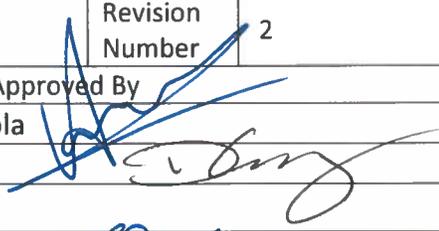
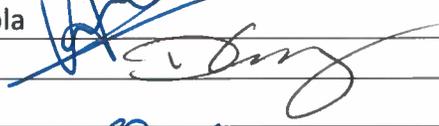
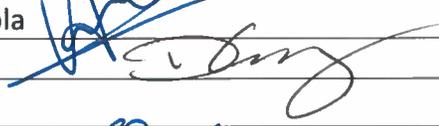




Coronavirus (COVID-19) Prevention and Mitigation Policy

Document Summary			
Effective Date	4/3/2020	Last Update	5/19/20
Document Owner	Steve Drake	Revision Number	2
Approved By			
Project Director	Vicente Alberola		
Deputy Project Director	Dan Cruz		
Operations Manager	Michael Orear		
Safety Manager	Steve Drake, CSP		

A. PURPOSE AND SCOPE

This policy applies to the Dragados-Flatiron Joint Venture (DFJV) and all of its employees, including employees of the DFJV's joint venture partners working on the CP 2-3 Project. Where federal, state or local codes require more strict standards than those established in this policy, the more strict standards shall apply. All subcontractors shall be required to provide equivalent protection and programs as those established by the DFJV through this policy.

B. POLICIES AND PROCEDURES

Implement Basic Infection Prevention Measures (Office and Field)

1. All employees are required to self-monitor for signs and symptoms of COVID-19, which include fever, cough, and shortness of breath.
2. All employees will be reminded in their respective departmental and work site meetings to stay home if they feel ill.
3. Employees are required to answer COVID-19 Screening Questions if and as required by applicable federal, state or local rule, ordinance or regulation.
 - o See Appendix A for Screening Guidance and Appendices A-1 (Field) and A-2 (Office Employees) for the Screening Statements.
4. Employees who are at a higher risk have the ability to work from home, where applicable and when approved by the Project Director or his designee. *CDC defines higher risk as; adults aged 65 years and older and people of any age with underlying medical conditions.* Contact your manager if additional information is required.
5. Do not share dishes, drinking glasses, cups, eating utensils, or hand towels with others
 - a. After using these items, wash them thoroughly with soap and water or put in the dishwasher.
6. Clean and disinfect all "high-touch" surfaces every day.
7. Clean your hands often.



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 - a. After using these items, wash them thoroughly with soap and water or put in the dishwasher.
6. Clean and disinfect all "high-touch" surfaces every day.
7. Clean your hands often.

- a. **Wash hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- b. If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- c. **Avoid touching your eyes, nose and mouth** with unwashed hands.

Measures Taken to Prevent Spread in Office

1. In-person meetings are strongly discouraged.
 - a. In-person meetings should be avoided. Where an in-person meeting is necessary, no more than seven in-person attendees may participate, and only if applicable social distancing rules are followed and dust masks/face coverings are worn.
 - b. Proper social distancing should be maintained. At least 6' spacing between individuals.
 - c. Remote conferencing is encouraged.
 - d. Conference rooms should be locked, with chairs removed, to discourage in-person meetings and encourage remote conferencing.
2. COVID-19 awareness should be discussed at the beginning of each meeting until the current Coronavirus Pandemic is finished.
3. Informational and educational signs must be placed throughout offices.
4. Follow the Cleaning and Disinfection Procedures in Appendix B.
 - a. Additional daily cleaning services should be performed, as necessary, to focus on sanitization.
5. Break room areas are closed. Microwave, coffee pot, refrigerators, etc. within the break room areas have been removed or switched off.
6. Hand sanitizer and disinfectant wipes must be made readily available, provided sufficient market supply.
7. Alternating work schedules will be implemented to minimize exposure. See Remote Work Guidelines Section below.
8. Employees are encouraged to follow CDC Guidelines for Social Distancing. See Social Distancing Best Practices Toolbox in Appendix E.
9. Wearing a dust mask/face covering is mandatory when working on the DFJV Project. See Blue Border Alert in Appendix E.

Measures Taken to Prevent Spread in Field

1. In-person meetings are strongly discouraged.
 - a. In-person meetings should be avoided. Where an in-person meeting is necessary, no more than seven in-person attendees may participate, and only if applicable social distancing rules are followed and dust masks/face coverings are worn.
 - b. Proper social distancing will be maintained. At least 6' spacing between individuals.
 - c. Remote conferencing between field and office staff is generally required.
2. COVID-19 hazards and preventive measures will be listed on Daily Risk Assessment (DRA) and discussed every day.

3. DRAs are not signed by the employees. Foremen or equivalent will read the DRA and record the employees who are present.
4. Additional hand washing stations have been placed in the field.
5. Informational and educational signs must be placed in the muster points at the Project work sites.
6. Additional routine cleaning procedures have been implemented.
 - a. Equipment operators are provided cleaning supplies and required to wipe down cabs daily.
 - b. Shop mechanic are given cleaning supplies and required to wipe down common areas and tools as often as practicable, at minimum daily.
 - c. Daily cleaning of tools, equipment and commonly used areas is required.
7. Social distancing is implemented.
 - a. Workers should remain at least 6' away from each other.
 - b. Crew lunches have been staggered.
 - c. Time sheets kept outside.
 - d. Field staff will not enter office buildings unless in controlled areas only with follow up cleaning and disinfecting after visit.
8. Employees are encouraged to follow CDC Guidelines for Social Distancing. See Social Distancing Best Practices Toolbox in Appendix E.
9. Wearing a dust mask/face covering is mandatory when working on the DFJV Project. See Blue Border Alert in Appendix E.

Business Travel Restrictions

1. Business travel is suspended until further notice. If business-critical travel is deemed necessary and essential, two levels of management approval will be required. Business travelers that travel to high risk areas or other locations where incidence of COVID-19 are high may be required to implement additional requirements or precautions as directed by the Safety Manager or Project Management.

Personal Travel

1. Employees are discouraged from personal travel, particularly to high risk countries as defined by the CDC.
2. Employees are encouraged to disclose any recent personal travel to high risk areas to Human Resources and the Safety Manager.
3. Employees are encouraged to advise their manager and Human Resources of any upcoming personal travel plans.
4. Employees will be subject to self-quarantine and telework for 14 days if they travel to high risk areas as defined by the CDC.

Sick/Infectious Personnel

1. Report any flu- or cold-like symptoms to your supervisor.
 - a. Employees should not come to work if they are ill.
 - b. Supervisors must immediately report any individual, who, for any reason, is not at work to the Safety Manager or HR Manager.

- c. Please refer to Isolation and Return to Work Guidelines, Appendix C.
2. Identify, isolate and send home/hospital potentially infectious personnel.
 - a. Individuals are encouraged to have a doctor's note prior to returning to work if they had a non-COVID related illness. See Appendix C, Column 4.
 - b. **Maintain confidentiality.**
3. If a doctor deems it necessary for an individual to be tested for COVID-19, a list of all people that the individual has come into close contact with should be placed in self-quarantine until the results are returned.
 - a. If the test is negative, the employees under self-quarantine may return to work providing that they are not exhibiting any COVID-19 symptoms. Please refer to Isolation and Return to Work Guidelines, Appendix C.
 - b. If the test is positive, the employees under self-quarantine will remain under self-quarantine until 14 days have passed since their last contact with the infected individual. They may return to work after this time, providing that they are not exhibiting any COVID-19 defined symptoms. Please refer to Isolation and Return to Work Guidelines, Appendix C.

Remote Work Guidelines

1. To ensure both the continuation of the Project works and implement physical distancing, an alternating remote and at the office work schedule is implemented.
2. Employees from superintendent and up will alternate working in the office and working remotely. If an employee works in the office M/W/F then the next week s/he will work T/Th in the office the following week. The rotations will continue in such a manner for the time that this policy is in effect. Employees who work primarily in the field should not be impacted as they will continue to work in the field and communicate via teleconferencing with the office teams. Field activities will continue. To the extent an employee's job requires him/her to be in the field they will need to be there, practicing social distancing, regardless of whether the rotation schedule has them listed as in office or remote. However, efforts should be made to schedule the field visits on your remote days and, if you must go into the field on the days you are in the office, you should schedule those trips at the end of the day.
3. Managers have developed plans on how to maintain productivity during the time the DFJV is on the rotating schedule, and will discuss by department on how to implement the schedule and the productivity measures. A full copy of the plan is attached as Appendix D.

Slow the Spread through Education

1. Office employees shall be educated about the slowing the spread of COVID-19 through reminders by their managers in their staff meetings and in safety meetings. See Appendix E for the education information shared with the staff.

2. Field employees should be educated about slowing the spread of COVID-19 through their daily safety/toolbox meetings. See Appendix E for the education information shared with the staff.
3. Additional educational materials should be generated and distributed as needed to communicate and emphasize key points of this policy. See, for example, Appendix F.

Case Tracking and Record Retention

1. Supervisors must report any employee who is out of work due to illness. This should be reported to the Safety Manager and the HR Manager. This information must be tracked on the COVID-19 Case Tracker. See Appendix G.
2. Any COVID-19 related cases (suspected case, confirmed case, isolation due to high risk, etc) must be reported to the Safety Manager and HR Manager. This information must be tracked on the COVID-19 Case Tracker. See Appendix G.

3. Record Retention

Type of Record	Retention Period
COVID-19 Case Tracker	End of employment plus 7 years
COVID-19 Screening Questions	Duration of Project
Cleaning and Disinfecting Checklists	Duration of Project
Return to Work Questionnaire	End of employment plus 7 years
DRAs and Safety Meeting Sign-In Sheets	Duration of Project

Communication

1. All communication with third-parties regarding the DFJV’s policies and procedures for addressing COVID-19 shall be approved by the Project Director.
2. Unless otherwise authorized, internal communication about COVID-19 policies and procedures shall be approved by the Project Director.

Subcontractors, Suppliers and Service Providers

1. Subcontractors, suppliers, and service providers are required to implement the CDC guidance and any applicable state or local guidelines
2. Subcontractors, suppliers, and service providers must appoint a single point of contact for their organization and provide the contact information to the DFJV Safety Manager.
3. Must implement protection and programs at least equivalent to those outlined in these Policies and Procedures.

C. EFFECTIVENESS, APPLICABILITY, AND RESPONSIBILITY

Duration of Policies and Procedures

1. These Policies and Procedures are in effect for the duration of the COVID-19 pandemic unless otherwise earlier rescinded based on governmental guidance.

Applicability

1. These Policies and Procedures are applicable to all employees of the DFJV including the employees of its partner companies.

Amendments and Revisions

1. These Policies and Procedures are not intended to be, and cannot be due to the evolving nature of the virus, comprehensive. They may be amended by the DFJV as more information becomes known. Amendments or revisions shall be generated by the Safety Department and approved by the Project Director and Project Deputy Director. Departures from the policy may be necessary depending on the surrounding facts and circumstances. The DFJV reserves that discretion.

