

Field Operations COVID-19 Exposure Management & Business Continuity Procedure

your company name here
Safety Department 2020

¹ This COVID-19 Exposure Management & Business Continuity Procedure is designed to provide a general framework for companies to prepare for and manage the COVID-19 outbreak. Companies should review the document carefully and tailor it to their individual organizations. Nothing in this document should be construed as providing legal advice or establishing a duty of care in preparing for and managing the COVID-19 virus.

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Section 1

Company Commitment & Awareness

The safety and well-being of our team members, stakeholders, and the public have always been, and will continue to be, the paramount priority of ***your company name here***. Management has been following the development of the COVID-19 pandemic through information released from the CDC, OSHA, and WHO, as well as industry organizations, client partners, and business peers. Effective with the issuance of this document, ***your company name here*** will immediately implement the procedures contained herein to ensure the safety of our team members while ensuring continuity of services to our customers. We believe that, with the appropriate precautionary procedures and shared responsibility among all employee-owners of the firm, we can continue field operations in a safe and responsible manner.

COVID-19 has taken businesses into uncharted territory that we must all navigate together. As we continue forward, we want you to know we are taking every precaution to protect you, your family, our clients, and our business operations. With the recent updates, we would like to take a moment to reiterate our mission and our commitment to our team members, as well as introduce some additional, precautionary measures. Please understand that first and foremost, we want to maintain a safe workplace while encouraging and/or adopting best practices that can protect the health of each of our team members and those around us.

We ask all team members to cooperate in taking the necessary steps to reduce the transmission of communicable diseases in the workplace and follow the guidance indicated in this plan. The professionalism and dedication of ***your company name here*** Team have led to the success of the firm. These same characteristics will allow us to continue our operations in a safe and effective manner. As we have indicated many times in the past, safety excellence requires shared responsibility.

Section 2

Actions to Minimize Chance of Exposure to Infected Persons

your company name here will utilize a combination of engineering and administrative controls to prevent the spread of all communicable diseases, to include COVID-19. While the programs and procedures established previously have been effective, additional precautions are required at this time. These procedures will become effective immediately. This guidance shall be reviewed with each crew and implemented upon receipt.

- Team members shall immediately report to their supervisor and the HR department if they have been in contact with a confirmed positive case of COVID-19 (i.e., family members, others) or if they have recently traveled outside the continental US.
- Fitness for duty will be assessed daily for all personnel and/or specialty contractor personnel.

- o All team members and/or specialty contractor employees will complete a wellness screening form prior to each shift (see Appendix A).
- o Temperature checks may be conducted with an infrared thermometer if warranted. *your company name here* will take all necessary precautions to protect employees performing these screens.
- o Per CDC guidance, a temperature of 100.4F (38C) or greater shall be used to indicate a fever.
 - All persons with a temperature \geq 100.4F shall be directed to stop work and obtain a medical evaluation.
 - If COVID-19 and/or influenza testing is not warranted:
 - Return to work is permitted in accordance with CDC guidelines.
 - If COVID-19 and/or influenza testing is warranted and performed:
 - Negative results (with written proof of testing) and asymptomatic: Return to work is permitted.
 - Positive result for COVID-19: Return to work is not permitted.
 - Positive result for influenza: Return to work is permitted after 5 days in accordance with CDC guidelines.
- o Overall fitness and health will be documented on the *your company name here* SLAM form (See Appendix A).
- Personal protective equipment shall be assigned to an individual, not shared among groups.
- 100% glove use policy shall be enacted onsite, whether actively working or not. Nitrile surgical gloves shall be worn when other appropriate work gloves for tasks are not utilized.
- Hand sanitizer shall be utilized immediately after contact with surfaces in public places and during operations such as dispensing fuel and/or visiting a convenience store or other business, and when taking off work gloves.
- Team members will be assigned to individual heavy equipment cabs. No sharing of equipment cabs or personal protective equipment (PPE) shall be permitted.
- Cleaning and disinfecting of vehicle and heavy equipment cabs shall occur as noted in Section 3.
- All nonessential travel shall be avoided until further notice. Team members who travel as an essential part of their job shall consult with management on appropriate actions. Business-related travel outside the United States is not authorized until further notice. Personal travel via public or commercial travel to locations outside of the United States and/or travel to areas within the United States with active COVID-19 outbreaks is discouraged. All such travel shall be reported to your supervisor and the HR department, and prior authorization to return to work must be arranged with management.
- Team members should avoid crowded public and commercial transportation when possible. Alternative scheduling options, ride-share resources, and/or parking assistance will be provided on a case-by-case basis.
- Remote or offsite work requests will be handled on a case-by-case basis.

Section 3

Additional Cleaning/Sanitizing of Facilities, Tools, & Equipment

1. Hand washing and/or sanitizing stations will be staged in designated areas for frequent and immediate use.
2. Daily cleaning(s) of all job trailers, heavy equipment cabs, PPE and vehicle interiors shall be completed.
 - a. Common touch points shall be wiped after applying an approved disinfectant solution.
 - b. Equipment cabs shall be cleaned prior to initial use and at the end of the shift by the operator.
 - c. Additional cab cleanings shall be required prior to switching the operator personnel.
3. Hand tools and power tools shall be cleaned daily before and after use.
4. Port-a-Johns shall be sanitized after each use with a disinfectant spray applied to all common touchpoints and fully serviced on a routine basis.
5. Approved cleaners:
 - a. Solution of bleach and water per industry standards.
 - b. Solutions of 70% alcohol or greater.
 - c. Other solutions meeting industry standards.

