



**Guidance for Preparing Industrial
Workplaces, Employees and
Contractors for COVID-19**

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Introduction

The following guide is the product of a coordinated effort among GBRIA site members, area industrial contractors and consultants. This guide presents best practices occurring throughout the region for companies to consider as they phase towards normal operations in areas of Site-Entry Requirements, Performing Work and Social Distancing/Sanitization. This document does not intend to take the place of company or governmental guidance. This is a live document and will incorporate changes and additions based on additional feedback from the industry.

Section I

Site Entry Requirements

In the area of Site-Entry Requirements, this guide narrows in on best practices for screenings, testing and tracking; training requirements; split shifts; return to work post-positive test; and phases of re-entry.

A. Screenings / Testing / Tracking

- i. Employees and contract workers entering the site should undergo temperature screening and complete a health risk assessment (Appendix A). Frequency of health risk assessments may vary for individuals entering the site daily versus those visiting less frequently. This testing can be outsourced to trained medical or safety professionals, though regardless of whom performs the testing, it is recommended to perform the same screenings on those administering the tests.
- ii. Self-reporting temperature screening may alleviate bottlenecks into the site. Drive-thru screening offers minimal contact between individuals while waiting to be screened.
- iii. It is recommended that anti-body testing devices have FDA approval or are listed on the FDA Emergency Use Authorization (EAU) list. Requirements to provide data to the proper governmental agencies should be included in the screening/testing process.

- iv. The use of color alternating stickers, handstamps, or wristbands to indicate the daily temperature screening was performed allows for quick and distanced confirmation of the site's requirements for screening.
- v. An interaction tracking program can be implemented to narrow the field of potential exposed areas, tools, and workers if an individual tests positive for COVID-19.
- vi. Pre-determined processes for communicating positive cases to the site and workforce can be implemented. Anti-body testing can offer a shorter response time to clear workers who worked in close proximity with someone who tested positive, rather than imposing longer quarantine times away from the site.
- vii. Handwashing and sanitization stations located near gate entries. Plumbed units may offer longer term usability and can be outfitted in a manner to eliminate touching faucets to turn the unit on and off.
- viii. It is recommended that documentation providing details into pre-cautionary measures taken be preserved to demonstrate what actions were taken to mitigate the hazards of COVID-19.

B. Training requirements

- i. The adoption of common training requirements across the Baton Rouge Region will allow for a consistent and streamlined re-staffing process. Specifically, adopting a stopgap training module from the Alliance Safety Council rather than making updates to site orientations will reduce strain to train contract workers prior to mobilization.
- ii. The Digital Badging Program offered by the Alliance Safety Council further promotes contactless site entry
- iii. Specific policies, procedures, and plans may need to be drafted, maintained, and trained on (Appendix B)

C. Split shifts

- i. Staggered shifts, such as 7 on/off, can reduce potential for cross contamination. Likewise, staggering contractor start times can aid in this effort. Consideration to areas with larger presence of contract workers should be given.
- ii. The phasing of re-entry of contractors to the site allows sites to scale efforts over a period of time rather than having an influx of workers in a short period of time.

D. Return to work post-positive/sick

- i. The availability of telemedicine services to provide clearance to return-to-work can be considered to reduce contact among medical workers and workers.

E. Phases of re-entry

- i. When considering how to bring office workers back to the site the following are recommendations: alternate work weeks, move desks to create appropriate spacing, utilize conference rooms as workstations for employees that share office space.
- ii. Individuals may consider keeping a face mask on their person in case they find themselves in a situation where social distancing is compromised.

Section II

Performing Work

The Performing Work section gives recommendations in areas of PPE requirements and resources; work crew size; work crew meetings and other items of consideration brought up by this work group.

A. PPE Requirements and Resources

- i. Sites indicate that face coverage is required when workers are placed in a work position that makes it impossible to practice proper social distancing. Face coverage can include facemasks, face shields with goggles or gators. While most workers comment that gators are most comfortable to wear for work, the level of protection is not known. As temperatures rise, face coverings, including gators, may increase discomfort and may be

discouraged during high temperature work. Site guidelines may consider establishing their own minimum face-covering guidelines. These guidelines can include the type of face coverage permitted, and in what scenarios face coverage is required or recommended.