Responsibility

1. The Project Director and Deputy Project Director are responsible for
 - a. Providing guidance and leadership during the COVID-19 pandemic and ensuring the implementation of these Policies and Procedures.
 - b. Keeping abreast of developments with COVID-19 and the impacts to the Project
2. The Safety Manager and the Safety Department are responsible for:
 - a. Maintaining thorough knowledge of these Policies and Procedures and keeping abreast of the developments surrounding COVID-19.
 - b. In conjunction with the HR Manager, clearing any return to work cases.
 - c. The Safety Manager, along with the HR Manager, has the responsibility to track and monitor employees who are out of work due to COVID-19
 - d. The Safety Manager, in conjunction with the Operations Manager, is responsible for working with subcontractors, service providers and vendors to monitor any suspected or actual cases in those entities.
3. The HR Manager is responsible for:
 - a. Monitoring, along with the Safety Manager, employees who are out of work due to COVID-19.
 - b. Along with the Safety Manager, clearing any return to work cases.
4. The Operations Managers, Segment Managers and Department Managers are responsible for:
 - a. Ensuring that all persons under isolation do not return until cleared by Safety and HR
 - b. Ensuring that the Screening Statements are completed
 - c. Reviewing the CDC guidelines and other health and safety protocols with their respective departments

- d. Notifying the Project Director and Deputy Project Director of any impacts to the Project from COVID-19
- 5. All Employees are responsible for:
 - a. Adhering to these Policies and Procedures



COVID-19 FIELD SCREENING STATEMENT

Work Location: _____

Note to Foreman: To implement the County of Fresno's COVID-19 screening policy you must ask, at the beginning of each toolbox meeting, whether any member of the crew has the symptoms listed below. This script is provided to ensure uniformity of the questions asked. Although this stems from a County of Fresno public health order, the DFJV is adopting the screening across the alignment.

You should designate an area where the employee can approach you for further guidance at an appropriate social distance. Each day when completed you need to sign and return this document to the Segment Safety Manager.

-----*Start Script*-----

In an effort to slow the spread of COVID-19, and in compliance with local ordinances and DFJV policy, do not go to work but instead come and see me (staying at the appropriate social distance) immediately after this statement if you have any combination of these symptoms or if the symptoms appear during the day. The symptoms are:

- **A NEW OR WORSENING EPISODE OF COUGH OR**
- **SHORTNESS OF BREATH WITH**
- **FEVER (100.4 DEGREES FAHRENHEIT OR 38 DEGREES CELSIUS) OR**
- **CHILLS IN THE PREVIOUS 24 HOURS**

By going to work you confirm that you do not have any combination of these symptoms.

-----*End Script*-----

Check the applicable line after reading the script:

- _____ No employee approached to report symptoms after hearing the script
- _____ Employee(s) approached to report symptoms after hearing the script and they were referred to the Segment Safety Manager.*

Date: _____

Foreman Printed Name: _____ Foreman Signature: _____

*Names of individuals who report symptoms should be reported to the Segment Safety Manager. To protect confidentiality, do not notate those names on this form.



COVID-19 OFFICE SCREENING STATEMENT

Note to Employee: To implement the County of Fresno's COVID-19 screening policy you must review and complete this statement each day.

I _____ (insert name) do not have any combination of the symptoms below and will isolate and report to the Safety Manager or HR Manager if they appear during the day. The symptoms are:

- **A NEW OR WORSENING EPISODE OF COUGH OR**
- **SHORTNESS OF BREATH WITH**
- **FEVER (100.4 DEGREES FAHRENHEIT OR 38 DEGREES CELSIUS) OR**
- **CHILLS IN THE PREVIOUS 24 HOURS**

If you have these symptoms please go to an area where you will be able to discuss with the Safety Manager or HR Manager and maintain strict social distance (e.g., your vehicle) and do not interact with any other employee.

Signature: _____

Date: _____

If you do not have symptoms return a completed copy of the form to the designated drop box. If you do have symptoms follow the directions outlined above, no need to return the form.

Cleaning and Disinfection Procedure

Background

Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. However, the novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

Purpose

This procedure provides instruction on the cleaning and disinfection of rooms or areas people have visited. It is aimed at limiting the survival of novel coronavirus in key environments.

Definitions

- *Community facilities* are settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and risk of spreading infection.
- *Disinfecting* works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Cleaning and Disinfection after Persons Have Been in the Facility!

How to Clean and Disinfect

Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check

to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
 - Approved cleaners and disinfectants are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

What to Clean and Disinfect

The DFJV has a cleaning service that cleans the office each night. The service focuses on the primary locations in the office i.e. break area, bathrooms, vacuuming etc.

- **Bathrooms:** The cleaning service conducts minor cleaning e.g., cleaning the sink handles, flush handles, and door knobs each night. It is the responsibility of the Segment offices to assign an individual to clean the sink handles, flush handles and door knobs routinely during work hours.
- **Offices/Cubical Space:** Employees should retrieve the appropriate cleaning supplies from the receptionist and wipe down their desk surfaces, key boards, phones, etc. daily.
 - Conference/training rooms after each meeting
 - Maintain Cleaning Log (attached)
 - Lock conference rooms after they are cleaned after meetings
 - Surfaces handled by employees should be cleaned/disinfected (i.e. drinking water levers, door knobs, tables, phones, chairs. . .)
 - Heavy equipment cabs and automobiles
 - Surfaces should be cleaned/disinfected (i.e. equipment levers, steering wheels, seats, seat belts, windows) at the end of each shift or prior to another operator using the equipment.
 - Hand tools and equipment
 - Clean hand tools daily.

Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Personal Protective Equipment (PPE) and Hand Hygiene:

- If possible, wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Gloves and gowns should be compatible with the disinfectant products being used.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - The Safety Data Sheet should be reviewed for PPE guidance and preventive measures.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- Clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoid touching eyes, nose, or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - After visiting public or common areas
 - Before and after providing routine care for another person who needs assistance (e.g., a child)

List of Approved Cleaners and Disinfectants:

- Hydrogen Peroxide
- Sodium Hypochlorite – Bleach
- Quaternary Ammonium – Lysol

- Quaternary Ammonium - Clorox Wipes
- Quaternary Ammonium; Ethanol – Lysol Mist
- Ethanol – Purell

** If you are unsure if a cleaning supply is adequate to use, please contact your segment safety manager.

Cleaning Following a Confirmed COVID-19 Case

- It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
 - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.



COVID-19 ISOLATION AND RETURN TO WORK GUIDELINES

Isolation Guidelines

These isolation guidelines address the situations below and should be read in conjunction with any doctor's order or new federal or state guidance.

- 1) Symptomatic with or without a positive test result
 - Must self-isolate until s/he is fever free for a full 72 hours (without the use of fever reducing medicine) **AND** other symptoms, such as cough and shortness of breath have improved **AND** at least seven days have passed since symptoms first appeared.
 - All employees who are symptomatic (whether they receive a test or not) must have a written doctor's release to return to work
 - Employees may also have received a negative test depending on the strategy used by his/her healthcare provider, if so that should be reported.
- 2) Asymptomatic with positive test result
 - a. Individual must self-isolate for at least seven days after each positive test. S/he must have had no subsequent illness or symptoms.
- 3) Close/household contacts* with a confirmed COVID-19 Case
 - a. If asymptomatic
 - i. If individual remains in contact with the confirmed case, s/he must still isolate for 14 days after the confirmed or suspected COVID-19 case is no longer required to isolate.
 - ii. If s/he no longer has contact with the confirmed or suspected case s/he should remain isolated for 14 days after their last contact with that individual.
 - b. If symptoms develop see (1) above
 - c. If COVID-19 test is negative then s/he may return to work provided other symptoms are resolved and there is no fever.

*Close Contact is defined as being within approximately six feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case OR having direct contact with infected secretions of a COVID-19 case (e.g., being coughed on, sharing utensils)

- 4) Asymptomatic but self-isolated due to travel to high risk areas
 - a. If no symptoms develop, return to work after 14 days.
 - b. If symptoms develop see (1) above.

- 5) Casual Contact with confirmed or suspected COVID-19
 - a. Special precautions are generally not necessary. However, the individual must observe his/her symptoms for 14 days and self-isolate if symptoms develop.
- 6) Co-workers of individuals who are close/household contacts with a confirmed or suspected COVID-19 case
 - a. If the close/household contact is asymptomatic then no special precautions for his/her co-workers. Co-workers should closely monitor to see if they have any symptoms develop
 - b. If the close/household contact is symptomatic then the co-workers, if they are asymptomatic, who work closely with the individual should be isolated in accordance with 3(a)(ii) above. Symptomatic co-workers should follow (1) above.

Returning to Work After Isolation

After the isolation period specified above is over, or as may otherwise be directed by a doctor, then the employee should:

- Notify their direct supervisor they are ready to return to work
 - o For craft employees – the supervisor should contact the Segment Safety Manager to conduct a phone screening using the questionnaire attached as Exhibit A.
 - o For non-craft employees – the supervisor shall request that the EHS Manager or the HR Department conduct the phone screening using the questionnaire attached as Exhibit A.
- If the employee successfully passes the questions, the individual conducting the screening will inform the supervisor that the employee may return to work
- If the employee does not pass the questionnaire, or the individual conducting the screening has a concern:
 - o The individual conducting the questionnaire will escalate their concern to the Project Director and Deputy Project Director for further examination.
 - o The employee will remain off work until all questions or concerns are resolved

About the Questionnaire

- The spreadsheet is arranged with four types of cases:
 - o 1) Confirmed Cases
 - o 2) Suspected Cases
 - o 3) Close Contacts (Which should also be used for travel from High Risk Areas)
 - o 4) Voluntary Isolation for Unspecified Illness
- The person screening the employee should determine the reason for the employee's absence and ask only the questions specific to the employee's reason for absence (Cases 1-4)
- Green means the question is passed successfully. Red means the question is not passed. If a cell turns any color other than green or red, complete the additional questions that correspond to the color.
- An employee cannot return until s/he is able to pass all questions for their type of case.

Exhibit A – Return to Work Questionnaire

(Must use the native file saved here <insert shared drive link> to engage the color coding system. You should create a new file for each individual you conduct an assessment on and for each time you conduct an assessment on them and save it here <insert shared drive folder for responses, this should be a secure folder with access only to certain individuals>)

Employee Name:		Date:	
Project: High Speed Rail (CP 2-3)		Interviewer:	
Trade / Job Title:		<i>Note: Interviewer for staff employees must be an HR or EHS Mgr. Interviewer for Craft Personnel must be a Safety Professional!</i>	
Date of Isolation:	Return Date:	Number of Days Absent:	
CONFIRMED CASE	SUSPECT CASE	CLOSE CONTACT	VOLUNTARY ISOLATION FOR UNSPECIFIED / UNIDENTIFIED ILLNESS
Has a Licensed Health Care Provider (LHCP) authorized you to stop home isolation?	Has a LHCP authorized you to stop home isolation?	Have you remained in contact with a confirmed case? *	During your isolation period did you:
How did the LHCP make this determination?	How did the LHCP make this determination?	* If Yes go to question 1 below; If No go to question 2	Self-isolate for 14 days
No longer testing positive for the virus, OR	Received negative result(s) on COVID-19 test(s), OR	1. Have you isolated for 14 days after the confirmed or suspected COVID-19 case is no longer required to self-isolate.	No fever for at least 72 hours without use of fever reducers, AND
Other non-test based strategy, AND	Other non-test based strategy, (Highlight which option used by LHCP)	2. Have you been in isolation for 14 days from the day you were last in contact with the confirmed case?	All other related symptoms have improved, AND
No fever for at least 72 hours without use of fever reducers, AND	No fever for at least 72 hours without use of fever reducers, AND	In any case:	Not experience any symptoms such as fever, coughing or shortness of breath?
All other related symptoms have improved, AND	All other symptoms have improved	No fever for at least 72 hours without use of fever reducers, AND	If you did experience any symptoms, did you seek medical advice? *
Seven days have passed since symptoms first appeared	Seven days have passed since symptoms first appeared	All other related symptoms have improved, AND	* If YES, complete questionnaire for Suspect Case also
Has the LHCP provided you a written or verbal authorization to stop home isolation?	Has the LHCP provided you a written or verbal authorization to stop home isolation?	Not experience any symptoms such as fever, coughing or shortness of breath?	
		If you did experience any symptoms, did you seek medical advice? *	
		* If NO, complete section for Voluntary Isolation for unspecified / unidentified illness also	
		* If YES, complete questionnaire for Suspect Case also	



**Dragados/Flatiron Joint Venture
California High-Speed Rail Project
Construction Package 2-3**

**PLAN TO MAXIMIZE PHYSICAL DISTANCING
DURING THE COVID-19 EPIDEMIC**



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Appendix A – Coronavirus Preventive Measures..... 1

1.0 Introduction

This Plan to Maximize Physical Distancing in the Workplace (Plan) is developed with the intent to implement the Center for Disease Control and Prevention (CDC) guidelines for Coronavirus.¹ Other guidelines recommended by the CDC have been/are in the process of being implemented and have been circulated to the Project team. See Appendix A. If necessary further details regarding those guidelines will be reduced to writing and included as a complement to this Plan. For now, this Plan is focused on the guideline relating to whether the Dragados/Flatiron Joint Venture (DFJV):

Can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others

The Plan is not intended to be an exhaustive study of the Physical Distancing guidelines and their impact on the Project. Rather, it serves as a basis for implementing the guideline and examining what impacts, if any, the implementation may have on the Project. The goal was, and remains, the ability to further the stated intent of the state and local governments to provide continuity of commerce and promote the continued progress of the critical and strategic CP 2-3 Project while, at the same time, taking precautions as recommended by the CDC.

