PHI Consulting- COVID-19 Exposure Control Plan

For PHI Consulting

August 2020

Contents

INTRODUCTION

This plan contains PHI Consulting's guidelines for safe practices in the workplace upon returning to work on-site during the COVID-19 pandemic. These guidelines are based on recommendations from leading experts including the Center for Disease Control and Prevention ("CDC") and World Health Organization ("WHO"). The guidelines and required actions contained in this plan are applicable to all PHI employees.

The primary objective of the plan is keeping our employees and customers safe while working in our office and at client sites in support of their business.

While not exhaustive, the plan adopts practical recommendations, based on guidelines from the Centers for Disease Control (CDC), that can be utilized by all PHI employees to address various scenarios they may face when working during the pandemic. While the plan serves as our internal guidelines while working, we must first adhere to the regional and local orders while in the workplace and at home to help prevent the spread of the COVID-19 virus.

This plan aims to raise awareness of new health and safety protocols and potentially helpful practices related to our operating disciplines and training for employees. The preventative measures we are implementing are intended to help protect employees, their families, our customers, and our local communities.

PHI team members will work within the guidelines of client sites when working on location and share client guidelines with the PHI office to ensure that the guidelines for client sites are able to be referenced for work planning purposes.

As we continue to navigate the impacts of the pandemic, all PHI staff members must participate in the continued development and refinement of our plan to ensure that we all remain safe as we acclimate to the new norms and evolving needs of our employees and clients. PHI reserves the right to add to, delete and revise these guidelines. Changes to these guidelines will be communicated to employees and customers as needed in the timely manner, including employee training, as necessary.

COVID-19 OVERVIEW

Coronaviruses are a family of viruses which circulate among animals that can cause illness in people. SARS -CoV - 2, the seventh known human coronavirus and the virus that causes COVID -19, is thought to have jumped species from animals to begin infecting humans. The virus can cause mild to severe respiratory illness, known as Coronavirus Disease 2019 (COVID-19). On March 11, 2020, the World

Health Organization declared COVID-19 a pandemic. SARS-CoV-2 is different from six other, previously identified human coronaviruses, including those that have caused previous outbreaks of Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

Signs and Symptoms

SARS-CoV-2 causes mild to severe respiratory illness – can cause a severe pneumonia-like illness. Anyone can have symptoms and 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. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness and even death. People with the following symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Symptoms may appear 2-14 days after exposure to the virus. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea**.**

Spread & Transmission

COVID-19 is a new disease and we are still learning about how it spreads. Experts believe the virus that causes COVID-19 spreads mainly from person to person. There are several ways this can happen.

Person to Person Spread

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

Current information from the ongoing COVID-19 pandemic indicates that the virus that causes COVID-19 is spreading very easily and sustainably between people, spreading more efficiently than influenza, but not as efficiently as measles, which is considered highly contagious. While the virus that causes COVID-19 is spreading easily between people, there are other ways that the virus is not transmitted easily. It may be possible for COVID-19 to spread in the following ways, but these are not thought to be the main ways the virus spreads.

From touching surfaces or objects- It 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. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.

From animals to people- At this time, the risk of COVID-19 spreading from animals to people is considered to be low. Learn about COVID-19 and pets and other animals.

From people to animals- It appears that the virus that causes COVID-19 can spread from people to animals in some situations. CDC is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19.

Applicable Rules & Regulations

While Federal, Regional and Local orders supersede existing regulations and will continue to be the primary guidance for protecting against the spread of COVID-19, the following represent the list of the applicable regulations related to the protection of workers from exposure to SARS-CoV-2 and infection with COVID-19.