B. Work Crew Size

- i. Maintaining consistent crewmembers' limits exposure. The number of crewmembers permitted is dependent on the size of the location for work and what type of work. Proper social distancing should be maintained.

C. Work Crew Meetings/ JSA's/ Permitting

- i. Crew meetings take place outside; permitting areas take place outside or utilize plexiglass barriers.
- ii. Limiting access to control rooms reduce the potential for exposure. Example: one crewmember allowed in control room at a time to receive permits, etc.

D. Other Considerations

- i. Sanitation stations close to water stations can reduce the potential for exposure; use individual, one-use cups at water stations. Such stations can be placed around common break areas, i.e. designated smoker areas.
- ii. Consideration may be given to trash/waste handling to reduce potential exposure.
- iii. Signage – signs can be placed throughout the workplace to constantly remind workers to sanitize, disinfect equipment, keep social distance, and remind employees to minimize habits of rubbing eyes, mouth, nose, face. Posters can show how to social distance, how to properly wear masks, wash hands, and can illustrate proper distancing inside vehicles, etc. These are placed throughout the site including breakrooms and restrooms.
- iv. Social distance ambassadors can help encourage social distancing among workers throughout the site (Appendix C)

- v. Any movement outside of an individual office recommends face protection
- vi. Workers should practice cleaning and disinfecting eating areas prior to and after eating by wiping down tables. This same practice should be applied when using shared equipment or vehicles.
- vii. In event of shelter-in-place: have PPE available at shelter in place locations. Encourage employees to keep an extra facemask on them at all times in case of emergency. Consider issuing all employees two washable facemasks with instructions on how to wash. They can bring masks home to wash and store one in a sealed bag to keep on hand. Video demonstration also provide workers with a visual example of how to properly put on masks. Consider storing disposable masks at shelter-in-place locations.

Section III.

Social Distancing & Sanitization

This section presents recommendations in areas of lunch and break rooms, vehicle use, tool and equipment sanitation and proper social distancing.

A. Lunch / Break areas

- i. Staggered lunch times reduce the density in these areas.
- ii. Create additional covered spaces/tents and temporary areas for breaks and lunch, with air conditioning, if possible.
- iii. Encourage:
 - a. Hand washing before entering cafeteria/eating areas. Foot controlled units offer reduced contamination risk.
 - b. Wiping utensils before eating or use plastic disposable pre-packaged utensils (include napkins). If possible, single person could hand out utensil packs rather than workers using common dispenser.

- c. Instead of salad bars and other self-serve bars, pre-packaged or a server. Consider advising against shared foods, such as pizza, nachos, sandwich platters (order pre-made boxes). Avoid using common water coolers, provide bottled water or foot controlled dispenser, or touch free/sensors dispensers.
- d. Limit the number of people per table, partition between each seating, and spread tables out to create proper social distance. Tape on floors / removal of chairs to indicate proper distance between workers
- iv. Consider how to address common touch items, such as microwaves, vending machine, ovens, etc. Sanitization supplies located near these items promotes expectation to sanitize between each use.
- v. Encourage people to eat in their offices or other locations wherever possible. These workers can be encouraged to sanitize prior to and after eating in their offices as good hygienic practice.

B. Vehicle usage

- i. Vehicle and cart usage in smaller to medium sized sites could be reduced or eliminated.

Where such a restriction is not feasible, the following suggestions may be considered:

- a. Reducing shared vehicle usage, increase bicycles, walking etc.
- b. Ventilation – ride with windows open as much as possible
- c. For golf carts:
 - i. 2-seater golf carts – consider limiting to only 1 rider or wear a mask, if not possible.
 - ii. 4-seater golf carts – consider limiting to only 2 riders but not next to each other or wear a face mask, if not possible.