To that end, the main departments have presented a plan based on the following criteria:

1. Description of personnel that can perform most of their task from home.
 - a. This will not mean that the employee cannot come to the office, what it means is that s/he will only come when the supervisor or a specific task s/he is performing necessarily requires him/her to do so to complete that task.
2. For those employees who need to be present at the office, considering whether a staggered or rotating shift can be implemented to minimize the number of employees at the office on any given day.
3. Limiting, as is reasonably possible, interactions between office and field personnel.
4. Considering the tools to be used to assure coordination and control within each department and with other departments.
5. How to ensure implement measures to monitor to productivity.
6. What remedial measures will be implemented, if productivity starts to decrease.

Once the Plan is operational rotating shifts will be consolidated so the same employees, as much as possible, are rotating at the same time². In this way the DFJV might be able to mitigate the need to quarantine large portions of its workforce.

¹ Full text of the guidelines is available here: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

² Including the supporting functions and departments not specifically treated in this document, like IT, HR, Office Admin, etc.

2.0 General Workforce Separation Measures

The guidelines below should work to separate different workforces—Hub Office personnel, Segment Office personnel, Field Supervision personnel, and Field Crews—on the Project with the goal to minimize the number of people affected in the event an employee develops or is exposed to COVID-19.

The intent is to avoid the loss of an entire segment of the workforce and to try to minimize the chances of cross-exposure, not just from person-to-person (as the Project is currently trying to do) but also from department-to-department, facility-to-facility, and crew-to-crew in an effort to minimize the overall impact of any single exposure.

HUB OFFICE to SEGMENT OFFICES – Hub and Segment staff should avoid entering the other environment. There are few individuals from either side that regularly interact with the other group. Those individuals could interact by the project’s video conferencing software (Bluejeans) or telephone. The Segment Manager should be the only individual entering the Hub Office and only for critical meetings that cannot effectively remote conferenced (e.g., final schedule development meetings). Exchange of documents could be done by non-contact exchange between offices, and only when the digital format is not an option. For the purposes of this category Segment 1 office staff is considered Hub Office staff since those individuals currently are operating out of the Hub Office.

SEGMENT OFFICES to SEGMENT OFFICES – There should be no need for individuals from one segment office to physically visit another segment office. Any interaction between segment offices can be handled electronically.

SEGMENT OFFICES to FIELD SUPERVISION – Segment office staff and field supervisory staff should maintain total separation as they are necessarily exposed to two different groups of workers. This may be the most difficult separation to maintain. Segment Managers will need to implement the best method of maintaining communication between Field Supervisors and Segment office staff without physically using the offices. For example, as much as possible the Field Supervisors and Segment Office staff should meet in the field and utilize the 6 foot physical distance recommendation for meetings. The staff can utilize opposite sides of the tailgates for tables (or purchase appropriately sized folding tables) and mobile devices for connectivity.

FIELD CREWS to FIELD CREWS- Field crews should operate independently from other field crews maintaining a larger separation than individual social separation standards. A recommended 25’ minimum separation between crews can be adopted, as is possible, and also between individual members of different crews. This should still be close enough to verbally communicate between crews and between crew members when necessary.

BREAK ROOM AREAS – Out of an abundance of caution, breakrooms have been closed to prevent the ingrained congregation that occurs in those spaces.

Additional methods of general workforce separation will continue to be evaluated.

3.0 Specific Workforce Separation: Operations Team

The operations team is composed of a mix of office and field personnel. This plan addresses only the office personnel and field personnel from the superintendent up, field crews will follow the above general guidelines, CDC guidelines and Coronavirus Preventive Measures (appendix A).

An action plan will be developed by the Operations Manager in coordination with each Segment Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

3.1 Segment 1 through 3.

The plan to maximize social distancing is as follows:

- Segment Manager: Full time in their respective offices.
- Construction Managers: Their work split will be about 50/50 office and field. DFJV does not expect loss of productivity in this group.
- Project Engineer: In general they will be able to do the majority of the work from home, with specific days for onsite meeting coordination.
- Field engineers (office engineers): As with the project engineer they will be able to do the majority of the work from home. Being onsite in regular staggered schedule and on an as-needed basis. They should maintain contact with their team over cell phones and Bluejeans as needed.
- Superintendents and Field engineers (site engineers): Should remain in the field with limited trips to the office just for coordination meetings, printing and the like. They will coordinate with administrative staff to produce and distribute any paperwork from the field. They should remain in contact with their team over cell phone and Bluejeans meetings as needed.
- Segment admin staff: They will support the operations personnel as normal so the operation personnel can get all physical paperwork scanned, digitized, and electronically distributed to the proper personnel that need it.

3.2 Segment 4 – Utilities and ROW

Due to the cross training of personnel and the need of interaction, the plan to maximize social distancing is as follows:

- Field Personnel: As with the superintendent and field engineers, being in the field with limited trips to the office just for coordination meetings, printing and the like. They will coordinate with administrative staff to produce and distribute any paperwork from the field. They should remain in contact with their team over cell phone and Bluejeans meetings as needed.
- Office Engineers: There will be a staggered shift between the engineers and the document control support to assure maximum efficiency.
- Full Time office: Segment Manager and one engineer will be full time in the office.

3.3 Precast Yard

Due to the specialized nature of the plant, the composition is specific and as follow:

ENGINEERING	PERCENTAGE OF TIME TELEWORKING
FIELD ENGINEER	100%
SENIOR ENGINEER	30%
QUALITY	
QUALITY MANAGER	25%
QUALITY ENGINEER	0%
QC TECH x 2	0%
PURCHASING	
FIELD ENGINEER	80%
PRODUCTION	
SUPERINTENDENT	0%
SUPERINTENDENT	0%
ADMIN	
FINANCE ADMIN ASSISTANT	100%
MANAGEMENT	
PLANT MANAGER	30%

3.4 Survey

The plan to maximize social distancing is as follows:

- Survey Manager: Will work mostly at the office and on site due to the needed interaction with Operations. Teleworking not generally feasible.
- UAS/Equipment Manager: Teleworking not feasible. He will be working mostly in the field and the office to prepare the flights, FAA documents, etc.
- Survey Segment Managers: Their work is mostly preparing survey request and design conformance, most of the work can be done remotely.
- GIS/Survey Technician: Their work is supporting the survey segment manager, that is mostly preparing survey request and design conformance. Most of the work can be done remotely.

4. Specific Workforce Separation: Environmental Team

The environmental team is composed by a number of managers, coordinators, biologist and environmental and biologist service providers.

An action plan will be developed by the Environmental Manager in coordination with each Segment Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

The plan to maximize social distancing is as follows:

- Segment leads will alternate work in the field, office and teleworking. From a high level, about 80% of the work would be in the field and coordination with operations, and 20% potentially teleworking. These individuals would follow the General Workforce Separation guidelines above as well.
- Segment Field Staff will need to conduct field inspections two days a week (Tuesday, Thursday or Friday). If printing or office time is required the field staff will complete on those days and will minimize all time at the office. All other work can be conducted by teleworking. Meetings using Bluejeans or phone conference will be schedule as needed. SWPPP, Rain Events, Spills, etc could change the dates or days in the field.
- Environmental and biologist service providers will work in the field and in their respective office or teleworking as each service company decides. Their presence in the office will be none or minimized. Service Providers have been informed of the social distancing measures implemented by the DFJV and informed to take steps to implement similar standards.

The environmental team will implement a routine of daily meetings, to coordinate, review schedules, deliverables, and performance.

5.0 Specific Workforce Separation: Quality

The quality team can be divided into four different groups for the purposes of this plan as further detailed below.

An action plan will be developed by the Quality Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

5.1 Document Control

The DFJV is working with the Authority to submit only electronic files through the Project system and remove the hard copy requirements from the notice provision during this time. The Authority's document control team is receptive to the idea, and the idea has been communicated to the Authority leadership which is studying the possible implementation.

- Two employees will be teleworking
- The rest of document control employees (3) will be in a rotating shift. If hardcopies are necessary whoever is in the office will make them.

Team will hold a daily Bluejeans meeting for 30 minutes to follow up and coordinate

5.2 Quality Assurance (Construction)

The bulk of the team will be working at the office due to the need of coordination, a rotating shift is being considered.

There are a number of employees that will be able to partially telework. It will be tested progressively to assure no loss of productivity.

5.3 Quality Assurance (Submittals)

A rotating shift will be established between the two employees that form this group.

5.4 Quality Control (Construction)

They will follow the Operations guidelines and schedule to maximize efficiency and productivity.

6.0 Specific Workforce Separation: Finance Department

Most of the finance department can develop their functions working remotely.

An action plan will be developed by the Finance Controller. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

The plan to maximize social distancing for those employees who will need a printer, scanner and to come to the office on a regular basis, or occasionally, to perform some of their duties is to establish a staggered shift.

Two daily Bluejeans meeting for 30 minutes will be establish to follow up, coordinate, establish priorities and monitor performance.

7.0 Specific Workforce Separation: Contracts Management

The Contracts Management department can function effectively under either a remote work scenario or a staggered shift. However, either the Contracts Admin or Subcontracts Manager must spend some time in the office to physically process or mail completed agreements.

An action plan will be developed by the Contracts Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

The plan to maximize physical distancing is as follows:

- **Contracts Admin:** Full time remote work. Productivity can be tracked and quality of work ensured through already established reporting procedures and workflow management processes. No loss of productivity is anticipated.
- **Subcontracts Manager:** At the initialization of this plan, the Subcontracts Manager is anticipated to be full time in the office. However, as the situation continues to evolve the Subcontracts Manager may transition to 50/50. Productivity can be tracked through a series of benchmarks and through the already established reporting procedures and workflow management.
- **Contracts Manager:** Full time office work. However, as the situation develops the Contracts Manager can, for a period, work remotely a percentage of the time.

8.0 Specific Workforce Separation: Change Management

The Change Management department can function effectively remotely or in a staggered shift. However, the Segment Change Managers/Estimators must spend some time in the office to physically interact with the Authority and other Segment Managers to be able to negotiate and price the Change Orders accurately.

An action plan will be developed by the Change Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

The plan to maximize physical distancing is as follows:

- Segment Change Managers: They can telework a substantial percentage of the time, however they have to spend some time in the office to physically interact with the Segment Managers in order to be able to price the Change Orders accurately.
- Time and Materials Processors: They will need to come to the office to process the information received from the site and vendors. While much of the information is in electronic format, there is a large percentage in paper.
- Support Engineers: they will be able to do the majority of the work from home. Being onsite only in regular staggered schedule and/or on an as needed basis.

9.0 Specific Workforce Separation: Design Management

The Design Management department can, in general, work remotely. However, interaction with other departments and the Authority will be needed in regularly schedule meetings and on an as needed basis.