Standard	Reference	Description
Personal Protective Equipment	MIOSHA Part 33 OSHA 29 CFR 1910 Subpart I	This standard applies to all places of general industry employment and includes requirements of the employer and use by the employee of personal protective equipment and provides reasonable and adequate means, ways, and methods for the proper selection and safe use of this equipment.
Hazard Communication	MIOSHA Part 92 OSHA 29 CFR 1910.1200	The Hazard Communication Standard, also known as HazCom, governs the evaluation and communication of hazards associated with chemicals in the workplace.
Respiratory Protection	MIOSHA Part 451 OSHA 29 CFR 1910.134	The Respiratory protection standard provides the requirements for preventing workers from exposure to hazardous levels of air contaminants that can cause occupational illness and even death through the use of respiratory protection devices. These include air contaminants, infectious particles, insufficient oxygen environments, dusts, fogs, smokes, gases, vapors, and spray.
Sanitation	MIOSHA Part 474 OSHA 29 CFR 1910.141	This standard identifies the requirements for employers to provide sanitary conditions within permanent places of employment, including requirements for housekeeping, waste disposal, vermin control, the supply of potable water, non-potable water, and toilet facilities.
General Duty Clause	MIOSHA Act 154 of 1974 OSH Act of 1970, Section 5 Duties	This section of the Occupational Safety and Health Act lists responsibilities or duties of employers and employees for occupational safety and health. The general duty clause is interpreted to mean that if an occupational hazard isn't covered in a specific occupational health and safety standard, then the employer still has a general duty to "furnish each…employee 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"

Standard	Reference	Description
Recording and Reporting of Occupational Injuries and Illnesses	MIOSHA Part 11 OSHA 29 CFR 1904	These rules provide for recordkeeping and reporting by public and private employers covered under the act as necessary or appropriate for enforcement of the act, for developing information regarding the causes and prevention of occupational injuries and illnesses, and for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics. The standard lists employers who are partially exempted from keeping work-related injury and illness records.

EXPOSURE DETERMINATION

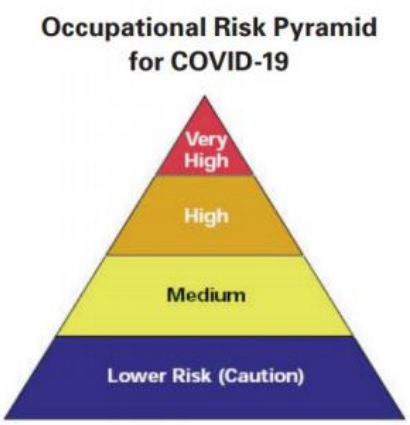
Risk Classification

Worker risk of occupational exposure to SARS-CoV-2 during the COVID-19 pandemic may depend in part on the work location and the need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2. Many workers, even those who do not encounter infectious people in the course of their job duties, have similar exposure risks as the general American public during a pandemic. Other factors, such as conditions in communities where employees live and work, their activities outside of work (including travel to COVID-19-affected areas), and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness. The following scheme has been developed by OSHA using CDC guidance to provide employers to assess the risk of their worker's exposure to COVID-19 through the work activities.

OSHA has divided job tasks into four risk exposure levels:

- very high
- high
- medium, and
- lower risk,

as shown in the occupational risk pyramid. The four exposure risk levels represent the probable distribution of risk.



Most workers in the United States will likely fall in the lower exposure risk (caution) or medium exposure risk levels**.**

Lower Exposure Risk (Caution)

Jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Manufacturing and industrial facility workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.
- Long-distance truck drivers.

Medium Exposure Risk

Jobs that require frequent/close contact with people who may be infected, but who are not known to have or suspected of having COVID-19. Workers in this category include:

- Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.
- Those who may have contact with the public (e.g., in schools, high population density work environments, and some high-volume retail settings).

High Exposure Risk

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Workers in this category include:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.

Very High Exposure Risk

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 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 are suspected of having, COVID-19 at the time of their death.

This list is not intended to be comprehensive, and employers should always rely on thorough hazard assessments to identify if, and when their workers are at increased risk of exposure to the virus on the job.

PHI Workplace Characteristics & Potential Sources of Exposure

PHI Consulting primarily provides consulting services to the manufacturing industry including work in the automotive, steel and aerospace sectors. This work consists of on location and remote consulting services in support of regulatory compliance, and environmental, health and safety, energy and quality management systems and web application development. Additionally, these services along with business support functions are also performed both remotely from employee residences and an office location in Brighton, MI. Work conducted by PHI staff can be broken down into the following work *modes* or *categories*.

- Office Environment Work
- On Location- On-Site Work
- Remote Work/ Telework

Using the OSHA classification scheme, the PHI workplace and work modes have been assessed to determine the exposure risk levels associated with the primary modes of work completed by PHI Staff.

Office Environment

PHI Consulting employees perform consulting services, web application development, business support and administrative functions from the corporate office located in 8517 LaPointe Drive, Brighton, MI. PHI Employees may enter through one of three entrances. There are 3 dedicate restroom facilities for PHI Employees and the facilities reside on the both the upper level and ground level of the building.