- d. For work trucks:
 - i. Consider only 1 rider or if not possible, stagger seating (front/back), use multiple trips, use masks. Minimize trip lengths to be less than 15 mins.
- e. For buses:
 - i. Clean seats, handles, back of seats, all high-touch areas each day or between each use if possible, with a disinfectant cleaner such as Clorox-type solution or alcohol based, and/or follow instructions of manufacturer.
 - ii. Fog buses after cleaning may not be necessary if using a cleaner that also disinfects.
 - iii. Minimize use of buses, Add parking closer to plant entry.
 - iv. Seating – space out one person per seat unless ride is less than 15 minutes. (Appendix D)
 - v. To ensure adequate ventilation open all windows.
 - vi. One person per seat on buses + mask or face shield usage, both people when within 6 ft.
- ii. Sanitization policies for each instance of vehicle usage can provide a robust plan to ensure protections across all modes of transportation.

C. Tool / Equipment / Surface de-con pre/post use (hand tools, power tools, shop equipment, uniforms, office)

- i. Consider expanding decontamination procedures to include tool usage after each usage. This includes shared and non-shared tools. Decontamination procedures could include tool rooms, sanitizing between tool check-in and check-out, and would address tool hand-offs between users. Tools washing stations through the site with signage posted offers robust opportunities, instructions, and expectations to sanitize tools. Proper cleaners

- should be used, though when supplies run out, use official formulas. Consider HAZCOM and tool degradation on metals and plastics (harnesses)
- ii. Consider cloth items such as uniforms – avoid taking home, locker rooms, use disposable suits over Nomex for certain jobs where close contact cannot be avoided. Dressing stations can be utilized before entering/leaving site and collection and laundering by contract company.
 - iii. Consider adjustments to restroom areas such:
 - a. Limitations may be placed on the number of workers allowed in the restroom at one time. Requiring/recommending employees wear masks when entering/exiting the restroom also reducing potential exposure if workers encounter someone entering/exiting the restroom at the same time.
 - b. Adding signage promoting proper and thorough hand washing. Consider taking some bathroom stalls out of service for distancing, add barriers between urinals, encourage workers to wear masks going in and out.
 - c. Increase dispensers of paper towels and soaps, add touch free dispensers.
 - d. Increase sanitation schedule and further encourage everyone to clean up after themselves.
 - e. A/C controlled portable restroom trailers to keep workers from entering control room restroom areas.
 - iv. Consider adjustments to office spaces (admin + controls room) such as:
 - a. Plexiglass barriers
 - b. Reducing conference room capacities
 - c. Staggered use/Split usage for offices housing multiple workers
 - v. Shop areas, lathes, machinery, drill press, should be treated like break rooms to wipe counters and high touch areas like handles and other. Provide wipes to clean equipment.

- vi. Within office spaces, sites may encourage minimizing paper handling – develop alternate, electronic means. Sharing of pens, pencils, or other common office equipment may be discouraged. Electronic signatures can be utilized to aid in this reduction, as well as one person taking rolls/notes. Keyboard covers may be utilized for shared computers, printers, copiers. Sanitization of shared offices may need to be considered between uses. Use of phones belonging to others and generally touching others’ desks may be discouraged.
- vii. Policies and procedures may include cleaning/fogging post-positive/presumptive-positive cases
- viii. Sites may consider using higher grade filtration HEPA (0.3 microns) for high volume buildings

D. Social Distancing

- i. Sites should refer to governmental recommendations for social distancing.
- ii. Additional planning will be required to ensure social distancing during turnaround activity where density increases are inevitable.
- iii. When team meetings are required in person, consider only inviting people who need to be in the meeting attend. Conference calls and video conferencing should be leveraged for those who would benefit from the information shared during the meeting, but do not need to attend in person. The use of video conferencing, on and offsite, may be considered. Individuals should consider maintain a mask on their person for situations where proper social distancing cannot be maintained.
- iv. Consider the potential negative effects of this change in culture, how to maintain communication ns, from a mental standpoint, and how to keep up morale.
- v. Supervision increase making videos to touch base or leave a voice message – other ways to “touch” the workforce.

