

As each area engages in this work, it will be crucial for all members of our community to acknowledge the impact of the pandemic on our wellbeing; to recognize that we are all on our own journey to recovery; and that the GRTC plans will serve as a means to engage the community in a return-to-campus process that supports our healing.

The university also acknowledges that many staff have been working on campus since the onset of the pandemic. For the leaders and staff who have worked under these conditions, it is important to acknowledge that “work hardening” in this context will centre around creating a supportive environment to assist staff in adapting to increased levels of activity on campus.

To support the development of the GRTC plans, two appendices have been included for your reference:

1. **Appendix A: A Reference Guide for Leaders: Developing an Effective Graduated Return to Campus Plan** provides leaders and employees with an easy 4 step process for initiating this activity.
2. **Appendix B:** a COVID-19 specific resource on how to support this work from a trauma-informed lens, developed by Trauma-informed Oregon, Portland State University and Oregon Health Authority.

¹ <https://www.rehabatwork.com/services/work-hardening-conditioning-program/>

² <https://ca.ctrinstitute.com/blog/trauma-informed/>

Scenarios

So, what does this look like in practice? The following scenarios provide examples of two different approaches that one may take in developing a GRTC plan. Leaders and their teams are encouraged develop a plan that makes sense for their area.

Scenario 1:

In this scenario, the team is developing a GRTC plan that aims to return all unit staff back to the office at 80% (32 hours per week: 28 paid hours + 4 unpaid hours), recognizing that the staff will be able to telecommute for the remaining 20% of their time (as per the newly developed telecommuting framework).

Week 1 + 2:

Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours
David	8 hrs		8 hrs			16
Alexis		8 hrs		8 hrs		16
Moira	8 hrs		8 hrs			16
Johnny		8 hrs		8 hrs		16
Stevie	8 hrs		8 hrs			16
Twyla		8 hrs		8 hrs		16

Week 3 + 4:

Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours
David	8 hrs		8 hrs		8 hrs	24
Alexis	8 hrs	8 hrs		8 hrs		24
Moira	8 hrs		8 hrs		8 hrs	24
Johnny		8 hrs		8 hrs	8 hrs	24
Stevie	8 hrs		8 hrs		8 hrs	24
Twyla		8 hrs	8 hrs	8 hrs		24

Week 5 + Onward:

Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours
David	8 hrs	8 hrs	8 hrs	8 hrs		32
Alexis	8 hrs	8 hrs	8 hrs	8 hrs		32
Moira		8 hrs	8 hrs	8 hrs	8 hrs	32
Johnny		8 hrs	8 hrs	8 hrs	8 hrs	32
Stevie	8 hrs	8 hrs	8 hrs	8 hrs		32
Twyla		8 hrs	8 hrs	8 hrs	8 hrs	32

As you can see from the scenario above, a full restart of this unit is completed in 5 weeks. Generally speaking, a work hardening program **should last anywhere from 4 to 8 weeks** in length and should not exceed 9 weeks.

Scenario 2:

If the first scenario is too aggressive, depending on the needs of the area, a moderate approach starting with half days could be an effective strategy. This may be an appropriate solution for some areas provided that staff are committed to fulfilling the remaining workday at home following the half day commute.

Week 1:

Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours
Uma	4 hrs		4 hrs			8
David		4 hrs		4 hrs		8
Vivica	4 hrs		4 hrs			8
Daryl		4 hrs		4 hrs		8
Lucy	4 hrs		4 hrs			8
Michael		4 hrs		4 hrs		8

Week 2:

Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Total Weekly Hours
Uma	8 hrs		8 hrs			16
David		8 hrs		8 hrs		16
Vivica	8 hrs		8 hrs			16
Daryl		8 hrs		8 hrs		16
Lucy	8 hrs		8 hrs			16
Michael		8 hrs		8 hrs		16

Accommodations

Staff and faculty members who feel that they cannot return to campus at this time will be required to work with Human Resources to secure a formal accommodation. All accommodation requests, whether it be for physical or emotional limitations or restrictions, must be supported by medical evidence by a licenced healthcare professional.

As per our standard operating procedure, the university may retain the services of an Occupational Health Nurse to evaluate the validity of a request.

It is important to note that heightened levels of anxiety or fear of the workplace may not be sufficient to warrant an accommodation. That said, we will do our best to support an employee's needs to the best of our ability, while also adhering to our collective rights and obligations under the BC Human Rights Code.