Employee population utilizing the Brighton location can range between 1- 5 employees at any given time. This population includes both administrative personnel and technical personnel. The remaining PHI employees work either on client sites or in their home offices remotely. Typically, there are 1-2 employees in the Brighton office at any given time during daytime work hours.

There 5 computer workstations with 2 stations being dedicated and other three stations being shared as needed. Other resources shared by employees include 3 printers, general supply closet, water cooler, coffee station, microwave, and mini fridge.

Identified Risk Factors

- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Technical personnel typically travel to client sites for on location work activities may interact with larger employee populations at manufacturing facilities but do not have frequent close contact with customers, co-workers, or the public.
- While work stations are currently stationed at least 6 feet apart, there is the potential for employees to be less than 6 feet apart when moving from their desk

to access shared resources, and leaving and entering the office when using the restroom or when beginning or ending the work day.
- On rare occasion, visitors in the form of delivery service personnel enter the office who have unknown degree of interaction with the general public.

Assessed Risk Level= Lower Exposure Risk (Caution)

On-Location Work

PHI Consulting's Technical personnel perform consulting services on location at client sites on a regular basis. Travel to these sites can include travel to local sites within the state of Michigan and locations throughout the United States and in some cases Mexico. On location work results in interactions with employee populations of varying sizes that can range from 50 to 5,000 employees.

Travel to local sites usually consists of the use of personal vehicles by employees and returning to their personal residences at the conclusion of the workday. Travel to client sites outside of the state of Michigan generally make use of both travel in rental vehicles and air travel via regional and international airports.

Once on-site, PHI Personnel perform work in and around the client sites including inspections, auditing and interviews within manufacturing production environments, employee offices and conference room settings. While performing on-site work Technical personnel are required to adhere to the Client facilities personal protective equipment and other workplace protocols. Technical personnel make use of personal laptop computers and accessories while working on site but may share resources with site personnel including dining areas, coffee stations, kitchenette area, restroom facilities and conference rooms. When traveling for on-location work, Technical personnel make use of hotels for lodging, returning after work each day when not travelling. Meals are generally obtained from public restaurants in both situations.

Identified Risk Factors

- Technical personnel typically travel to client sites for on location work activities may interact with larger employee populations at manufacturing facilities but do not have frequent close contact with employees at these facilities, co-workers, or the general public.
- There is potential for employees, co-workers, and others to be unable to maintain social distancing of greater than 6 feet apart when performing on location work during the workday, during travel and during use of public facilities.

- Use of rental cars and hotel rooms including potential contact with high touch surfaces.
- Contact with the general public through travel using commercial airlines through airports, including international airport where there is potential to interact with international travelers and high touch surfaces.
- Use of shared resources at client sites including potential contact with high touch surfaces.

Assessed Risk Level= **Medium Exposure Risk**

Remote Environment

A significant amount of the consulting services, web development and business support functions are performed remotely through telework. With employees working at home using communication tools including internet connection, mobile phones, remote access of web applications and internet teleconferencing. This approach allows for employee to work from their own residences or public spaces. Work performed from home does not require contact with other employees, or the use of shared resources, or contact with the general public. If remote work is conducted from public spaces, employees can come in contact with the general public, including potential contact with high touch surfaces and the use of shared resources such as public restroom facilities.

Identified Risk Factors

- There is potential for employees to be unable to maintain social distancing of greater than 6 feet apart including the potential to interact with the general public and high touch surfaces during use of public facilities for remote work

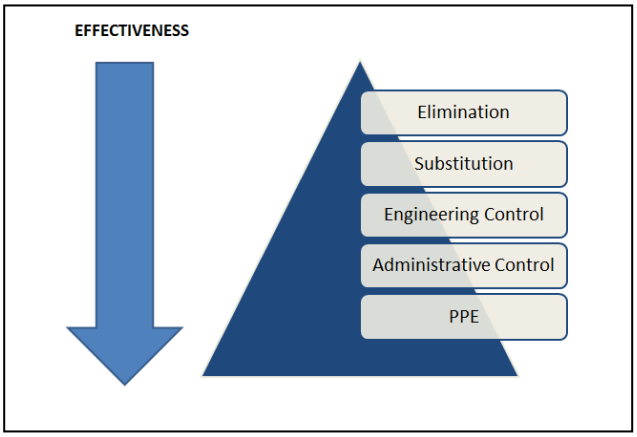
Assessed Risk Level= Lower Exposure Risk (Caution)

EXPOSURE PREVENTION & CONTROLS

Overview

Occupational safety and health professionals use the "hierarchy of controls" concept 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 solely relying on workers to reduce their exposure.