Resources

1. [BRAC: A Preliminary Framework for Louisiana’s Economic Recovery](#)
2. [CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
3. [CDC Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#)
4. [EEOC: Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#)
5. [EPA Disinfectant Use and Coronavirus/COVID-19](#)
6. [Health Centric Advisors: Guide to Face Mask Selection and Use](#)
7. [OSHA: Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 \(COVID-19\)](#)
8. [US Chamber of Commerce: State-by-State Business Reopening Guidance](#)

Reference Material

1. [ABC Safe Reopening Package](#)
2. [ASC Health Crisis Policy](#)
3. [ASC Safety Protocols in Training Center](#)
4. [Brown & Root Screening Guideline](#)
5. [Brown & Root Field Project Execution Guidelines](#)
6. [CISA Operations Centers and Control Room Guide for Pandemic Response](#)
7. [EEOC Pandemic Preparedness in the Workplace and the ADA](#)
8. [OSHA Coronavirus Poster](#)
9. [Turner Industries Field Activities Restart Guide](#)

Appendix A

COVID-19: WORKER/VISITOR HEALTH RISK ASSESSMENT AND SCREENING

Part 1 – Worker/Visitor Details				
Name		Department		
Job Title		Company		
Address				
Contact No	(H)	(W)	(M)	
Part 2 – Worker/Visitor Assessment				
Answer the following questions			Yes	No
I have been medically confirmed to have COVID-19?			<input type="checkbox"/>	<input type="checkbox"/>
I have been in direct contact with a person with a confirmed case of COVID-19?			<input type="checkbox"/>	<input type="checkbox"/>
I am awaiting medical confirmation of COVID-19 testing results?			<input type="checkbox"/>	<input type="checkbox"/>
I have travelled internationally within the last 14 days?			<input type="checkbox"/>	<input type="checkbox"/>
I have flu-like symptoms, but have not travelled internationally or knowingly come into contact with a person with a confirmed case of COVID-19?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, please tick all that apply	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Body ache <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose <input type="checkbox"/> Tiredness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other:			
The highest risk rating is to be applied				
Select Risk Rating	Action to be taken			
<input type="checkbox"/> Low	<ul style="list-style-type: none"> Report for work No immediate action is necessary - contact your General Practitioner if you require health advice Provide this form to site 			
<input type="checkbox"/> High	<ul style="list-style-type: none"> Do not attend work Notify your Supervisor or Manager and discuss leave arrangements Seek medical advice by calling your GP or telehealth on 07 3867 9666 (Aust workers) or Teledoc on 1-800-362-2667 (DNA workers) Submit this form to your HR BP 			
Part 3 – Worker/Visitor Declaration				
I acknowledge that I understand and am responsible for the following controls – At work and during transit			Yes	
Not attending work if feeling sick, having flu-like symptoms			<input type="checkbox"/>	
Avoid mass gatherings			<input type="checkbox"/>	
Maintaining physical distances of 2m when not in a vehicle			<input type="checkbox"/>	

Maintaining personal hygiene, including coughing/sneezing into elbow/tissue, washing hands, not touching face, wiping equipment before use	<input type="checkbox"/>
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I declare that the information provided above is true and correct and I understand that this form is to be completed and submitted at the start of each week or roster cycle, regardless of the risk rating.

Name		Employer	
Signature		Date	

Part 5 – Leader Details (or person conducting assessment)

Name		Job Title	
Contact Details	(W)	(M)	(Email)
Date and time of recording			
Worker Return to Work Recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Visitor entry recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

- If you have any questions or concerns, please contact your Health and Safety Business Partner.
- **Please return this form to your HR Business Partner.**

Appendix B

INSERT YOUR LOGO HERE	COMPANY Safety Management System		Doc No:	CORONA
			Initial Issue Date:	Insert Date
Coronavirus Disease 2019 (COVID-19)			Revision Date:	Initial Version
			Revision No.:	0
			Next Review Date:	Insert Date
Preparation: Safety Mgr	Authority: President	Issuing Dept: Safety	Page:	Page 14 of 27 - 14 -Page 14 of 27

Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19's international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all us to plan now for COVID-19. Lack of continuity planning can result in a cascade of failures as we attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

This COVID-19 planning guidance is based on traditional infection prevention and industrial hygiene practices. It focuses on the need for us to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing.