An action plan will be developed by the Design Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

The plan to maximize physical distancing is as follows:

- Discipline Managers: They can telework a substantial percentage of the time. While we will try to minimize physical interaction, they might need to have to spend some time in the office to physically interact with the Authority and rest of the departments.
- Support engineers: they will be able to do the majority of the work from home. Being onsite only in a regular staggered schedule and/or on an as needed basis.
- Jacobs: Jacobs has a company mandate to telework and not to travel. The majority of their work will be remote.

10.0 Specific Workforce Separation: Equipment Management

The equipment team will have to work in staggered shifts. This plan only addresses the office personnel, it does not address mechanics, oilers, and rest of field personnel.

An action plan will be developed by the Equipment Manager. The plan will have:

1. A detailed description of how to measure progress and how it will be done daily;
2. Schedule of daily coordination, priority setting, and performance reviews meetings;
3. A specific plan for teleworking/field/office presence for each and every employees;
4. A plan to identify tasks and key performance indicators (KPI) per employee to adjust the status and rotate duties and employees to increase effectiveness or correct loss of productivity; and
5. What remedial measures will be implemented, if productivity starts to decrease.

The plan to maximize physical distancing will be a rotating shift of three people teleworking and three people working in the office including administrative staff.

The implementation will be gradual to assure no loss of productivity. A daily Bluejeans call will be established to coordinate, set priorities, and review performance.

Appendix A – Coronavirus Preventive Measures

DFJV Employees:

Each day, we are seeing more news regarding the spread of COVID-19, coronavirus disease. We are continuing to monitor the situation and implementing appropriate actions as recommended by U.S. Centers for Disease Control and Prevention (CDC) to help prevent the spread of COVID-19. Thank you for adhering to the decisions that we've put in place and for doing what you can to protect yourselves, your families, our colleagues and our communities.

We want to emphasize that if you have cold or flu-like symptoms, stay at home and consult your healthcare provider. If you notice a colleague who appears to be ill, ask him or her to take that same action. And if you fall into one of the high risk groups, be extra cautious as recommended by CDC.

Information on COVID-19 Disease and Action Protocol

Below are a few reminders for all of us.

What is the new SARS-CoV-2 coronavirus?

Coronaviruses are viruses that circulate among some animals, with some of them potentially affecting humans, usually with mild symptoms.

SARS-CoV-2 coronavirus is a new type that can affect people and was first detected in December 2019 in Wuhan City, Hubei Province, China.

The disease caused by SARS-CoV-2 coronavirus has been called COVID-19.

What are the symptoms of COVID-19 disease?

The most common symptoms include high fever, cough, and shortness of breath. In some cases there may also be digestive symptoms such as diarrhea and abdominal pain. In more severe cases, the infection can cause pneumonia, severe respiratory distress, kidney failure, and even death. The most severe cases usually affect the elderly or those suffering from other diseases, such as heart, lung or immunological diseases.

Modes of transmission

Transmission appears to be via close contact with respiratory secretions generated by a sick person's cough or sneeze. Its contagiousness depends on the amount of viruses in the respiratory tract. These secretions would infect another person if they came into contact with their nose, eyes or mouth. Airborne transmission over distances greater than three to six feet seems unlikely.

Incubation period

Based on the knowledge of other Betacoronaviruses, MERS-CoV and SARS-CoV, and according to data obtained from the cases detected in Europe in this outbreak, the incubation period is estimated to be from 2 to 14 days.

Preventive Measures

Generic measures of individual protection against respiratory diseases include

- If you feel ill and are running a fever, stay home.
- Frequent hand-washing (use of soap and water or alcohol- based sanitizing gel), especially after direct contact with sick patients or their surroundings.
- When coughing or sneezing, cover your mouth and nose with your flexed elbow or with a disposable tissue.
- Maintain a distance of at least three feet from people who show signs of a respiratory condition, such as coughing or sneezing.
- Avoid touching your eyes, nose and mouth, as transmission is aided by contact with your hands.
- Avoid large meetings.
- Ensure the table and furniture are cleaned after necessary meetings.
- Clean your office/work area/automobile/equipment often.

In the event of possible exposure:

The supervisor must:

- Report potential cases to the Human Resources Department and Safety Manager or their designees.

- Request the employee to go straight to their home, from where they must contact the corresponding telephone health care service, so that they can proceed to evaluate their situation.
- Identify any employees who have been in close contact with the employee under investigation by notifying the Human Resources Department and the Safety Manager.

The following directives are in place and must be followed:

Business Travel Restrictions

- Business air travel is suspended until further notice. If business-critical travel is deemed necessary and essential, two levels of management approval are required.
- Large in-person group meetings are to be conducted by tele-conference, video-conference or postponed until further notice.
- Business travelers must document their travel routes and itineraries (including airports, hotels, restaurants and other public venues they've visited).
- Business travelers must immediately inform their supervisor and Human Resources of any cold or flu-like symptoms.

Personal Travel

- Employees are discouraged from personal travel, particularly to high risk countries as defined and updated periodically by the U.S. Centers for Disease Control and Prevention (CDC).
- Employees are encouraged to disclose any recent personal travel to high risk areas to their Supervisor and Human Resources representative.
- Employees are encouraged to advise their supervisor and Human Resources representative of any upcoming personal travel plans.
- Employees experiencing cold or flu-like symptoms are asked to stay home or work remotely.
- We will continue to be diligent in ensuring our offices are cleaned on a regular basis.

If you have fever, cough and difficulty breathing, seek medical care early—Call in advance. Follow the directions of your local health authority.

- Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your healthcare provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

Consider preparations and preventative measures you can take

- The U.S. Centers for Disease Control and Prevention (CDC) [suggests steps for preventing the spread of COVID-19](#).

Heed the advice we're hearing from all quarters

- As always during cold and flu season, stay home if you are sick.
- Encourage those who you know are sick to stay home until they no longer have symptoms.
- Change your regular mode of greeting friends and loved ones. Instead of a handshake, a kiss or a hug—try a friendly wave or an elbow bump which are less likely to expose you to respiratory viruses.
- Clean and disinfect frequently touched objects and surfaces, such as toys and doorknobs.

Do not hesitate to reach out to your supervisor or to your Human Resources representative regarding any questions related to these issues.

Your health is important to us.

Appendix E

Coronavirus (COVID-19) Safety Meeting Topics

1. What Is Coronavirus?
2. How to Hand Rub
3. Cover Your Cough
4. Hand Washing Hygiene
5. Construction Hygiene
6. Coronavirus Info
7. Coronavirus Don't Panic
8. Coronavirus in the Work Place
9. OSHA Guidance On Prep for COVID-19
10. COVID Fact Sheet
11. COVID19 Action & Protocol
12. COVID-19 Outbreak
13. Coronavirus Safety Alert from DFJV Mgt.
14. COVID INFO Update 032020
15. COVID-19 Cleaning Practices
16. COVID-19 How to Protect Yourself
17. COVID-19 Social Distancing Best Practices
18. Dealing with Stress During COVID Pandemic
19. Keeping the Workplace Safe
20. COVID-19 Toolbox AGC CA
21. DFJV Social Distance Protocol
22. Blue Border Alert – Dust Mask/Face Covering Is Mandatory

1. What is Coronavirus?

How is Coronavirus spread?

The virus is mainly spread from person to person. Transmission can occur:

- 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. The droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs
- It is also believed that the virus can be spread by touching a surface or object that has the virus on it, and then touching your own mouth, nose or eyes. This is not believed to be the primary way it spreads.

Can someone spread the virus without being sick?

- People are thought to be most contagious when they are most symptomatic (i.e. experiencing fever, cough and/or shortness of breath).

What are the signs and symptoms of coronavirus?

The following symptoms may appear 2 to 14 days after exposures:

- Fever
- Cough
- Difficulty breathing or shortness of breath

How can I protect myself?

The Center for Disease Control CDC recommends the following precautionary steps:

- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are not available.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Maintain regular housekeeping practices including routine cleaning and disinfecting of surfaces, personal equipment and household items.

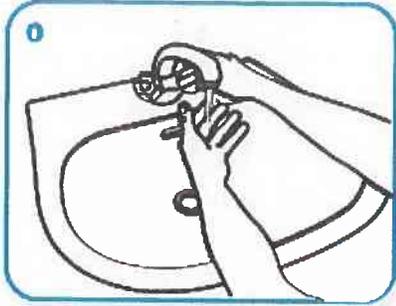
What should I do if I get sick?

- Notify your supervisor immediately
- Contact your health care provider, particularly if you fever and/or difficulty breathing.
- Stay home until you no longer have ANY symptoms or have been cleared by a medical professional
- Avoid public areas
- Avoid public transportation
- Separate yourself from others

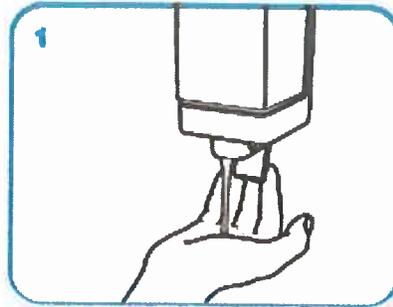
REMEMBER!! If you are sick or have been exposed to someone who is sick, you should stay home and avoid contact with other people as much as possible to keep from spreading the illness to others.

What if an individual is identified as having symptoms on site?

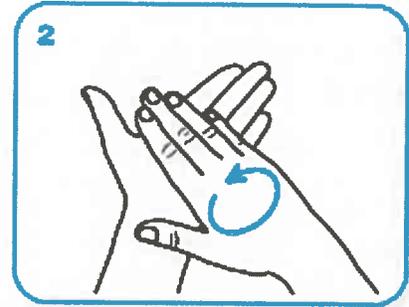
- Have the employee go home and instruct them to see their physician for testing
- Identify locations where the employee has been
 - Ventilate, clean and disinfect those areas thoroughly using an EPA listed cleaner
 - Take precautions and use gloves while cleaning
- Contact Human Resources to initiate a communication plan with employees that may have had close contact with the ill employee



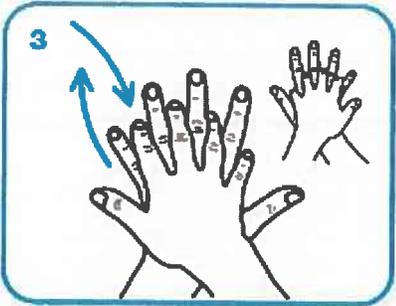
Wet hands with water



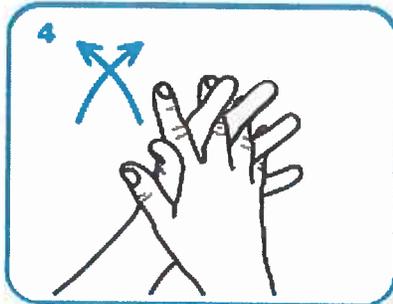
apply enough soap to cover all hand surfaces.