During the COVID-19 pandemic, it may not be possible to eliminate the hazard and 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, minimizing the risk of employee exposure to SARS -CoV – 2 requires a combination of Engineering and Administrative controls and the use of personal protective equipment.

Engineering Controls

Engineering controls involve isolating employees from exposure hazards. These types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement.

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

- Use or installation Installing high-efficiency air filters
- Increasing ventilation rates in the work environment
- Installing physical barriers, such as clear plastic sneeze guards.

Administrative Controls

Requires actions or behaviors on part of the employers and employers. Typically, administrative controls are work policies or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Development of appropriate Safe Work Practices or Procedure based on identified exposure risk factors which are designed to reduce the duration, frequency, or intensity of the exposure potential.
- 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.
- Developing an internal emergency/crisis communications plan.
- 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 using the appropriate language and literacy level for all workers.
- Providing resources and a work environment that promotes personal hygiene. (e.g. 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)
- Posting of reminder signage to reinforce safe work practices.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, the correct use of personal protective equipment (PPE) may also be needed to prevent certain exposures. 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 workers exposure to the hazard.
- 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:

Universal Precautions

The following is a brief summary of the universal precautions that should be taken at all times by PHI Employees to reduce the community spread of the SARS-CoV-2 Virus while at work and outside of the workplace.

For all workers, regardless of specific exposure risks, it is critical to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Practice good respiratory etiquette, including covering coughs and sneezes
- Avoid close contact with people who are sick.
- Stay home if sick.

This information and other details are also included in the Workplace Policies and Procedures Section of this plan contained in Appendix- A, General Guidance/Universal Precautions for All Employees

PHI Consulting Workplace

The following is an overview and description of the exposure prevention and control strategies that have identified for the PHI workplace and its employees.

Engineering Controls

The geothermal heating, cooling and ventilation systems in the PHI office workplace are maintained (e.g., filter changes, etc.) by the PHI maintenance personnel.

The use of physical barriers such as clear plastic partitions within the workplace have been considered but are not currently justified considering the typical number of employees in the office during normal working hours (1-2).

Administrative Controls

Since there is limited opportunity to implement engineering controls, within the PHI workplace, reducing employee exposure risks will be accomplished primarily through the development and implementation of appropriate administrative controls and 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 such as 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 handwashing signs in restrooms
- Implementing workplace distancing requirements
- Allowing no more than 3 employees to work from the PHI office at any given time.

Risk assessment of the work modes of PHI employees have identified the different factors which contribute to the exposure risk of employees. In addition, universal guidelines for employers developed by the Center for Disease Control and Prevention ("CDC") and World Health Organization ("WHO") have been used to identify where the development and policies and procedures that must be considered to reduce exposure risk. The following Workplace Policies and Procedures have been identified for implementation for the PHI Workplace and are included in Appendix- A of this Plan

- General Guidance/Universal Precautions for All Employees
- Employee Self-Monitoring & Reporting
- Workplace Distancing / In-Office Time- Scheduling
- Office- Shared Office Equipment /Hygiene, Workstation Sanitation & Disinfection
- Hygiene, Disinfection and Sanitation When Conducting Business Travel
- Reporting of Symptoms and Possible Workplace Exposure- Communication Protocol
- Sick Employee Return to Work
- Personal Protective Equipment
- Preventive Materials
- Remote Work- Guidelines

Personal Protective Equipment Use by PHI Employees

PHI staff routinely perform on-location consulting services in manufacturing industry including work in the automotive, steel and aerospace sectors. When working on-location, PHI Staff members are required to adhere to the local personal protective equipment protocols at each client site. Client Site Protocols will be obtained and reviewed during project planning to ensure that PHI is prepared to provide the required PPE to staff members as needed to complete on-location activities. Since there is no centralized working location for most PHI employees, the care and maintenance responsibilities for some PPE types is primarily the responsibility of the PHI Employee who must use the PPE.

