Alliant

COVID-19 Resources for Clients

AEROSOL TRANSMITTED DISEASES EXPOSURE PREVENTION PLAN

1. **Purpose**

   This policy and procedure sets an organization's action plan for the protection of employees from aerosol transmitted diseases (e.g., SARS, Ebola, influenza, etc.) and the preparation for business continuity in the event of a regionally impacted or pandemic event such as the novel coronavirus known as COVID-19. The procedures are based on traditional infection prevention and industrial hygiene practices promoted by the US Department of Health & Human Services-Centers for Disease Control (CDC), the World Health Organization (WHO) and OSHA.

2. **Scope**

   The organization places the scope of this policy and SOP at all company operations, including at client locations and associated company facilities.

3. **Educational Information on Aerosol Transmitted Diseases**

   3.1 **Transmission of Respiratory Illness-General Facts:** Many respiratory diseases such as SARS, COVID-19, and the seasonal influenza are transmitted by small droplets or aerosols produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are in close proximity (≤ 6 feet) or possibly be inhaled into the lungs. Another possible route of exposure to an individual is when that a person touches a surface or object that is contaminated with a living virus and then subsequently touch their own mouth, nose, or their eyes. Each type of virus has varying life spans and capabilities of surviving on different types of surfaces or materials. Detailed information on how a virus is transmitted, its incubation time, signs and symptoms of the respiratory illness and available treatment options are best obtained from the CDC and WHO or your personal medical doctor.

   3.2 **Typical signs & symptoms of Aerosol Transmitted Diseases:** These respiratory diseases often have similar effects. The time that an infected person is contagious varies depending on the virus type. Some diseases are most contagious when the infected person is most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Other diseases may be more contagious when the infected person is asymptomatic. Look for information released by the CDC and/or WHO on the characteristics and behavior of a specific viral disease. In general, these diseases will typically include the following signs & symptoms:

   3.2.1 High fever (≥ 100.4° F) or feeling of high fever (chills);
   3.2.2 Cough / sneezing, stuffy or runny nose;
   3.2.3 Shortness of breath;
   3.2.4 Muscle or body aches;
   3.2.5 Fatigue (tiredness).

3.3 **Monitoring Public Health Alerts:** The organization will stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into the workplace-specific plans including business continuity plan, emergency response plan, and all human resource policies addressing sick leave time off, remote work arrangements and other related employment benefits.

3.4 **Education & Information Dissemination**: The organization will issue hazard alerts through existing employee notification processes such as emails, bulletin board postings and text messages. Will limit the source of these alerts and other related information to reliable organizations such as, but not limited to the CDC, World Health Organization and OSHA.

The Organization's EHS department will issue safety meeting topic documents that address the aerosol transmitted disease properties (e.g. routes of exposure, signs & symptoms, etc.) and refresher instruction or training on company's exposure prevention plan.

4. **Exposure Assessment and Action Plan to Prevent Exposure to Employees**
    4.1 **Work-related exposure potential.** The organization will evaluate the potential sources of an infectious disease that could affect employees. This includes where, how, and what sources of an infectious disease might employees be exposed to, including:

    4.1.1 The general public, customers, and coworkers; and
    4.1.2 Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) infectious disease transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having a respiratory illness caused by the known virus.

    4.2 **Non-work related exposures.** Non-occupational risk factors at home and in community settings will be identified and notices or hazard alerts will be distributed to employees advising them of these risk factors and recommended practices to avoid exposure.

    4.3 **Employees' individual risk factors.** Notices or hazard alerts will be distributed to employees advising them of risk factors that may affect them individually due to their age, existing chronic medical conditions and immune-compromising conditions; and pregnancy.

    4.4 **Implementation of Exposure Prevention Plan**. The organization will activate exposure prevention plan in accordance to the hazard assessment procedure outlined in Section 5.0 of this policy. The company's business continuity plan will also be activated to address potential impacts related to employee absenteeism, disruptions to supply chain, communication delivery system challenges and effects on delivering services to clients and stakeholders. In addition, the business continuity plan will consider and prepare for orders or notices issued by federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding contingency plans for situations that may arise as a result of outbreaks, such as:

    4.4.1 Increased rates of worker absenteeism;
    4.4.2 The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures;
    4.4.3 Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services;
    4.4.4 Interrupted supply chains or delayed deliveries.

4.5   **Basic Infection Prevention Methods**. The following steps and procedures will be communicated to employees as per Section 3.0 of this policy.

    4.5.1   Organization will implement good hygiene and infection control practices. Promote and encourage employees to frequently and thoroughly wash their hands. Also provide workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.

    4.5.2   Encourage employees to stay at home if they are sick and report that condition to their supervisor immediately as per company's HR policies.