Section 4

Social Distancing

Team members are requested to:

- a. Avoid face-to-face meetings. Team members are encouraged to use the telephone, online conferencing, e-mail, or instant messaging to conduct business as much as possible, even when participants are in the same area.
- b. Task-specific plans shall be completed electronically.
 - a. Personal electronic devices will be permitted on project sites for this purpose only. Utilizing an electronic device while operating equipment or driving a vehicle is strictly prohibited.
- c. Avoid congregating where people socialize.
- d. Bring lunch and eat away from others (avoid crowded restaurants).
- e. Maintain a 6-foot distance between individuals while working and after work when feasible.
- f. Limit carpooling.
- g. Avoid sharing personal protective equipment. All necessary equipment shall be assigned to each team member. Equipment shall be cleaned/sanitized as instructed in Section 3.
- h. Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.
- i. Avoid recreational or other leisure classes, meetings, activities, etc., where team members might encounter contagious people.

Section 5

Actions if Symptoms Reported by Site Personnel

During an infectious disease outbreak, it is critical that team members do not report to work while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and/or fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with an infectious illness such as the flu remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Team members who report to work ill or identify symptoms while working will be sent home in accordance with these health guidelines.

If you report a sickness or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider. If practical, we would request medical information to confirm your need to be absent, to determine if your absence is related to COVID-19 and/or influenza, and to know when it is appropriate for you to return to work. As always, we expect and appreciate your cooperation when additional medical information is deemed necessary. Our policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information shall be limited to circumstances with supervisors, managers, first aid and safety personnel, and/or government officials as required by law.

Section 6

Required Communications

- a. Notify your supervisor by text or a phone call and stay home if you have, or suspect you have, a communicable illness. If you become ill due to a communicable illness, return to work only after completion of treatment.
- b. Notice the signs of illness which may include (but not be limited to): coughing, sneezing, fever, joint aches, overall ill feeling (malaise), and/or a report of a communicable illness from a health care provider.
- c. Stay aware and report if you are well but have an ill family member with a known communicable illness. You must monitor your health daily to ensure you remain free of the communicable illness.
- d. Remember our Fitness for Duty Policy and provide a return FFD form if seen by a physician (contact HR for further information).
- e. Going Somewhere? Educate yourself on travel notices which inform travelers about current issues that impact travelers' health, like illness outbreaks, special events or gatherings, and natural disasters, in specific international destinations. <https://wwwnc.cdc.gov/travel>

We understand there are many questions. While much is still unknown, ***your company name here*** is closely monitoring updates from the CDC, WHO, OSHA, and state and local public health departments and will re-evaluate our precautions as additional details are provided. Good judgment skills by all team members are critical in safeguarding the health of everyone around us. Together, we can continue to plan and execute these measures that will protect us all.

Appendix A

Wellness Screening Form

PLEASE SUBMIT PHOTO OF COMPLETED DOCUMENT

Date: _____ Location: _____

This form is to be utilized in conjunction with Section 2 of the ***your company name here*** Field Ops - COVID-19 Exposure Management & Business Continuity Procedure.

How to use this form:

1. ***your company name here*** will update the Wellness Screening Form as needed and dependent on changing levels of health risk.
2. This form will be provided to each team member and/or subcontractor employee/or visitor to complete at their designated project location before entering and engaging in any work task.
3. ***your company name here*** will restrict access or entrance to the project site to any person answering “yes” to any of the questions on Page 2.
4. The site Project Foreman will review this form for completeness and submit on to their Safety Manager as part of their daily Task-specific safety meeting (photo of complete form to avoid contact). Please submit electronically – original hard copies are not required or desired.
5. ***your company name here*** will retain all submitted forms for required recordkeeping purposes. If applicable, forms are readily available upon request.

Our Commitment:

We are strongly committed to maintaining a safe and healthy environment for all our employees and guests. Given recent concerns about exposure to and the risks of the novel coronavirus/COVID-19, we are asking all team members, subcontractor employees, and/or visitors to answer the following questions. Thank you, in advance, for your cooperation and assistance.

Name:

Company:

Date:

Wellness Screening Questionnaire:

1. Do you have a fever? NO YES
If temperature is taken, is it $\geq 38^{\circ}\text{C}$ (100.4°F)? NO YES
2. Do you have one or more respiratory symptoms including:
a. Persistent, dry cough NO YES
b. Shortness of breath or breathing difficulty NO YES
3. Within the past 14 days, have you either been to a country or area with known COVID-19 community spread (defined as a “hot spot”) or been in close contact* with a person from these areas? NO YES
4. Within the past 14 days, have you had close contact* with a person who has been diagnosed with the coronavirus/COVID-19? NO YES

*Close contact means having cared for, having lived with, or having had close physical contact with someone known to have been diagnosed with the coronavirus/COVID-19 (including contact by having taken the same plane or train, attended the same event, etc.).

If ‘yes’ to any question, please notify supervisor or ***your company name here*** HR Immediately

Signature