The SARS-CoV-2virus has created the need to evaluate the need for additional PPE by employees while performing on-location activities and travelling, and by office employees who activities have historically not required the use of PPE in order to reduce the risk of employee exposure to the virus. During an outbreak of an infectious disease, such as COVID-19, recommendations and requirements for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, or new information on PPE effectiveness in preventing the spread of COVID-19. PHI will continue to develop and refine their exposure control plans as OSHA and the CDC update their guidance about recommended PPE.

PHI is committed to providing its staff with the PPE and other supplies needed to keep them safe while performing their jobs. The types of PPE selected for use during a COVID-19 outbreak are based on the risk of unknowingly transmitting or being infected with SARS-CoV-2 while working and the job tasks that may lead to exposure.

The following section describes the additional personal protective equipment items that have been selected for the voluntary, and in some situations, required use by PHI Staff during the COVID-19 pandemic. In addition, The use of cloth face coverings is being included in this section for the purposes of this plan section which addresses, PPE, its required use, care and maintenance as face covers as their use will be common to all employees and client sites.

It must be noted that to the use of PPE by PHI Staff members must be used in conjunction with:

1. Continuous Personal hygiene
2. Physical and Social distancing
3. Frequent cleaning and disinfection of common surfaces

Each employee is responsible for the use care and maintenance of their PPE and for communicating pertinent information related to the supply of PPE to ensure that PHI can provide what is needed. After removing PPE, always wash hands with soap and water for at least 20 seconds, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE removal area).

PPE should be inspected by employees before each use to ensure it is suitable for continued use.

Face Coverings/Masks

The use of face coverings is a public health measure intended to reduce the spread of COVID-19 in communities and in the workplace. The use of face coverings by PHI Consulting employees must be in accordance with the guidance below:

Donning, Doffing, Maintenance & Disposal Requirements for Face Coverings/Masks

Per CDC, Cloth face coverings should—

- Fit snugly but comfortably against the side of the face
- Be secured with ties or ear loops

- Include multiple layers of fabric
- Allow for breathing without restriction
- Be able to be laundered and machine dried without damage or change to shape
- Removed by the ear bands without touching the cloth.
- Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing.

Additional recommendations from World Health Organization (WHO):

- Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace masks with a new one as soon as it is damp.
- Do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); If non-reusable, discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

Storage:

- All face coverings should be stored to protect them from damage, contamination, dust, extreme temperatures, excessive moisture, and damaging chemicals.
- Clean, unused face coverings should be stored in a container or bag marked with the owner's name and "clean".
- Used launderable face coverings should be placed in a separate container or bag marked with the owner's name and "used" and taken home for laundering.

Laundering:

- Re-usable Cloth face covers should be routinely washed depending on the frequency of use. The recommended interval is nightly.
- According to CDC guidelines, a washing machine should suffice in properly washing a face covering.

Disposal:

- Dispose of non-reusable used face coverings in a closed trash container with normal trash, similar to used tissues.
- Clean hands with alcohol-based hand cleaner or soap and water immediately after disposing.

PHI Consulting will provide all employees with the option of the use of either:

a) Disposable face coverings or
b) Cloth face coverings

- Employees who chose the cloth face covering option are responsible for the care and maintenance of the covering including the laundering and storage.
- Employees who chose the disposable face covering options are responsible for their proper disposal.

Employees are responsible for communicating the need for additional coverings in a timely manner so that there is adequate time to resupply employees to ensure employees are capable of adhering to PHI and Client Site protocols related to face coverings.

Wearing a single cloth face covering for the full duration of a work shift (e.g., eight or more hours) in a manufacturing facility may not be practical if the face covering becomes wet, soiled, or otherwise visibly contaminated during the work shift. PHI Employees are required to change face covering in the event that the face covering becomes, wet, soiled or otherwise visible contaminated during their work activities.

While working in the office, the use of cloth face coverings is required by PHI employees:

- When there is more than one employee in the individual office areas.
- During any situation in which a distance of 6-feet cannot be maintained between employees.
- While performing disinfection and sanitation activities including the disposal of refuse.

While working in On-Location, the use of cloth face coverings is required by PHI employees:

- As required by Client Site Protocols.
- During situations in which a distance of 6 feet cannot be maintained between other employees or client site workers.

While in the course of business travel the use of cloth face coverings are required by PHI employees:

- When indoors at Airport.
- When in commercial aircraft.
- When using public transportation means (taxi, uber, bus, shuttle, etc.)