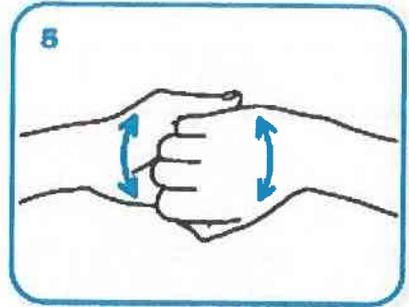
Rub hands palm to palm



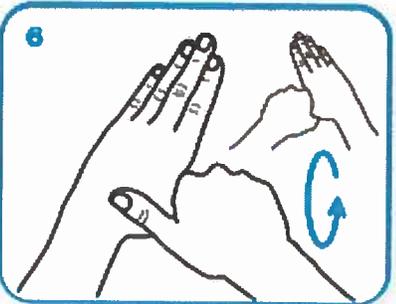
right palm over left dorsum with interlaced fingers and vice versa



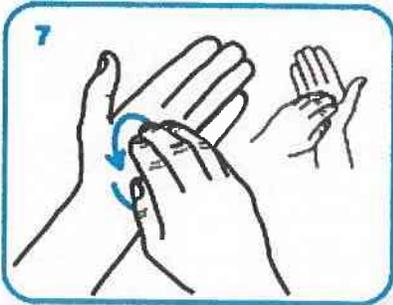
palm to palm with fingers interlaced



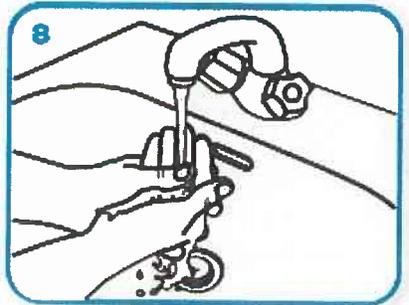
backs of fingers to opposing palms with fingers interlocked



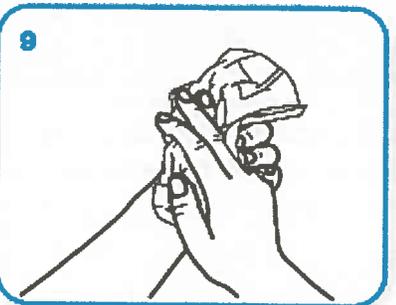
rotational rubbing of left thumb clasped in right palm and vice versa



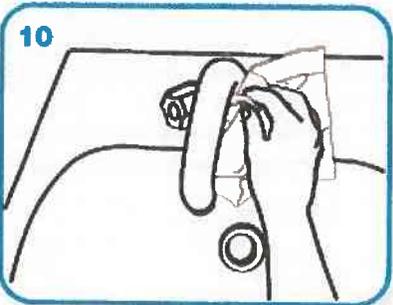
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



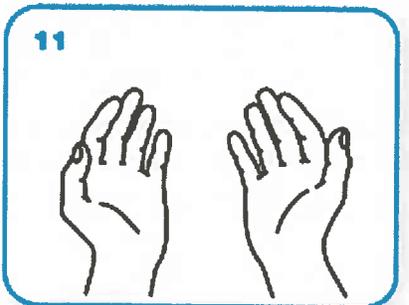
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet

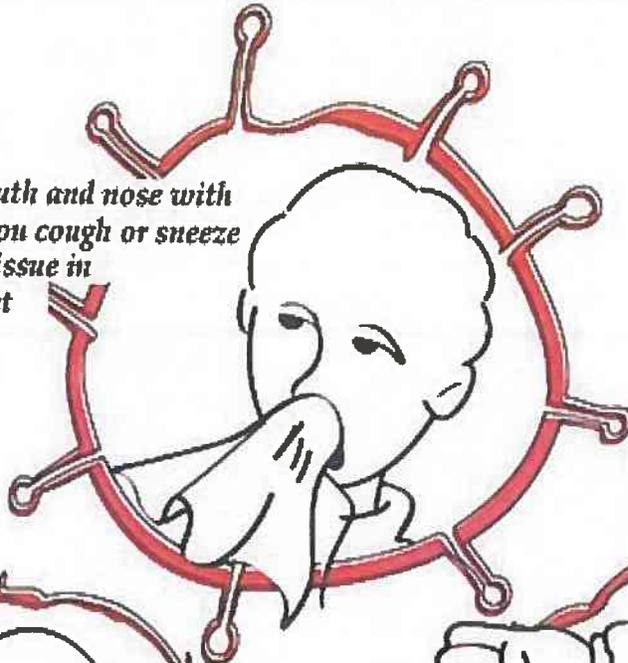


...and your hands are safe.

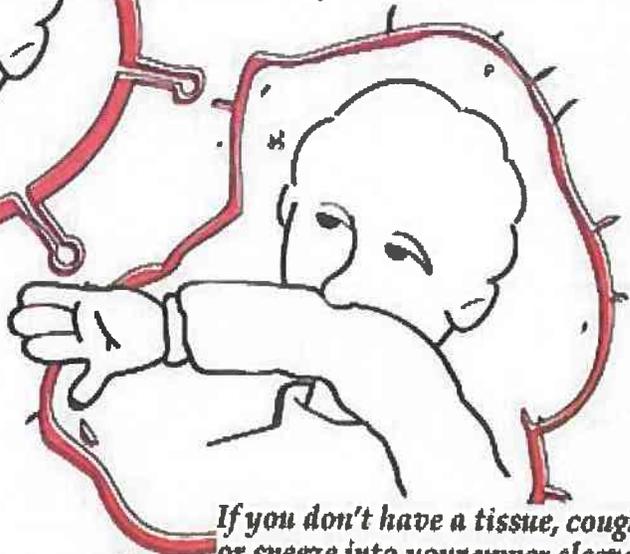
Cover Cough

Stop the spread of germs that can make you and others sick!

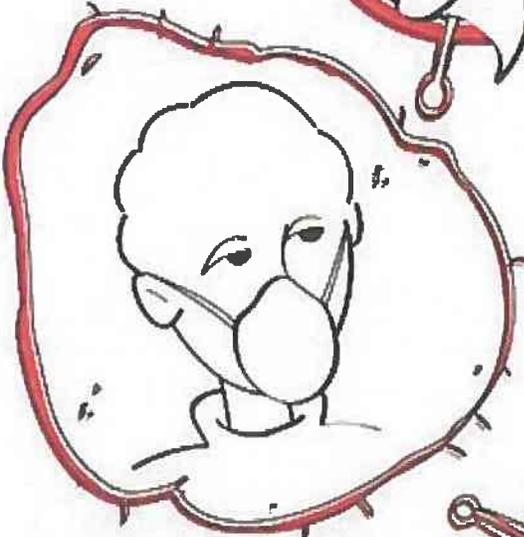
Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

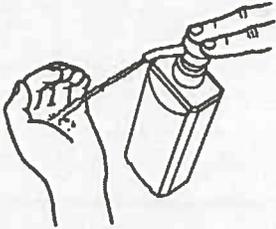


How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

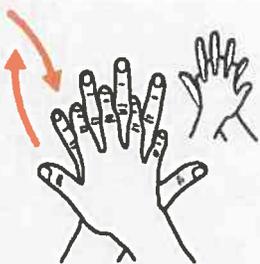


2



Rub hands palm to palm;

3



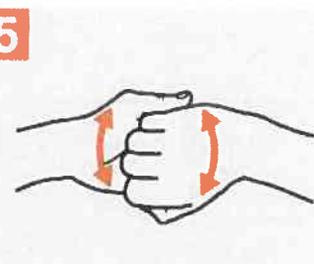
Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



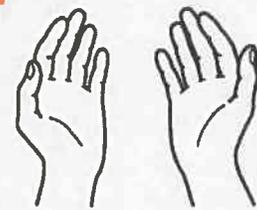
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands



COVID-19: Hygiene recommendations from the OSHEP Center

Hand hygiene has now become particularly important since pathogens are most often transmitted via hands or shared objects: Touching your face with your hands can cause pathogens to enter the body via the mucous membranes in your mouth, nose or eyes and cause an infection.

For your own protection and that of your co-workers, please follow these recommendations:

Thoroughly wash your hands on a regular basis	<ul style="list-style-type: none">• Wash your hands particularly<ul style="list-style-type: none">– after coming from public areas;– after using the restroom;– after blowing your nose, sneezing and coughing;– before meals.• Thoroughly lather the insides and back of your hands, your fingertips and the spaces between your fingers. Hand washing should take 20 to 30 seconds.• Dry your hands: Since bacteria and viruses survive better in a moist environment, you should quickly dry your hands well after washing them. In public restrooms, you should preferably use clean, disposable paper towels for drying.
Disinfect your hands as needed	<ul style="list-style-type: none">• Hand disinfection is mainly advised if you are unable to wash your hands.• If you are at a greater risk of infection, it would be wise to disinfect your hands after washing them.
Protect your skin	<ul style="list-style-type: none">• Improper hand washing at high water temperatures or with harsh detergents and frequent disinfection stress the skin. It is recommended that you use mild, pH-neutral washing substances and apply a moisturizing and greasing skin ointment on stressed hands after washing.
Avoid shaking hands	<ul style="list-style-type: none">• Refrain from shaking hands and avoid wiping your face with your fingers, especially after coming into contact with other people or if you are moving in public spaces.
Follow etiquette when coughing and sneezing	<ul style="list-style-type: none">• Keep a distance of at least one meter when coughing and sneezing and turn away.• Use disposable towels and discard them after use.• If you do not have a handkerchief handy, you should put the crook of your arm in front of your mouth and nose when coughing and sneezing and turn away from other people while doing so.• Thoroughly wash your hands after blowing your nose, sneezing, or coughing!

Take care—it's your life. [OSHEP Center](#)

5. What does construction hygiene mean?

- **Housekeeping**
- **Clean drinking water**
- **Sanitary restrooms**
- **Washing facilities**
- **Personal hygiene**

Encouraging good hygiene on the project helps avoid cross contamination and promotes health and safety.

Housekeeping on the project is just as important as housekeeping at home. Trash and debris must be placed in proper containers. The project must be cleaned up after major tasks or daily:

- **To avoid build-up of hazardous, flammable, or combustible materials.**
- **Excess lumber needs to be stacked and nails removed to avoid punctures.**
- **Walkways must be clear and free of debris, to prevent slips and falls.**

Step up and do your part. Assist coworkers in cleanup activities...Lunch trash belongs in the trash can, not on the grade.

Housekeeping at the Office

Ensure “high touch” surfaces, especially in common areas, are cleaned at least daily using an EPA listed disinfectant. Provide sanitizing wipes in common areas that can be used prior to and after usage of common areas. Provide alcohol based hand sanitizer that contains 60 to 95% alcohol in common areas and in bathrooms. Disinfection and Sanitization of common areas should focus on the following “high touch” surfaces.

Clean drinking water is either provided by drinking fountains or portable containers. Should the portable containers be labeled and clean? You bet! Should we use single use cups? You bet! Why?...To avoid cross contamination. Is there any non-potable water on this site? If so, it should be clearly labeled as it is not safe to drink.

Personal Hygiene

Hand Hygiene Posters with proper hand washing and sanitizer use techniques should be posted on all restroom and common area walls. The hand washing facility allows a person to wash off any potential harmful substances. Wash your hands and avoid cross contamination before eating, drinking, smoking, or going home. We eat a lot of items with just our hands and whatever items we are working with can be transferred to our food by just touching the food. These facilities must be clean, have an adequate supply of water, soap and single use towels. If running water is not available, provide alcohol-based hand sanitizer that contains 60 to 95% alcohol. These facilities must be located outside of and convenient to the restroom. Immediately report unsanitary or hazardous conditions to your supervisor.

Contact Hygiene

Avoid touching eyes, nose, and mouth with unwashed hands.

Avoid hand shaking and other forms of personal contact if possible.

Cough / Sneeze Etiquette Posters encouraging proper cough / sneeze etiquette should be posted in common areas.

Additional Guidance

Encourage employees to stay home when they are sick. Sick employees should work with their supervisor and HR representative to understand alternative work or sick leave options.

Encourage employees to clean and disinfect frequently touched objects and surfaces both at home and at work.

Remind employees that CDC does not recommend that people who are well wear a facemask to protect from respiratory diseases.

Don't Walk By.....

Coronavirus: Ten reasons why you ought not to panic

Ignacio López-Goñi, Universidad de Navarra

March 7, 2020 12.17am CET

Regardless of whether we classify the new coronavirus as a pandemic, it is a serious issue. In less than two months, it has spread over several continents. Pandemic means sustained and continuous transmission of the disease, simultaneously in more than three different geographical regions. Pandemic does not refer to the lethality of a virus but to its transmissibility and geographical extension.

What we certainly have is a pandemic of fear. The entire planet's media is gripped by coronavirus. It is right that there is deep concern and mass planning for worst-case scenarios. And, of course, the repercussions move from the global health sphere into business and politics.

But it is also right that we must not panic. It would be wrong to say there is good news coming out of COVID-19, but there are causes for optimism; reasons to think there may be ways to contain and defeat the virus. And lessons to learn for the future.