    4.5.3   Encourage respiratory etiquette to employees such as covering their coughs and sneezes using tissues or into their elbow sleeve.

    4.5.4   Provide customers and the public with tissues and trash receptacles and increase the frequency of disinfecting / sanitizing surfaces and trash collection.

    4.5.5   Human resource department has established policies for some designated positions that may use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.

    4.5.6   Employees will be discouraged from using other employees' phones, desks, offices, or other work tools and equipment, when possible.

    4.5.7   Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, the HSE department will obtain information on EPA-approved disinfectants effective against emerging viral pathogens. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) and verify that any product used has the EPA registered ID number.

4.6   **Illness Reporting**. Encourage employees to self-monitor for signs and symptoms of a viral infection if they suspect possible exposure. Employees are to report to their supervisor or the HR department if they are sick or experiencing symptoms of the suspected virus.

4.7   **Isolation of Potentially Infected Personnel.** Immediately isolate people who have signs and/or symptoms of a respiratory disease based on the instruction provided in employee training. Move a potentially infectious person to a location away from other employees, customers, and other workers/visitors. Although worksites do not have specific isolation rooms, designated areas with closable doors may serve as a temporary isolation room until a potentially sick person can be removed from the worksite and transported to a hospital or other urgent care medical clinic.

4.8   **Reduce the spread of aerosol contamination.** Take steps to limit spread of the respiratory secretions of a person who may have a viral disease. Provide a surgical face mask, if feasible and available, and ask the person to wear it, if tolerated. This type of mask may be included in first aid kits. *Note: Surgical masks or otherwise known as a procedure mask used on a patient or other sick person should not be confused with the respiratory dust mask (filtering facepiece) that are provided as per company's personal protective equipment SOP. These surgical masks contain potentially infectious respiratory secretions at the source (i.e., the infected person's nose and mouth) and are worn by the affected person to prevent the spread of the virus.*

4.9   **Separation of Potentially Infected Persons.** If possible, isolate people suspected of having a virus infection separately from those with confirmed cases of the virus to prevent further transmission—

particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).

4.10 Restricted Access. Restrict the number of personnel entering isolation areas.

4.11 Protection for Personnel. Protect workers in close contact with (e.g. within 6 feet) a sick person or who have prolonged or repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE as outlined in Section 5.0 of this policy.

5. Hazard Controls & Assessment

5.1 Hierarchy of Controls. The organization uses a hazard control framework known as the "hierarchy of controls" to select the means of controlling workplace hazards. This hierarchy is utilized in all of operational hazard assessment process including personal protective equipment (PPE) needs assessments. The best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers actions and decision-making to reduce their exposure. During a virus outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to these viruses.

5.1.1 Engineering Controls. Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 type viruses include:

5.1.1.1 Use of mechanical ventilation equipment with high-efficiency particulate air (HEPA) filters.
5.1.1.2 Increase ventilation rates in the work environment.
5.1.1.3 Install physical barriers, such as clear plastic sneeze guards.
5.1.1.4 Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms used in healthcare settings).

5.1.2 Administrative Controls. Administrative controls require action by the worker or employer. Typically, administrative controls are changes in our company work policies or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 type of viruses include:

5.1.2.1 Encouraging sick workers to stay at home;
5.1.2.2 Minimizing contact among employees, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible;
5.1.2.3 Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
5.1.2.4 Discontinuing non-essential travel to locations with ongoing virus outbreaks. Regularly check CDC travel warning levels which are published on their website, https://www.cdc.gov/.
5.1.2.5 Implement existing emergency communications plan that includes a forum or procedure for answering employees' concerns and internet-based communications.
5.1.2.6 Provide employees with up-to-date education and training on the virus risk factors and good exposure prevention behaviors (e.g., cough etiquette and care of necessary PPE).

5.1.2.7 Employees who need to use PPE and equipment will receive training on how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties.

5.1.3 **Safe Work Practices.** These are types of administrative controls that include procedures for assigning and performing work in a manner that reduces the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 type viruses include:

5.1.3.1 Provide resources and a work environment that promotes personal hygiene. This includes posting signs that communicate key CDC recommendations such as frequent hand washing, providing tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.

5.1.3.2 Include exposure prevention tips and procedures in all tailgate safety meetings and pre-shift job safety analysis (JSA) sessions. That instruction should include 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. The practice of maintaining a 6-foot separation from co-workers and avoidance of large gatherings (more than 10) should also be reinforced.

5.1.4 **Personal Protective Equipment**
5.1.4.1 While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2 viruses, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies. Examples of PPE include gloves, goggles, face shields, filtering facepieces (dust masks), and other respiratory protection, when appropriate and based on personal protective equipment SOP and respiratory protection SOP that include medical screening, fit testing and equipment maintenance and cleaning procedures.