Managing Expectations + GRTC Plan Compliance

Within individual teams, there may be those who are able to resume on-campus work without reticence, whereas others may be hindered in their return to campus as they manage a mixture of fears and anxieties associated with resuming on-campus work activities.

As noted earlier in the framework, the GRTC plans are based on the concept of “work-hardening”, in that it will allow for a gradually increasing level of exposure to the campus workplace through a controlled, team-based schedule. It may be tempting to increase the frequency of being on campus if certain individuals are feeling safe. However, we should discourage individuals to unilaterally increase their time on campus – and this is why:

*A critical component to managing a team’s expectations around safety is to provide a clear and transparent outline of **who** will be on campus on **what day**, during **what times**. By not adhering to the schedule, a team members ability to progress may be harmed if the composition of staff in an area becomes unpredictable, which may cause an increase in fear and anxiety for those struggling with the return-to-campus process.*

Everyone must do their part to support their own psychological safety, and the wellbeing of their colleagues. **We must all follow the schedule and plan developed by our area.**

Appendix A

Reference Guide for Leaders: Developing an Effective Graduated Return to Campus Plan

Pre-GRTC Planning:

Working with your executive leader, determine if your area will be able to support some degree of telecommuting based on the area's operational and service level requirements. This will be a critical decision that will need to be managed with your area as the GRTC plans are developed.

Step 1:

Ensure that all team members have time to read and review this framework prior to any planning meeting.

Step 2:

Prior to the planning meeting:

- Invite staff to send you any personal concerns or questions that they may not feel comfortable discussing or disclosing in a team meeting; and
- Ensure that staff are aware that they can request an accommodation from Human Resources, and that they will need to be prepared to disclose medical evidence to support any requests.

Step 3:

Host a planning meeting and provide a clear agenda in terms of what needs to be discussed or considered.

- Clearly outline service levels required for the Fall Term;
- Clearly communicate if telecommuting is available to the employees following the GRTC;
- Encourage open discussion and use active listening skills to ensure people feel heard;
- Engage your empathy and try to understand the issues from a trauma-informed perspective; and
- Explore GRTC options that adhere to the 4-to-8-week recommended duration and aim to have those plans completed by September 7th, 2021.

Step 4:

Develop your draft GRTC plan. Share the draft with the team and elicit feedback prior to submitting the draft to PEC for approval. This is a good opportunity to invite individuals, for a second time, to disclose or share concerns that may not have arisen until the development of

the draft. Loop in Human Resources for support if you are not able to address the concerns being raised.

Appendix B

COVID-19 Considerations for a Trauma Informed Response for Work Settings (Organizations/Schools/Clinics)

Purpose

The purpose of this document is to provide trauma- informed considerations for work settings as we all navigate the uncharted territory and response to novel Coronavirus (COVID-19). We will refer to organizations in this document, but this includes schools, clinics, and other places where services are provided. The following considerations are grounded in the principles of trauma- informed care (see [SAMHSA Guidance for a Trauma Informed Approach](#) for more information). We invite you to use the same framework as you are making decisions and communicating to staff.

Rationale

For most people, COVID-19 will be associated with increased uncertainty and stress. When we are under acute stress we are more likely to be operating from the survival areas of our brain, which means that our thinking becomes much more black and white, our attention is more narrowly focused on the immediate here and now, we start to have difficulty planning or thinking ahead, we have difficulty regulating our emotions, and we become less able to make decisions. Stressful times are associated with threats to our safety and a loss of power and control. A trauma- informed approach can help reduce or prevent a trauma response.

Considerations

In addition to using the TIC principles to guide our work moving forward, it's important to keep these general TIC practices in mind.

- **Support regulation** – when stressed, people have a harder time managing emotions and staying regulated. Build in time for regulation practices like breathing, grounding exercises, and movement. Model the calm behavior you want staff to mirror.
- **Prioritize relationships.** Social support and connection can actually buffer a stress response. During times of stress, it's important to find ways to connect and support each other.
- **Explain the why** behind decisions. Understanding why something (like a policy or practice) is happening can give people a sense of control and decrease a stress response.

- **Help staff know what to expect** to the extent possible. In uncertain times, having any amount of certainty or predictability is helpful. We aren't suggesting that you provide answers that you don't have; however, sharing information when it's available will decrease stress.
- **Reframe behaviors.** It's important to remember that emotional regulation and impulse control are more difficult during times of stress. People may not be showing up as their best selves during this period of fear and chaos. We need to give everyone grace and realize that challenging behaviors are a reflection of the stress we are under. We need to all exercise patience and understanding. Give people the benefit of the doubt.