Face Shields

Face shields can be used to protect against infection from Covid-19 as they cover and protect the eyes, nose, and mouth from infectious droplets and can stop wearers from touching their face. The use of a face shield does not prevent the wearer transmitting the virus themselves

so they must be worn in tandem with a face covering. Face shields should be considered for use for workers who must have face to face operations with workers or other employees where they are unable to maintain at least 3 feet of distance between themselves and the other individual. While the assessed risk exposure level for PHI Employees has not been identified as high or very high, face shields provide an added layer of precaution to help reduce the risk of asymptomatic spread, as well as protect our team members from COVID-19.

The use of face shields in tandem with a face masks ***are required*** for PHI employees under the following conditions:

- When working On-Location:
    - As required by Client Site Protocols. (PHI will provide face shields, including hard-hat attachments as necessary to accommodate them).
    - When employees must work continuously within 3 feet or other employees or client site workers.
- When working in the Office:
    - When employees must work continuously within 3 feet or other employees.

PHI will provide face shields for any employee that requests to wear one as a precautionary measure during their work activities.

Gloves (Latex & Nitrile)

The SARS-CoV-2 virus does not harm your hands, so the use gloves does not provide protection, and touching your face with contaminated hands, whether gloved or not, poses a significant risk of infection. The use of gloves as means of protection from the SARS-CoV-2 virus can also be counterproductive because:

- People wearing gloves are more likely to touch contaminated surfaces because they feel they are protected from the virus.
- When wearing gloves, people are less inclined to wash their hands which is counterproductive and puts others at higher risk.
- Proper removal of gloves takes training; if contaminated gloves are not removed properly, employees can have increased exposure.

The use of latex or nitrile gloves are appropriate in some instances. The CDC recommends the use of gloves for the general public when you are cleaning or caring for someone who is sick.

When Cleaning

When cleaning and disinfecting the workplace.

- Follow precautions listed on the disinfectant product label, which may include-

    - Wearing gloves (reusable or disposable) and
    - Having good ventilation by turning on a fan or opening a window to get fresh air into the room you're cleaning.
- Wash your hands after you have removed the gloves.

In most situations faced by PHI Employees during their work activities the wearing of gloves is not necessary and the use of universal precautions is advised instead, however, the use of nitrile or latex gloves are required for PHI employees under the following conditions:

- While working in the PHI Office:
    - Only while performing disinfection and sanitation activities

- When working On-Location:
    - As required by Client Site Protocols

PHI will provide latex/nitrile gloves for any employee that chooses to wear them as a precautionary measure provided they complete training on the use of gloves to protect from the SARS-CoV-2 virus including how to don and remove them including their disposal.

Respiratory Protection

Both OSHA and the CDC have recommended use of a risk assessment approach to determining the exposure risk of employees to the SARS-CoV-2 virus through their work activities. Using the OSHA exposure risk scale, the majority of United States workplaces, other than healthcare workers and those with regular close contact with known or suspected COVID-19 patients, fall into the Low or Medium exposure risk category.

The High risk and Very-High risk exposure categories include medical workers who interact with alive and deceased COVID-19 patients and specimens.

According to a guidance document published by the US Occupational Safety and Health Administration (OSHA), which takes a risk assessment approach to categorizing work, the majority of non-medical workers do not require the use of N95 respirators, or any other device considered to be a respirator, is required in lower- and medium-risk workplaces to protect employees from exposures to COVID-19.

Due to the global shortage of, the use of FFRs and other respiratory protection devices to protect from exposure to SARS-CoV-2 virus should be limited to those personnel with increased exposure risk including:

- When both respiratory protection and resistance to blood and body fluids is needed

- Workers, including those who work within 6 feet of individuals known to be, or suspected of being, infected with COVID-19 and those performing aerosol-generating procedures.
- Performing screening duties and necessary for workers managing a sick employee in the work environment (see below) if that employee has signs or symptoms of COVID-19.

If respirators are needed, employees must be medically cleared, trained, and respirator fit tested prior to respirator use, in the context of a comprehensive written respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard.

Employers requiring the use of NIOSH-approved FFRs in non-healthcare settings must develop and implement strategies to minimize and extend the stock of respirator supplies while protecting their workers during the COVID-19 pandemic. Employers should implement alternative controls to reduce, as much as possible, their reliance on PPE, particularly FFRs.