1. We know what it is

The first cases of AIDS were described in June 1981 and it took more than two years to identify the virus (HIV) causing the disease. With COVID-19, the first cases of severe pneumonia were reported in China on December 31, 2019 and by January 7 the virus had already been identified. The genome was available on day 10.

We already know that it is a new coronavirus from group 2B, of the same family as SARS, which we have called SARSCoV2. The disease is called COVID-19. It is thought to be related to coronavirus from bats. Genetic analyses have confirmed it has a recent natural origin (between the end of November and the beginning of December) and that, although viruses live by mutating, its mutation rate may not be very high.

2. We know how to detect the virus

Since January 13, a test to detect the virus has been available.

3. The situation is improving in China

The strong control and isolation measures imposed by China are paying off. For several weeks now, the number of cases diagnosed every day is decreasing. A very detailed epidemiological follow-up is being carried out in other countries; outbreaks are very specific to areas, which can allow them to be controlled more easily.

4. 80% of cases are mild

The disease causes no symptoms or is mild in 81% of cases. Of course, in 14% it can cause severe pneumonia and in 5% it can become critical or even fatal. It is still unclear what the death rate may be. But it could be lower than some estimates so far.

5. People recover

Much of the reported data relates to the increase in the number of confirmed cases and the number of deaths, but most infected people are cured. There are 13 times more cured cases than deaths, and that proportion is increasing.

Coronavirus in the Workplace: Employers' Duty to Protect Employees

As the Coronavirus spreads, employers have growing and very real concerns about protecting employees. Also questions on steps they should, and are required, to take to address disease prevention in the workplace.

With employees traveling more and more, the risk of exposure to an infectious disease is growing. OSHA can impose penalties via the "General Duty Clause" and expects employers to comply with OSHA guidance and CDC guidelines. Plus, OSHA is working on additional standards to protect workers from these hazards.

What are the current requirements, and what do the standards mean for employers and their liability? Join us to learn what's required now, and how you can best protect your workers. In this 60-minute program you'll learn:

- The coronavirus and other common diseases putting employees at risk today
- OSHA requirements for guarding against infectious diseases in the workplace
- What you need to know about diseases and how they're transmitted
- How employers can protect employees, reduce risks and stay compliant
- Should employers put a stop to employee travel – especially internationally?

Program Highlights

OSHA's Requirements for Protecting Against Infectious Diseases

- How concerned should employers be about the coronavirus?
- Which diseases pose the greatest, and likeliest, threat to employees
- Guidelines for disease control and prevention requirements
- OSHA standards covering exposure to infectious diseases

Disease Prevention & Control Best Practices for Employers

- Keys to identifying infectious diseases and how they're transmitted



Guidance on Preparing Workplaces for COVID-19



Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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Guidance on Preparing Workplaces for COVID-19

**U.S. Department of Labor
Occupational Safety and Health**

Administration OSHA 3990-03 2020



U.S. Department of Labor

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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 employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers 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.

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers 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.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak: www.cdc.gov/coronavirus/2019-ncov.

The OSHA COVID-19 webpage offers information specifically for workers and employers: www.osha.gov/covid-19.

This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the *Occupational Safety and Health Act* (OSH Act). Pursuant to the OSH Act, employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act's General Duty Clause, [Section 5\(a\)\(1\)](#), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA's. Check with your [State Plan](#), as applicable, for more information.

About COVID-19

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.**

Medium exposure risk

jobs include those that require frequent and/or close contact with (i.e.,

within 6 feet of) other people who may be infected with SARS-CoV-2.

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.

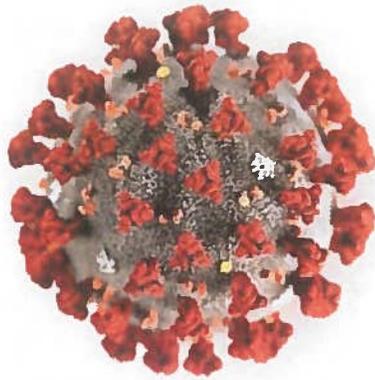
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

**The CDC website provides the latest information about COVID-19 transmission:
www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.**

How a COVID-19 Outbreak Could Affect Workplaces

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.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of

the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks— provide specific recommendations for employers and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- **Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:**
 - ⊗ **The general public, customers, and**

coworkers; and

- ⊗ **Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).**
- Non-occupational risk factors at home and in community settings.

- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- Controls necessary to address those risks.

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- 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.
- Interrupted supply chains or delayed deliveries.

Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace, described in the sections below.

Prepare to Implement Basic Infection Prevention Measures

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

- Promote frequent and thorough [hand washing](#), including by providing 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.

- Encourage workers to **stay home if they are sick**.
- Encourage **respiratory etiquette**, including covering coughs and sneezes.
- Provide customers and the public with tissues and trash receptacles.
- Employers should explore whether they can establish **policies and practices**, such as flexible worksites (e.g., telecommuting) 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.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.

- Employers should develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.
- Where appropriate, employers should develop policies and procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as **isolation rooms until potentially sick people can be removed from the worksite.**
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for **a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).**
- If possible, isolate people suspected of having COVID-19 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).**
- Restrict the number of personnel entering isolation areas.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in **later sections covering workplaces classified at medium and very high or high**

exposure risk.

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Actively encourage sick employees to stay home.
- Ensure that 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.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
- Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the **use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.**

- Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

During a COVID-19 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 SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-

[response.html](#).

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 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.
- Installing a drive-through window for customer service.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- 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.

- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current **and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.**

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide 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.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post hand washing signs in restrooms.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, 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, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and

information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the [OSHA](#) and [CDC](#) websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:

- National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a **comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA's Respiratory Protection**

standard, 29 CFR 1910.134 at [www.osha.gov/laws-regs/regulations/standard number/1910/1910.134](http://www.osha.gov/laws-regs/regulations/standard%20number/1910/1910.134).

- 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 air (HEPA) filter; or supplied air respirator (SAR). See CDC/ NIOSH guidance for optimizing respirator supplies at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).
- Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.
- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield.
Ensure that the face shield does not prevent airflow through the respirator.
- Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA’s Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, **fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory. Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators.**
- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations **of respiratory protection equipment. Learn more at: www.osha.gov/SLTC/respiratoryprotection.**
- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH “Respirator Selection Logic” at: www.cdc.gov/niosh/docs/2005-100/default.html or the OSHA “Respiratory Protection eTool” at www.osha.gov/SLTC/etools/respiratory.

Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA’s Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: [www.osha.gov/laws-regs/regulations/standard number/1910#1910_Subpart_I](http://www.osha.gov/laws-regs/regulations/standard%20number/1910#1910_Subpart_I).
- ⊗ **When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: [www.osha.gov/laws-regs/regulations/standard number/1910/1910.134](http://www.osha.gov/laws-regs/regulations/standard%20number/1910/1910.134).**
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.” See: www.osha.gov/laws-regs/oshact/completeoshact.

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.

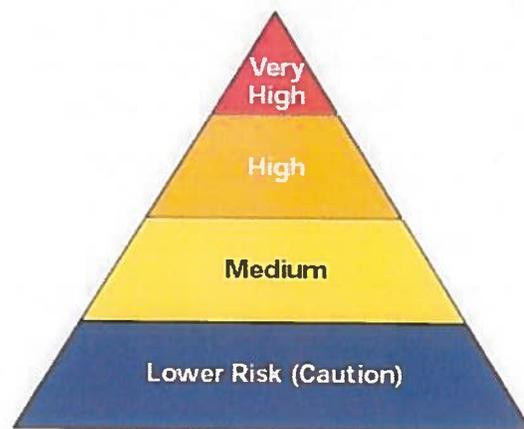
The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level

of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

Occupational Risk Pyramid for COVID-19



Very High Exposure Risk

***Very high exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.**

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

***High exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:**

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or

cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known

or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact be with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure

Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,**” on page 7 of this booklet and implement control measures described in this section.**

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

- **Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.**
- **Collaborate with workers to designate effective means of communicating important COVID-19 information.**

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Jobs Classified at Medium Exposure

Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave **For the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/ NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.**
- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers’ and the public’s access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-

- through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE.

Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.

assessment, and the types of exposures workers have on the job.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- **Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.**
- **CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.**

- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC **postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.**

***High exposure risk jobs* are those with high potential for exposure to known or suspected sources of COVID-19.**

***Very high exposure risk jobs* are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.**

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and **Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories”** at www.cdc.gov/biosafety/publications/bmbl5.

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing.

Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government’s ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these

measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit

**www.osha.gov/complianceassistance/cas
or call 1-800- 321-OSHA (6742) to contact
your local OSHA office.**

No-Cost On-Site Safety and Health Consultation Services for Small Business

**OSHA's On-Site Consultation Program
offers no-cost and confidential advice to**

small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's Safety and Health Achievement Recognition Program (SHARP). Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

Cooperative Programs

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit www.osha.gov/cooperativeprograms.

Strategic Partnerships and Alliances

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

Voluntary Protection Programs (VPP)

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

Occupational Safety and Health Training

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit www.osha.gov/otiec.

OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1

**Boston Regional Office
(CT*, ME*, MA, NH, RI,
VT*)**

**JFK Federal Building
25 New Sudbury Street, Room
E340 Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax**

Region 2

**New York Regional
Office (NJ*, NY*, PR*,
VI*)**

**Federal Building
201 Varick Street, Room
670 New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax**

Region 3

**Philadelphia Regional
Office (DE, DC, MD*, PA,
VA*, WV)**

**The Curtis Center
170 S. Independence Mall West, Suite
740 West Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax**

Region 4

**Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal
Center 61 Forsyth Street, SW,
Room 6T50 Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax**

Region 5

**Chicago Regional
Office (IL*, IN*, MI*, MN*,
OH, WI)
John C. Kluczynski Federal
Building 230 South Dearborn
Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax**

Region 6

**Dallas Regional
Office (AR, LA, NM*,
OK, TX)
A. Maceo Smith Federal
Building 525 Griffin Street,
Room 602 Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax**

Region 7
Kansas City Regional
Office (IA*, KS, MO, NE)
Two Pershing Square
Building 2300 Main Street,
Suite 1010 Kansas City,
MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8
Denver Regional Office
(CO, MT, ND, SD, UT*,
WY*)
Cesar Chavez Memorial
Building 1244 Speer
Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9
San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American
Samoa, Guam and the Northern
Mariana Islands) San Francisco
Federal Building
90 7th Street, Suite
2650 San Francisco, CA
94103
(415) 625-2547 (415) 625-2534 Fax

Region 10
Seattle Regional
Office (AK*, ID, OR*,
WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved

programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

**For assistance,
contact us . We are
OSHA . We can help .**



What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly 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. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

Information on COVID-19 Disease and Action Protocol

What is the new SARS-CoV-2 coronavirus?

Coronaviruses are viruses that circulate among some animals, with some of them potentially affecting humans, usually with mild symptoms.

SARS-CoV-2 coronavirus is a new type that can affect people and was first detected in December 2019 in Wuhan City, Hubei Province, China.

The disease caused by SARS-CoV-2 coronavirus has been called COVID-19.

What are the symptoms of COVID-19 disease?

The most common symptoms include high fever, cough, and shortness of breath. In some cases there may also be digestive symptoms such as diarrhea and abdominal pain. In more severe cases, the infection can cause pneumonia, severe respiratory distress, kidney failure, and even death. The most severe cases usually affect the elderly or those suffering from other diseases, such as heart, lung or immunological diseases.

Modes of transmission

Transmission appears to be via close contact with respiratory secretions generated by a sick person's cough or sneeze. Its contagiousness depends on the amount of viruses in the respiratory tract. These secretions would infect another person if they came into contact with their nose, eyes or mouth. Airborne transmission over distances greater than three to six feet seems unlikely.

Incubation period

Based on the knowledge of other Betacoronaviruses, MERS-CoV and SARS-CoV, and according to data obtained from the cases detected in Europe in this outbreak, the incubation period is estimated to be from 2 to 14 days.