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).

- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

The CDC website provides the latest information about COVID-19 transmission:

www.cdc.gov/coronavirus/2019-ncov/about/transmission.html

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- Absenteeism. Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- Change in patterns of commerce. Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.
- Interrupted supply/delivery. Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

Strategies to Reduce Spread

Social Distancing

The company will follow CDC guidelines on social distancing and will encourage and make necessary arrangements where needed to ensure that workers are separated by a distance of at least 6 feet during work operations.

The company will encourage workers to adhere to these social distancing guidelines while away from work and to educate family members in an attempt to reduce the spread of COVID-19.

The company may stagger work shifts/hours and/or downsize operations to limit employee exposure.

There may be the need for only essential employees to report to onsite work. Where possible employees will be directed to work remotely.

The company may limit or restrict vendors and contractors from company worksites and facilities.

Actively encourage sick employees to stay home:

- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- The company will maintain flexible policies that permit employees to stay home to care for a sick family member. We are aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

Separate sick employees:

- CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:

- Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- Visit the coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine environmental cleaning:

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended at this time.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

Advise employees before traveling to take certain steps:

- Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
- Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
- If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:

- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
- If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

Updates are available on CDC's web page at www.cdc.gov/coronavirus/covid19.

Appendix B – Continued

INSERT YOUR LOGO HERE	COMPANY Safety Management System		Doc No:	PNPRP
			Initial Issue Date:	April 22, 2020
PANDEMIC DISEASE PREPAREDNESS PLAN			Revision Date:	Initial Version
			Revision No.:	0
			Next Review Date:	Insert Date
Preparation: Safety Mgr	Authority: President	Issuing Dept: Safety	Page:	Page 18 of 27 - 18 -Page 18 of 27

Purpose

The purpose of this program is to keep employees, contractors and visitors safe and business continuity during a pandemic. Business continuity means ensuring that essential business functions can survive during and after a disruption. It is understood that pandemic disease demands a different set of continuity assumptions than that of natural disasters, technological failure, human error, or other disruptions since it will be widely dispersed geographically and potentially arrives in waves that could last several months at a time.

Development of a Pandemic Disease Plan and the Appointment of a Coordinator

This pandemic disease preparedness plan will act as <COMPANY>'s pandemic disease preparedness plan for business continuity while specific safety procedures or disease containment procedures will be developed as needed. <COMPANY>'s president is responsible for this plan while specific safety procedures and disease containment procedures may be assigned to site specific managers and be managed by <COMPANY>'s safety director. In order to develop such procedures and plans <COMPANY> may use local health care providers, third party consultants and government agencies to assist or advise on best practices during a pandemic.

Assumptions

It is assumed that a pandemic disease will spread rapidly from person to person, affecting all operations due to absenteeism. To reduce the risk of employee sickness during these times <COMPANY> will educate employees on, implement and enforce all pandemic safety procedures developed for the pandemic that occurs. By doing so we expect to reduce the rate of employee absenteeism.

Our operations may rely upon other businesses facing massive absentee rates which may cause them to be unable to provide essential components to maintain daily operations. With these assumptions we will keep open lines of communication with all vendors and contractors and follow the <COMPANY>'s business continuity plan.

Risk assessments to identify the essential/critical components of our business operation will be conducted. These assessments will take in to affect the following:

- Employees safety will be our first concern during a pandemic. <COMPANY> will ensure that safety procedures are in place to protect employees. When employees are unable to report to work due to personal or family needs or government ordered quarantines/stay at home orders we will allow applicable employees to work from home.
- Healthcare services such as hospitals and emergency rooms may not be available due to large numbers of ill persons in the community. We will work with our company physicians and

occupational medical clinics to help provide needed medical services and guidance in these situations.