Required Use of Respirators

At this time, based on the exposure risk of its employees to the SARS-CoV-2 virus, PHI Consulting does not intend to require the use of respirators (FFRs or other) by employees. In the event that employee performing on-location work are required to utilize FFRs or other respirators by Client Site Protocols, PHI Consulting will implement a comprehensive written Respiratory Protection Plan in accordance with OSHA 29 CFR 1910.134

including:

- Provision of respiratory protection devices
- Medical Evaluation
- Employee Training
- Fit Testing (as appropriate per respirator type)

Voluntary Use

Currently, based on the exposure risk of its employees to the SARS-CoV-2 virus, PHI Consulting does not require the use of respirators (FFRs or other) by employees. PHI Employees may request to use respiratory protection devices voluntarily.

In the event that voluntary use of respiratory protection devices is requested PHI Consulting will complete the following:

For Voluntary Use of Filtering Face Piece Respirators (FFRs) (e.g. N95s)

- Provide employees with the Mandatory Information for Employees Using Respirators When Not Required Under Standard (Appendix D to Sec. 1910.134) for review and signature acknowledgement.
- Provide employees with the means, time, and capability to clean, disinfect, maintain, and store the respirator

For Voluntary Use of Respiratory Protection Devices Other Than FFRs

- Provide employees with *a medical evaluation to determine that use of the respirator itself is not a hazard.*
- Provide employees with Mandatory Information for Employees Using Respirators When Not Required Under Standard (Appendix D to Sec. 1910.134) for review and signature acknowledgement.
- Provide employees with the means, time, and capability to clean, disinfect, maintain, and store the respirator.

In both scenarios, PHI will provide respiratory protection devices for any employee that chooses to wear them as a precautionary measure, provided they complete the minimum program elements described above appropriate for the respirator type requested for voluntary use.

PPE Hazard Assessments

In accordance with OSHA 29 CFR 1910.132(d)(1). PHI Consulting has assessed the hazards of the workplace including the exposure risk associated with the SARS-CoV-2 Virus and determined which necessitate the use of personal protective equipment for the following personnel:

- Office Administrators & In Office Consultants
- On-Location EHS Consultants

The results of these determinations are certified and included in Appendix B of this plan.

Preventive Materials

Preventive Materials are materials that are needed to implement the exposure prevention policies and procedures specified in this exposure control plan. These include personal protective equipment (PPE) items, cleaning agents and supplies including the needed to conduct sanitation and disinfection

activities, items for ensuring hygiene and other items needed to ensure that PHI Consulting is capable of implementing its exposure control plan. Preventive materials of both the appropriate specification and adequate supply level must be maintained by the PHI Office and On Location Consultants according to the tables below.

PHI Office		
ITEM	SPECIFICATION(S)	QUANTITY/SUPPLY LEVEL
Disposable Face Masks	Disposable cloth face masks (1 or 2 per day per employee), plus supply available for visitors and guests	Min. 2-week supply (30 masks)
Washable Reusable Cloth Face Masks	1-3 per Employee	Issue 3 per employee
Powder Free (PF) Nitrile or Latex gloves	Powder Free (PF) Nitrile Gloves. Depending on work, 4 mil for regular activities, 8 mil (if available) for more durability	Min. 2-week supply (30 pair)
Disinfectant spray or solution	10% bleach (sodium hypochlorite) solution made fresh weekly, or EPA approved disinfectant (refer to approved disinfectant listing)	2 Active Containers for Office 1 back-up
Spray Bottles	All Purpose Plastic Spray Bottles 8-24 oz	2 spray bottles
Hand Soap	Antibacterial (if available) pump dispenser bottles	1 active bottle each for Men's and Women's Restroom (2 back-up bottles)
Paper Towels	Roll Paper Towel	1 active roll each for Men's and Women's Restroom, 2 active rolls for the office areas (2 back up)
Liquid or Gel Hand Sanitizer	Hand sanitizer in either Foam, Liquid or Gel. Pump bottles located in the office	1 active bottle for each office room (4 total) (2 bottles back-up)
Face Shields	Made of clear plastic and provides good visibility, adjustable band to attach firmly around the head and fit snuggly against the forehead, Fog resistant (preferable), Completely cover the sides and length of the face, durable reusable material, able to be disinfected.	One issued per employee
Touch Free Waste Can	Foot pedal activate lid	At least 2 for the office area
Waste Can Liners	Appropriate Size for Waste Cans	1 box / 2-3 week supply