Preventive Measures

Generic measures of individual protection against respiratory diseases include

- Frequent hand-washing (use of soap and water or alcohol- based sanitizing gel), especially after direct contact with sick patients or their surroundings.
- When coughing or sneezing, cover your mouth and nose with your flexed elbow or with a disposable tissue.
- Maintain a distance of at least three feet from people who show signs of a respiratory condition, such as coughing or sneezing.
- Avoid touching your eyes, nose and mouth, as transmission is aided by contact with your hands.

Construction Work Site Cleaning/Sanitizing Practices

Cleaning Solution:

- 5 Tablespoons of Bleach to 1 Gallon of water or
- 4 teaspoons per quart (most spray bottles)
- Place labels on spray bottles
- Use Disinfecting wipes if available
- Use other CDC recommended disinfecting products
- Respirator/PPE wipes are about
- Alcohol, Hand Sanitizer, and other products can be flammable. Keep them away from hot work.

Training:

- **REVIEW THE SAFETY DATA SHEETS FOR THE PRODUCTS YOU ARE USING**

Personal Protective Equipment

- Employees shall maintain personal protective equipment in clean and sanitary condition as follows:
- Safety Glasses – cleaned at least daily using running water and soap or alcohol based lens cleaners
- Gloves – Soiled gloves shall be washed as needed with soap and water or replaced.
- Heavily soiled or damaged gloves shall be disposed of.
- Employees shall not share PPE.
- Employees shall wear construction hazard appropriate gloves when performing work tasks that require them to handle tools, materials, or equipment.
- Employees should avoid touching their faces, and wash their hands promptly after removing work gloves.
- Wash work clothes in hot water with laundry detergent.

Shared Construction Equipment

- **Use sanitized wipes to wipe down tools** on exchange from one worker to another, and all equipment at shift start, or change of operator.
 - Use bleach solution or other methods to disinfect if wipes are not available.
 - Employees shall avoid sharing hand tools whenever possible.
 - Household cleaners may contain CDC-approved virus-killing agents.
 - Ensure all containers and spray bottles are thoroughly labelled and include basic training on use (review the SDS).
 - Respirator or PPE wipes are available and they are mostly alcohol based and can be used as an alternative.
- **100% gloves.** Include instruction on glove removal as this is an often ignored exposure.
 - Disposable gloves should be used while performing the cleaning.
 - If reusable gloves are used, they must be disinfected after each use.
- **Add portable toilets per crew** to assist in segregation of teams to prevent group exposures.
 - Clean doors and locks on portable restrooms before and after use
 - Make sure hand sanitizer and/or a hand washing station is available and stocked
- Use the PPE referred to in the SDS's while using cleaning products
- **High touch surfaces** of shared construction equipment shall be wiped by the operator at the beginning and end of each shift.
- **Stagger breaks** so you maintain social distancing.

COVID-19 Disease & Action Protocol

Each day, we are seeing more news regarding the spread of COVID-19, coronavirus disease. We are continuing to monitor the situation and implementing appropriate actions as recommended by U.S. Centers for Disease Control and Prevention (CDC) to help prevent the spread of COVID-19. Thank you for adhering to the decisions that we've put in place and for doing what you can to protect yourselves, your families, our colleagues and our communities.

For this reason, our scheduled Quarterly Safety Meeting was canceled. Other large meetings and training sessions scheduled in the near future may also be canceled.

We want to emphasize that if you have cold or flu-like symptoms, stay at home and consult your healthcare provider. If you notice a colleague who appears to be ill, ask him or her to take that same action. And if you fall into one of the high risk groups, be extra cautious as recommended by CDC.

Information on COVID-19 Disease and Action Protocol

Below are a few reminders for all of us.

What is the new SARS-CoV-2 coronavirus?

Coronaviruses are viruses that circulate among some animals, with some of them potentially affecting humans, usually with mild symptoms.

SARS-CoV-2 coronavirus is a new type that can affect people and was first detected in December 2019 in Wuhan City, Hubei Province, China.

The disease caused by SARS-CoV-2 coronavirus has been called COVID-19.

What are the symptoms of COVID-19 disease?

The most common symptoms include high fever, cough, and shortness of breath. In some cases there may also be digestive symptoms such as diarrhea and abdominal pain. In more severe cases, the infection can cause pneumonia, severe respiratory distress, kidney failure, and even death. The most severe cases usually affect the elderly or those suffering from other diseases, such as heart, lung or immunological diseases.

Modes of transmission

Transmission appears to be via close contact with respiratory secretions generated by a sick person's cough or sneeze. Its contagiousness depends on the amount of viruses in the respiratory tract. These secretions would infect another person if they came into contact with their nose, eyes or mouth. Airborne transmission over distances greater than three to six feet seems unlikely.

Incubation period

Based on the knowledge of other Betacoronaviruses, MERS-CoV and SARS-CoV, and according to data obtained from the cases detected in Europe in this outbreak, the incubation period is estimated to be from 2 to 14 days.

Preventive Measures

Generic measures of individual protection against respiratory diseases include

Coronavirus Disease 2019 (COVID-19) Outbreak

The recent news involving the Novel Coronavirus is creating concerns across the globe. Since the coronavirus was first identified, it has rapidly spread throughout China and around the world. On January 30, 2020 the World Health Organization (WHO) declared the current outbreak to be a "public health emergency of international concern." DFJV and our corporate offices are monitoring all facets of the situation very carefully to ensure that we are prepared to assist our employees and their families through communication and education.

What is coronavirus?

Coronaviruses are a family of viruses that cause a range of illnesses from the common cold to severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

In December 2019, a new kind of coronavirus, 2019-nCov, was identified as the cause of various cases of pneumonia in Wuhan City, Hubei Province of China. It has become a concern because the origin and the exact conditions of its spreading are still not known.

How do I recognize it?

The main symptoms of coronavirus resemble those of a bad cold or the flu, which can make detection difficult. They include:

- Fever
- Cough
- Shortness of breath

More severe cases can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. The Coronavirus is a respiratory illness that first appeared in Wuhan, Hubei Province, China in December 2019. Symptoms associated with the virus range from fever, cough, and shortness of breath to pneumonia, kidney failure and death. The U.S. Center for Disease Control and Prevention (CDC) reports that the symptoms may appear between two and 14 days after exposure, though some infected individuals may have little or no symptoms. According to the CDC, the Coronavirus is most often spread from person-to-person contact, mainly when an infected person coughs or sneezes.

If you are feeling sick with fever, cough or trouble breathing, seek medical attention right away.

How does it spread?

According to CDC, much is unknown about how 2019-nCoV spread. Current knowledge is largely based on what is known about similar coronaviruses. Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with Middle Eastern Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), and now with 2019-nCoV aka Coronavirus.

Most often, spread from person-to-person happens among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an

Safety Alert

To: All DFJV Employees

From: Vincente Alberola and Dan Cruz

cc: DFJV Safety

Date: March 5, 2020

Re: Coronavirus Disease 2020 (COVID-19) Outbreak

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17 COVID-19 How to Protect Yourself

Exclamation circle solid icon

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. More information on [Are you at higher risk for serious illness?](#)

Know How it Spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - 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.

Take steps to protect yourself



Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.



Avoid close contact

- **Avoid close contact** with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for [people who are at higher risk of getting very sick](#).

Take steps to protect others



Stay home if you're sick

- **Stay home** if you are sick, except to get medical care. Learn [what to do if you are sick](#).



Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. [Learn what to do if you are sick.](#)
- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.



Clean and disinfect

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

To disinfect:

Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

Options include:

- **Diluting your household bleach.**
To make a bleach solution, mix:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water
OR
 - 4 teaspoons bleach per quart of water

Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- **Alcohol solutions.**
Ensure solution has at least 70% alcohol.
- **Other common EPA-registered household disinfectants.**
Products with [EPA-approved emerging viral pathogens pdf icon\[7 pages\]external icon](#) claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Complete disinfection guidance

General Recommendations for Routine Cleaning and Disinfection of Households

Community members can practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) with household cleaners and EPA-registered disinfectants that are appropriate for the surface, following label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

- Clean AND disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use [products that meet EPA's criteria for use against SARS-CoV-2](#)^{external icon}, the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Practice social distancing by avoiding [large gatherings](#) and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

Maintain a healthy work environment

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Increase the percentage of outdoor air that circulates into the system.

Support respiratory etiquette and hand hygiene for employees, customers, and worksite visitors:

- Provide tissues and no-touch disposal receptacles.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer. Ensure that adequate supplies are maintained.
- Place hand sanitizers in multiple locations to encourage hand hygiene.
- Place posters that encourage [hand hygiene](#) to [help stop the spread](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.

- Discourage handshaking – encourage the use of other noncontact methods of greeting.
- Direct employees to 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, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [herepdf iconexternal icon](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use. To disinfect, use [products that meet EPA's criteria for use against SARS-Cov-2external icon](#), the cause of COVID-19, and are appropriate for the surface.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- If a sick employee is suspected or confirmed to have COVID-19, follow the [CDC cleaning and disinfection recommendations](#).

Advise employees before traveling to take additional preparations:

- 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 countries with travel advisories, and information for aircrew, can be found on the [CDC website](#).
- Advise employees to [check themselves for symptoms](#) of COVID-19 (i.e., fever, cough, or shortness of breath) 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 promptly call a healthcare provider for advice if needed.
- If outside the United States, sick employees should follow company 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.

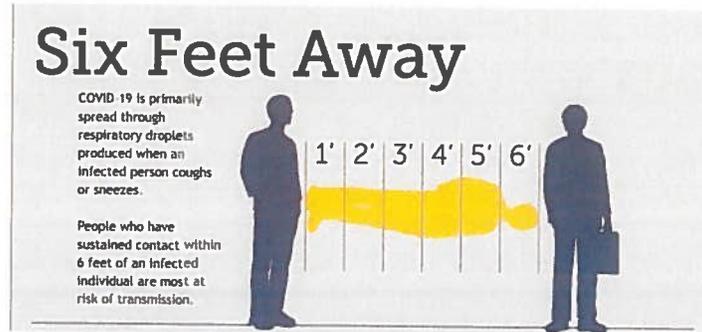
Take care when attending meetings and gatherings:

- Carefully consider whether travel is necessary.
- Consider using videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces.

18. Social Distancing Best Practices

What is social distancing?

Social distancing is the practice of maintaining a 6 foot distance between yourself and other people. You can help protect yourself by changing your daily routines in order to minimize close contact with others.

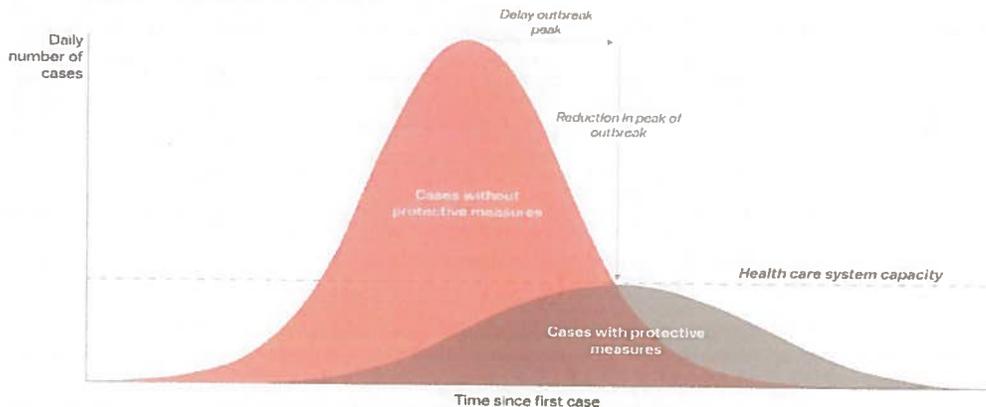


Why is Social Distancing Important?