- Employees with children may be advised to work from home when possible. If not possible <COMPANY> will work to make arrangements to facilitate the needs of these employees.
- Due to the potential of state or national borders being closed including airports and train services, <COMPANY> will make arrangements early on during the pandemic to return all employees back to their home areas to avoid them becoming “stranded”.
- Essential materials and supplies may be limited due to distribution chains that are affected by the travel restrictions or absentee workers. These materials and supplies will be ordered and stored to help reduce shortages if/when possible.
- In the event essential services around utilities, food distribution/access and banking systems may not be at “normal levels”, <COMPANY> will educate employees on these possibilities to help reduce individual short comings and will ensure that <COMPANY> systems are in place to reduce the effects of such.

Communications

Communications during a pandemic involves both internal communications and external communications. Internal communication will be provided to employees to educate them about pandemic diseases and measures they can take to be prepared.

Key contacts, a chain of communications and contact numbers for employees and processes for tracking business and employees’ status have been developed as described in this section.

Risk communication is critical to inform employees regarding changes in the pandemic status. The following will be used in communications with employees.

Alert: conveys the highest level of importance; warrants immediate action or attention.

Advisory: provides key information for a specific incident or situation; might not require immediate action.

Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

<COMPANY> will provide continuous updates through internal & external communications when a pandemic is imminent:

- Notification to employees of operational changes
- Provide frequent updates about the pandemic status
- Provide advisories and alerts as conditions change
- Ensure contractors, vendors and suppliers have available a dedicated communications contact
- Monitor local, state, and federal pandemic updates

We will notify key contacts including both customers and suppliers in the event an outbreak has impacted our ability to perform services. This procedure also includes notification to customers and suppliers when operations resume.

We will use our email system and phone systems to contact employees contact with calls and text notifications and messages about alerts. The use of <COMPANY>’s website also will serve as a portal for sharing information with employees and vendors.

Business Continuity Planning

During an emergency, employees look to management to provide leadership for the company. If a large percentage of personnel become ill or unable to conduct business operations our business continuity plans will be initiated so that if significant absenteeism or changes in business practices are required business operations can be effectively maintained.

COMMAND STAFF:

Incident Commander (President/CEO)	Organizes and directs all aspects of the incident response
Public Information Officer (Media/Public Relations)	Creates and releases upon approval from the incident commander all information to the staff, media and public.
Liaison Officer (Vice President)	Establishes and maintains relationships with outside organizations
Safety Officer (Safety Manager)	Ensures the safety of all persons involved with the pandemic

OPERATIONS SECTION:

Operations Section Chief (Director of Operations)	Initiates and manages ongoing operations throughout a pandemic
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LOGISTICS SECTION:

Logistics Section Chief (Purchasing/Inventory Manager)	Meets the goods, services, and staffing needs of the operation during the pandemic
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PLANNING SECTION:

Planning Section Chief (Lead Administrator)	Collects information and resources potentially relevant to the pandemic and <COMPANY> operations
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FINANCE SECTION:

Finance Section Chief (Purchasing/Accounting Manager)	Monitors all expenditures and ensures fiscal resource availability during the pandemic
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Pandemic Response by Pandemic Phase

Currently the WHO has created various phases for a pandemic but does not always relate to events locally.

Level 0 (WHO Phase 3) - Novel virus alert- not human-to-human transmission

Level 1 (WHO Phase 4) - Confirmed cases of human-to-human transmission of novel disease virus.

Level 2 (WHO Phase 5) - Suspected/confirmed cases in the Tulsa area.

Level 3 (WHO Phase 5) - Numerous suspected/confirmed cases in the Tulsa area.

Work at Home Considerations

There is a work-at-home and stay-at-home policy when employees are ill, caring for others or cannot report to work due to quarantine/stay at home orders. Flexible work policies will be developed as much as possible. Employees are encouraged to stay at home when ill, when having to care for ill family members or when caring for children when schools close, without fear of reprisal. Tele-commuting or other work-at-home strategies will be developed.