Following are some considerations related to the principles of TIC.

Physical Safety. A safe environment decreases the stress response and ensures that rational thinking, judgment, and attentional control can occur. It's important to address the safety concerns related to the physical space and the people using and providing services. During a health-related crisis, physical safety will be a priority. A trauma-informed response includes:

- Ensuring service users and staff feel they're being protected and that their physical safety is a priority as the organization initiates crisis response efforts.
- Communicating clearly to staff, services users, and community partners about the crisis response efforts, eliminating any shaming or stigmatizing language.
- Soliciting input and feedback from staff – with the goal of understanding if there is anything the organization can do to help staff feel safer.
- Attending to staff unease.

Emotional Safety. It's important to minimize surprises and to help staff understand that the organization is looking out for their wellbeing. A trauma-informed response includes:

- Helping staff understand what to expect.
- Demonstrating flexible consistency. Uncertainty is very stressful, so to the extent that an organization can be consistent and predictable this will lower stress levels. Flexibility is needed during times of rapidly changing conditions. For stressed individuals, rapid change may be unsettling, but the organization can find ways to demonstrate flexible consistency.
- Paying attention to nonverbal communication. A stressed brain will pay extra attention to nonverbal language including gestures, facial expressions, movements, and tone of voice. Be mindful of this form of communication.
- Building in time to check in about feelings. Facts are certainly needed, but emotions may be even more important. Staff need to feel supported and safe to speak about vicarious trauma, work related stress, and other emotional considerations during this crisis.

Peer Support and Relationship. Positive attachment and bonding can suppress a stress response. Social support is key to an individual's ability to be resilient in the face of trauma and toxic stress. Build on existing ways to connect or create new ones. If staff is working remotely, this will be especially important. A trauma- informed response includes:

- Supporting multiple ways for communicating, e.g., video conference, email, phone or text.
- Encouraging opportunities and methods for virtual face to face contact, e.g., zoom or facetime.
- Setting up and supporting regular peer check-ins to connect.

Trust / Transparency. Being transparent fosters trust and creates a sense of value and belonging for staff. To grow trust, a trauma- informed response includes:

- Communicating regularly. Clear, direct, and frequent communication will help put anxious staff at ease. Stressed brains fill in missing information and what the staff hears may be different from what is said. Regular updates are important.
- Explaining "the why" behind decisions, policies, or practices. Even if the policy or practice is met with resistance, staff will feel less worried and stressed if they understand why decisions were made or policies enacted.
- Being transparent with policy and practice. Make policies available to see and communicate out when changes are made, e.g. "starting tomorrow we are going to have staff working remotely for two weeks."
- Conveying strength and sensitivity. During a time of crisis, staff look for strength and leadership in the organization. This creates trust. However, it's also important to convey compassion and sensitivity. Staff need to feel they are cared for, and when they do, this builds trust too.

Voice, Choice, and Empowerment. This crisis will result in a loss of control and power for people. Providing information to and soliciting input from staff is empowering. A trauma- informed response will include:

- Sharing power. For example, what decisions can staff make without approval?
- Providing choice whenever possible.
- Providing staff with the scripts needed to explain the situation and policies to service users.
- Listening to staff ideas and input about being trauma- informed during this crisis.
- For example, "Have you noticed something that demonstrated trauma- informed care?" "Have you noticed a moment that could have used a TI approach?"

Cultural Responsivity. This crisis will affect groups of individuals differently based on multiple factors, e.g., history, access to services, racism, and systemic oppression. It's important to think about the communities who will be affected by policy and practice decisions. A trauma- informed response includes:

- Recognizing and building upon the cultural strengths of the populations you serve.
- Ensuring intended and unintended consequences of policy and practice decisions do not create harm for the populations you serve.
- Being mindful of historical contexts for the populations you serve, especially related to public health efforts.
- Using strategies that encourage engagement and minimize mistrust.

Collaboration. This crisis is requiring organizations to think differently about how they conduct their work and provide services. Given the tremendous needs and the huge numbers of people affected, it will be necessary to merge, expand, or collaborate across organizations. We can't do this in isolation. A trauma- informed response includes:

- Making your policy decisions with other systems in mind. Collaborating with other systems will ensure policy and practice decisions do not create barriers to service delivery in any other sectors?
- Working together to create policies that promote shared delivery of services and working to eliminate policies where shared delivery is hindered.
- Initiating new partnerships and non-traditional collaborations.
- Collaborating within the organization, across departments, teams, or sites to ensure greater effectiveness and efficiency.