The purpose of protective measures such as social distancing is to reduce the speed of disease transmission during a pandemic. This is sometimes referred to as “Flattening the Curve”.

Flattening the curve means 1) delaying the peak of the outbreak, and 2) Reducing the number of people that are sick at the peak of the outbreak. This allows the Health Care System to effectively treat people, especially those who may become seriously ill due to underlying medical conditions. The chart below illustrates two curves - the steep one is what occurs with no protective measures in place, which overwhelms health care capacity. The flatter curve shows a slower rate of transmission by following protective measures. This allows the health care system to function normally and within its limits.

Flattening the curve



Source: CDC

What Should We Do?

According to experts, the best thing we can all do is to continue our efforts to frequently wash and disinfect hands, avoid touching our faces, cover coughs and sneezes, clean and disinfect our work areas, and stay home if we are sick.

In addition to these measures, practicing Social Distancing by avoiding close contact with people who are sick, and by putting 6 feet of distance between yourself and other people whenever possible reduces the chance of transmission.

While the CDC did not initially recommend the use of respirators or surgical masks for people who are healthy, public health experts are now recommending the use of cloth face covers while out in public. Cloth face covers can reduce the emission of water/saliva droplets from your mouth which lessens the chance of infecting others if you are sick but without symptoms. When wearing face covers, it is important to not get a false sense of security - continue all routine hygiene and distancing practices, and continue to AVOID touching your eyes and nose.

You should also avoid personal contact such as shaking hands or hugging. Do not share personal items including cell phones, drinks, utensils, food, etc.

Be especially aware of your surroundings and ensure you are maintaining the right distance from others during routine activities such as work planning, Daily Risk Assessments and Toolbox Meetings. Avoid crowding into spaces of restricted size such as ConExes and vehicle cabs during breaks, lunch, etc.

Work Activities

Project teams should make every effort to plan activities in a way that maximizes Social Distancing practices.

When planning work operations that potentially put people in **close proximity**, such as working in a utility vault, or placing concrete, evaluate the operation and apply the hierarchy of controls, to the extent possible and as supplies allow, wherever possible.

1. Elimination
 - a. Sequence the work in a way that avoids trade stacking or working in close proximity for prolonged periods to the maximum extent possible
 - b. Plan activities efficiently to minimize the amount of time employees spend in proximity with each other (have all tools and materials ready to go as well as a thorough work plan)
2. Engineering Controls
 - a. Consider use of ventilation systems in enclosed spaces
3. Administrative Controls
 - a. Minimize face to face contact (try to face different directions)
 - b. Minimize talking to prevent the emission of droplets from ones mouth

c. Wash hands thoroughly before and after, and avoid touching your face

4. PPE

a. To the extent possible, use barriers that prevent the emission of droplets that might contact other workers in close proximity such as:



*Cloth Face Gaiter /
Tube Mask*



Cloth Scarf



Cloth Bandana

Vehicles

When you must use common vehicles to transport people to work areas, you should:

1. Limit seating to 2 people per row
 - a. Maintain as much space between people as possible
2. Keep the windows down
3. Minimize talking and use cloth face covers
4. Minimize things that are touched
5. Clean and sanitize high touch surfaces each trip
 - a. Door Handles
 - b. Seat belts
 - c. Dash and controls
 - d. Steering Wheel
6. Encourage hand washing after each trip
7. Provide Hand Sanitizer and disinfecting supplies in vehicles

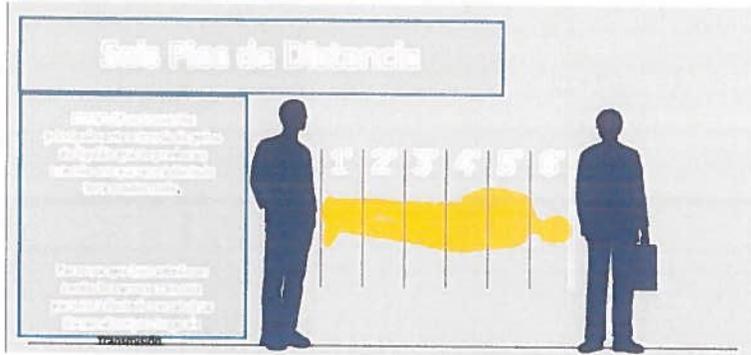
Discussion:

What are some work activities you perform that make social distancing difficult?

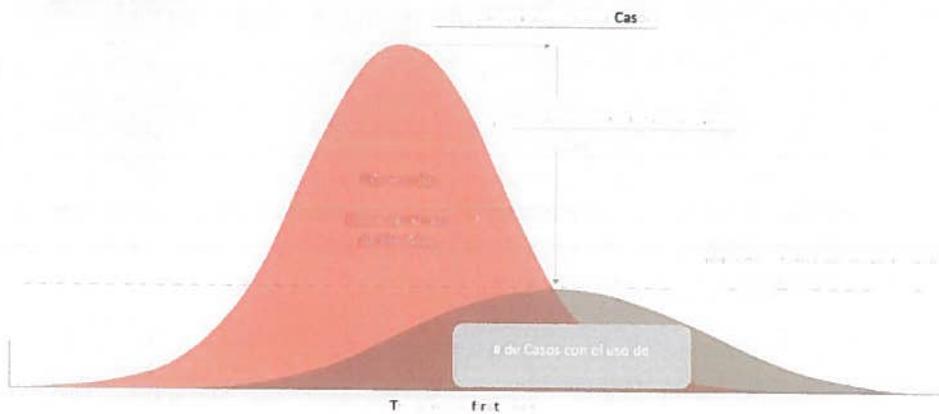
What additional control measures can we take during these situations?

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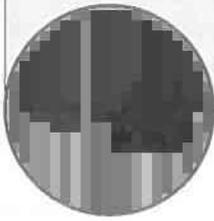


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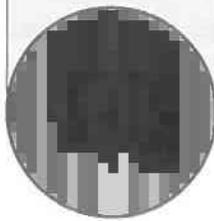
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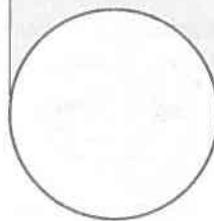
Keeping the workplace safe
Encourage your employees to www.osha-slc.com



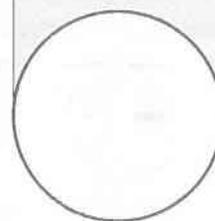
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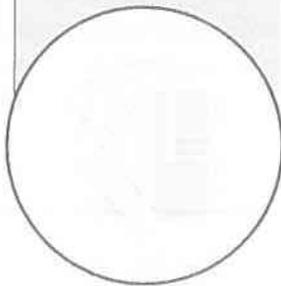
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What every American and community can do now to decrease the spread of the coronavirus

Keeping the home safe Encourage your family members to...



- Check levels of carbon monoxide in your home
- Check smoke and fire detectors to make sure they work and have enough batteries
- Check fire escapes and fire extinguishers, and know how to use them
- Know how to evacuate in an emergency



- Know the symptoms of common infectious diseases like the flu, COVID-19, and other respiratory viruses
- Know the healthy behaviors that can help prevent these diseases, such as staying home when you are sick, wearing a mask, and avoiding close contact with others
- Know how to get tested for COVID-19 and other respiratory viruses
- Know how to get vaccinated for COVID-19 and other respiratory viruses



- Get a health checkup from a healthcare provider
- Know when to seek medical attention
- Know how to get tested for COVID-19 and other respiratory viruses
- Know how to get vaccinated for COVID-19 and other respiratory viruses

What every American and community can do now to decrease the spread of the coronavirus



COVID-19 TOOLBOX TALK

COVID-19 is a respiratory virus that spreads from person to person through coughs and sneezes. It can also be spread by touching surfaces that have been touched by someone who is infected. The virus causes symptoms such as cough, fever, and shortness of breath. In some cases, it can lead to severe illness and death.

There are several ways to prevent the spread of COVID-19. The most important is to practice good hand hygiene. Wash your hands frequently with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer. Other ways to prevent the spread of COVID-19 include wearing a face mask, avoiding close contact with people who are sick, and staying home if you are sick. You should also avoid touching your face, especially your eyes, nose, and mouth.

If you are sick with COVID-19, you should stay home and avoid contact with other people. You should also cover your cough and sneeze with your elbow. If you are sick, you should also avoid public places and crowded areas. If you are sick, you should also avoid public transportation, such as buses, trains, and airplanes. If you are sick, you should also avoid going to work or school.

If you are sick with COVID-19, you should also avoid touching surfaces that other people have touched. You should also avoid sharing personal items, such as cups, glasses, and eating utensils. If you are sick, you should also avoid touching door handles, elevator buttons, and other high-touch surfaces. If you are sick, you should also avoid touching your face, especially your eyes, nose, and mouth.

DEEP SOCIAL DISTANCE PROTOCOL



Choose to stand next to
previously washed objects
if possible.



6 foot (2 meter)
distance

www.cdc.gov/nczod/d/distance



Cover nose &
mouth with tissue or
equivalent
when sneezing and coughing



Limit physical
contact with others
Avoid shaking hands, hugging
and exchanging items
with them



Avoid
coughing into
openly open
mouth with
uncovered hands



Wash
hands regularly
with soap & water for
at least 20 seconds
Use hand sanitizer
if soap & water
are unavailable



Stay home
and contact a medical care
provider if you feel unwell.



BLUE BORDER ALERT

HEALTH ALERT – COVID-19



WEARING A DUST MASK/FACE COVERING IS MANDATORY

- **WHEN WORKING ON
THE DFJV PROJECT**

FOR IMMEDIATE ACTION

Please ensure you are wearing a dust mask or face covering at all times while working on the DFJV Project.

Keep your dust mask/face covering with you at all times.

When hazards are identified that will affect our safety, those hazards **MUST** be reported to DFJV Safety immediately.

This Alert must be shared with all DFJV employees and posted throughout the offices and job site common areas.

Steve Drake – DFJV HSR Safety & Security Manager

04/30/2020



QUESTIONS AND ANSWERS ON COVID-19 SITUATIONS AND PROTOCOLS

- Q:** Local authorities have issued “Shelter in Place” orders that close businesses. Why hasn’t the DFJV closed?
- A:** *Public works projects are economic drivers and account for thousands of jobs across the country. CP 2-3 has over 600 people who depend on the Project for employment. If public works projects shut down there would likely be significant economic ripple effects. The public’s use and enjoyment of the infrastructure project would also be delayed. For these and other reasons public works projects, such as CP 2-3, are exempt.*
- Q:** What can DFJV employees and partners do as they continue to work?
- A:** *Most importantly follow the Center for Disease Control’s guidelines that have been circulated and are also available at cdc.gov. These guidelines include Social Distancing, frequent and proper washing of hands, staying home when you are ill, avoiding touching your face, and avoiding close contact with people who are sick. The DFJV continuously analyzes the situation and is evaluating further preventive measures.*
- Q:** What do I do if I feel ill?
- A:** *Inform your supervisor so there can be an evaluation of whether additional steps are needed. Please do not remain at the office if you feel ill, and certainly not if you are exhibiting symptoms of COVID-19 (fever, shortness of breath, cough). E-mail your supervisor and stay/go home.*
- Q:** What do I do if I have come into contact with someone that tests positive for COVID-19 or is pending a test result for COVID-19?
- A:** *Stay home and alert your supervisor. This also goes if you have come into contact with someone who has come into contact with someone who tested positive for COVID-19 or has symptoms of COVID-19 and is pending a test result.*
- Q:** I have an existing health condition, or live with someone who does, and if I get COVID-19 that will make it worse. Does the DFJV have a remote work option?
- A:** *If you have an existing health condition (such as a condition that impairs your lung or heart function or weakens your immune system) or live with someone who does, talk with your supervisor. The DFJV will examine each and every case.*

LET’S WORK TOGETHER TO SLOW THE SPREAD OF CORONAVIRUS AND MAINTAIN PROJECT PROGRESS