Infection Control Measures

Guidelines for infection control are important to clarify the routes of transmission and the ways to interrupt transmission through measures of hygiene. Infection control is an essential component of pandemic management and a component of public health measures. Essential measures include:

- Hand washing and use of hand sanitizers shall be encouraged by <COMPANY> supervision. Hand washing facilities, hand sanitizers, tissues, no touch trash cans, hand soap and disposable towels shall be provided.
- Workers are encouraged to obtain appropriate immunizations to help avoid disease. Granting time off work to obtain the vaccine is considered when vaccines become available in the community.
- Social distancing including increasing the space between employee work areas and decreasing the possibility of contact by limiting large or close contact gatherings will be implemented.
- We will clean all areas that are likely to have frequent hand contact routinely and when visibly soiled. Work surfaces will also be cleaned frequently using normal cleaning products.

Additional examples of infection control measures include:

- Stay at home when you are sick. If possible, stay away from work, school and from running errands. You will help others from catching your illness.
- Cover your coughs and sneeze into tissue, or cough into your shirt sleeve.
- Enhance existing housekeeping service by wiping down and disinfecting work areas (i.e. keyboards, telephones, desks, etc.) frequently.
- Enhance housekeeping services for general public use areas several times throughout the work period.
- Use personal protective equipment where appropriate to minimize exposure (i.e. gloves, masks and eye protection)

Implementation, Testing, and Revision of the Plan

The plan and emergency communication strategies will be periodically tested (at least annually) to ensure it is effective and workable.

Testing the plan will be accomplished by conducting exercises. Exercises range from low stress to full scale, hands on drills. A tabletop exercise is the easiest way to begin testing the plan. This type of exercise involves having discussions regarding a scenario that challenges the plan and the decision makers during an emergency. Functional exercises take on an additional level of complexity, in that they actually require participants to conduct functional components of the plan. This usually involves planning specific scenarios, creating pretend data and present issues that target an area within the plan to be tested.

Each of these methods of testing the plan requires extensive planning for the exercise and the evaluation. The evaluation is critical to revising the plan, by capturing actual responses during the exercise or drill objectively. Once this data is captured, an after-action report with recommendations to revising the plan should be completed within a few weeks of the exercise. Lessons learned from testing of the program and actual events will be discussed during Safety Committee Meetings to help improve the program.

Training

Employees will be trained on health issues of the pertinent disease to include prevention of illness, initial disease symptoms, preventing the spread of the disease and when it is appropriate to return to work after

illness. Disease containment plans and expectations should be shared with employees. Communicating information with non-English speaking employees or those with disabilities must be considered.

Documentation of all training is required.

Appendix C

SOCIAL DISTANCING

This table contains Top items to look for when completing a field assessment on Social Distancing. If you find unacceptable behaviors or conditions; intervene as necessary. Upon completion, communicate findings to the FWGL, and enter findings into the Site Near Miss Tool – Social Distancing.

Plant/Facility: _____

Date: _____

	QUESTION	COMMENTS
Field Observations/Implementation		
1.	Have you observed workers within 6 feet of each other?	
2.	Are workers moving to quiet areas to communicate?	
3.	Are workers using alternative means to communicate (Example: Radios)? If so, are the devices cleaned before swapping amongst co-workers?	
4.	Are workers observed sharing hand tools in the field? If so, are they getting cleaned/disinfected?	
5.	Are workers observed touching their faces? If so, are they washing their hands before and/or after?	
6.	<p>If a task requires people to work within 6 feet of each other, do they have appropriate PPE?</p> <p>Refer to the Social Distancing Best Practices Workflow Diagram.</p> <ul style="list-style-type: none"> 3 – 6 ft – Low Risk Task - Manage cough /sneezes and spacing between workers. Require facing away from one another. Put all workers into face shields and goggles when face to face is required. 0 – 3 ft – High Risk Task – RPE will need to be considered. Have consistent work crews, and conduct additional temperature screening, etc. 	
7.	If the work crew is using respirators/supplied air, have they been fit tested for the type of equipment in use and are they clean shaven?	