5.1.4.2 Workers, including those who work within 6 feet of individuals known to be, or suspected of being, infected with an infectious virus disease and those performing aerosol-generating procedures, need to use respirators. The National Institute for Occupational Safety and Health (NIOSH) guidelines recommend the use of an approved N95 filtering facepiece respirator or better. When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: a R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate (HEPA) filter; or supplied air respirator (SAR).

5.1.4.3 **Multi-employer worksites:** For those operations and locations involving multiple employer activities (e.g., construction, well completions projects, etc.), steps should be taken to separate individuals at the recommended distance of 6 feet or greater and reduce density of workers within a common work space.

- o Avoid hosting large group meetings. CDC recommends gatherings of no more than ten (10) people; and when meeting, that workers keep a 6 foot distance between each other. Tailgate safety meetings and JSA sessions may need to be conducted in smaller groups.
- o Discourage hand-shaking and other contact type of greetings.

- Perform meetings online or via conference call whenever possible.
- Do not congregate in lunch areas or small rooms.
- Do not share tools.
- Do not share PPE.
- Sanitize reusable PPE per manufacturer's recommendation prior to each use and ensure used PPE is disposed of properly.
- Utilize disposable gloves where appropriate; Instruct workers to wash hands after removing gloves.
- Disinfect reusable supplies and equipment.
- Identify specific locations and practices for daily trash such as: paper, hand towels, food containers, etc. Instruct workers responsible for trash removal in proper PPE and hand washing practices.
- Provide routine environmental cleaning (doorknobs, keyboards, counters, and other surfaces).
- Do not use a common water cooler. Provide individual water bottles or instruct workers to bring their own.
- Instruct workers to change work clothes prior to arriving home and to wash clothes in hot water with laundry sanitizer.
- Utilize disposable hand towels and no-touch trash receptacles.
- Request additional/increased sanitation (disinfecting) of portable toilets.
- Avoid cleaning techniques, such as using pressurized air or water sprays that may result in the generation of bio-aerosols.
- Supervisors should ask the following questions to all employees prior to entering the jobsite. If they answer "yes" to any, they should be asked to leave the jobsite immediately. Anyone asked to leave should not return to work until 24-hours after they are free from a fever or signs of a fever without the use of fever-reducing medication or have been tested and confirmed negative for the virus.
    - Have you, or anyone in your family, been in contact with a person that has tested positive for the suspected virus?
    - Have you, or anyone in your family, been in contact with a person that is in the process of being tested for the suspected virus?
    - Have you, or anyone in your family traveled outside of the U.S. within the last two weeks (if the threat is a pandemic event with known 2 weeks incubation period).
    - Have you been medically directed to self-quarantine due to possible exposure to the suspected virus?
    - Are you having trouble breathing or have you had flu-like symptoms within the past 48 hours, including: fever, cough, shortness of breath, sore throat, runny/stuffy nose, body aches, chills, or fatigue?

6. Remote Telework Policy & Procedures

The following policies have been established to address those circumstances involving a government order to quarantine or company's voluntary actions to shut down offices as a means to reduce the community spread of an infectious virus. These represent temporary measures that may be necessary to address *an active virus infection event* and would be subject to change as a situation evolved and would be revoked after such time that the threat of the community-spread virus has been determined to no longer exist or the government order has been rescinded.

6.1 Office closures will be determined based on the recommendation of federal and local government agencies.

6.2 Human Resource department or Executive Management will take the lead on communicating/approving all messaging related to official announcements on voluntary telework options and potential office closures.

6.3 Make voluntary telework available as positions and resources allow in cases of possible exposures, school closures, quarantines, upon the establishment of containment areas, or based on local government recommendations. Employees without the ability to work from home, either due to the nature of their role or due to resource constraints, will be expected to work from a company office or use personal leave time off. Alternative or staggered scheduling will be made available, as is feasible.

6.4 Mandate telework scenarios upon **official office closures** for those employees able to work remotely. If the nature of an employee's role or resource constraints prevent an employee from working remotely and their home office is officially closed, we will provide up to a maximum of [*insert allowed time*] weeks of base pay continuation. Should an office closure extend beyond this time period, employees without the ability to telework may be required to use PTO.

6.5 Employees who are ill are strongly encouraged to stay home. Those with infectious virus symptoms should consult their medical provider. Employees who test positive for a known virus are requested to contact HR immediately. Appropriate steps will be taken to support the health and safety of all employees while protecting the identity of the employee(s) diagnosed.

6.6 An employee who tests positive or has a family member in their household test positive for a known virus will receive up to a maximum of [*insert allowed time*] weeks of base pay continuation and may qualify for state and/or federal job protected leave. Employees with absences related to a known virus diagnosis which extend beyond [*insert allowed time*] weeks may be required to use PTO.