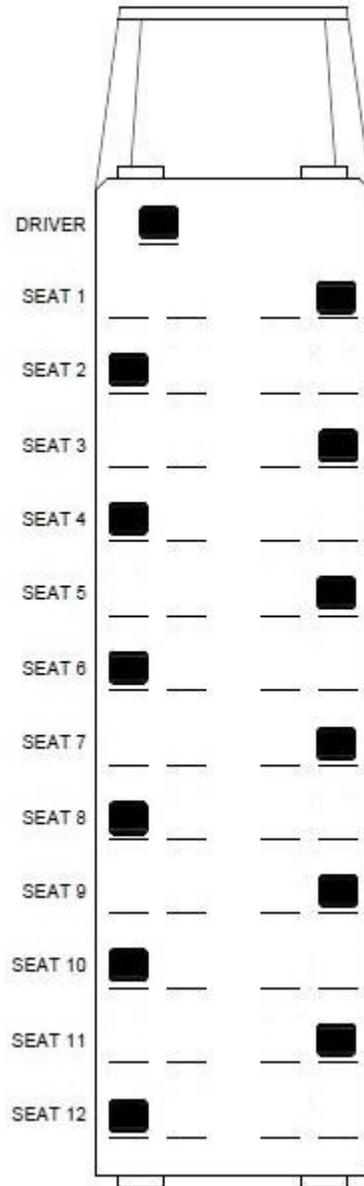
8.	<p>Is PPE getting shared amongst the work crew / shifts? If so, is it getting adequately cleaned and/or disinfected following each use? Ask.</p> <p>Body Suits: ARC Flash Suits: Suits require professional cleaning before swapping amongst workers. No Tyvek suits can be worn underneath ARC Flash Suits per manufacturer’s recommendations. Aluminized Suits: Clean suits according to given manufacturer’s instructions. If sharing cannot be avoided, use Tyvek suits underneath to minimize direct contact.</p> <p>Respiratory Protective Equipment (RPE): Cleaning and disinfecting are required for RPE that are shared amongst employees before swapping. Whenever possible, sharing respirators should be discontinued. Each person that uses a respirator should have an individual respirator assigned to them.</p>	
9.	<p>Are workers observed in close proximity to each other in vehicles? Are they using open air methods where possible? Example: Back of pick-up trucks using benches.</p> <p>Vehicles: Should be no more than 2 passengers per vehicle. No more than 2 in the cab of a truck. Open windows to increase air flow in the cabin. Wipe down/disinfect frequently touched surfaces.</p> <p>Passenger Vans/Buses: Keep your distance by skipping seats or benches and sitting cater-cornered. Wipe down/disinfect occupied seats after each use.</p>	
10.	<p>Are workers observed in close proximity to each other at water coolers/ice chests? Are there hand wash stations near water coolers/ice chests?</p>	
Indoor Observations/Implementation		
1.	<p>Have you observed workers within 6 feet of each other?</p>	
2.	<p>Are workers following best practices for social distancing within the permit office?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Maintain a 6-foot distance from permit issuers and others. • One permit receiver in the permit office per work crew. The rest of the work crew remains outdoors/ in vehicles/ not in permit office. • Staying within/behind taped designated areas or behind tables. 	

3.	Are workers observed touching their faces? If so, are they washing their hands following?	
4.	Are common indoor areas/surfaces getting cleaned/disinfected on a routine basis? Does the facility have a cleaning schedule with assigned areas? Examples: Phones, keyboards, permitting kiosks, printers, handrails, pens at sign in boards, kitchen areas, doorknobs.	
5.	Are there instructions within the unit to minimize personnel from entering the control room? If so, can workers in the area explain the instructions? Example: Utilize alternative communication methods if it is necessary to contact control room such as radios, intercoms, phones, unless there is an emergency that requires other means.	
6.	Are staff members washing their hands before using water stations/fountains/dispensers?	
7.	Do you see group gatherings that are greater than 10 people?	
8.	Are break room/conference room chairs adequately spaced for people to sit 6 feet apart?	

Revision History: The following information documents at least the last 3 changes to this document, with all changes listed for the last 6 months.

DATE	REVISED BY	CHANGES

Appendix D



Appendix D - Continued