On Location Workers		
ITEM	SPECIFICATION(S)	QUANTITY/SUPPLY LEVEL
Disposable Face Masks	Disposable cloth face masks (1 or 2 per day per employee)	Min. 1-week supply (15 masks)
Washable Reusable Cloth Face Masks	1-3 per Employee	Issue 3 per employee
Powder Free (PF) Nitrile or Latex gloves	Powder Free (PF) Nitrile Gloves. Depending on work, 4 mil for regular activities, 8 mil (if available) for more durability	Min. 1-week supply (10 pair)
Disinfectant Wipes or Sprays	EPA approved disinfectants or wipes (refer to approved disinfectant listing)	Min 1-Week Supply
Liquid or Gel Hand Sanitizer	Hand sanitizer in either Foam, Liquid or Gel. Pump bottles located in the office	1 active bottle for each office room (4 total) (2 bottles back-up)
Face Shields	Made of clear plastic and provides good visibility, adjustable band to attach firmly around the head and fit snuggly against the forehead, Fog resistant (preferable), Completely cover the sides and length of the face, durable reusable material, able to be disinfected.	One issued per employee

Supply & Procurement Requirements

The procurement of the Preventive Materials and their replenishment for the PHI Office is the responsibility of the Office Administrator.

The procurement of preventive materials for On Location Workers is the responsibility of the workers themselves.

All purchases of preventive materials must be done using a PHI Consulting issued credit card and reported using an expense report on at least a monthly basis.

Special items needed to meet Client Specific protocols must be reported to the office administrator including a copy of the client guidance or requirements for future planning purposes.

The procurement of special items needed to ensure compatibility with other PPE (e.g. hard hat attachment hardware for face shields) is the responsibility of the employee requiring its use.

The Office Administrator is responsible for maintaining Safety Data Sheet Information on file for Disinfection Cleaning Supplies as necessary.

EMPLOYEE TRAINING

PHI will provide employees training on the contents of this plan including the following topics:

- Routes of Virus Transmission and Exposure
- Viability of SARS-CoV-2 virus in air and environmental surfaces
- Signs and Symptoms of COVID-19
- Universal Precautions
- Self-Monitoring & Reporting Requirements
- PPE Requirements
- Workplace Distancing & In Office Time Scheduling
- Disinfection and Sanitation Practices
- Reporting of Symptoms and Possible Workplace Exposure- Communication Protocol
- Sick Employee Return to Work Protocol

Training of employees will be completed as part of new hire training with refresher training being completed at least annually or whenever changes are made to this exposure plan which result in changes to employee responsibilities under this plan.

Training will be completed using on- demand and teleconferencing means to eliminate risks associated with conducting in person training.

Appendix- A:
PHI Consulting COVID-19 Workplace Policies and Procedure

Universal Precautions for All PHI Staff

PROTECT YOURSELF AND OTHERS

- Wash your hands often with soap and water for at least 20 seconds, especially after being in a public place, or after blowing your nose, coughing, or sneezing.
    - If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol.
    - Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick. Some people without symptoms may be able to spread the virus.
    - Stay home as much as possible and avoid non-essential travel.
    - Practice social distancing by keeping at least 6 feet — about two arm lengths — away from others if you must go out in public.
    - Stay connected with loved ones through video and phone calls, texts, and social media.
- Cover your mouth and nose with a cloth face cover when around others and when you must go out in public, such as to a grocery store. The cloth face cover is meant to protect other people in case you are infected.
    - However, do NOT place cloth face coverings on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
    - Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- Cover your coughs and sneezes. Use a tissue to cover your nose and mouth, and throw used tissues in a lined trash can. If a tissue isn't available, cough or sneeze into your elbow — not your hands. Wash your hands immediately.
- Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. Use the CDC Guidance Information referenced throughout this document.

WHO IS AT A HIGHER RISK?

- According to the CDC, early information shows that older adults, people who live in a nursing home or long-term care facility, and individuals of any age with the conditions below are at higher risk of getting very sick from COVID-19:
- **Have serious underlying medical conditions**, particularly if not well controlled, such as heart, lung, or liver disease; diabetes; moderate to severe asthma; severe obesity; and chronic kidney disease undergoing dialysis.
- **Have a weakened immune system**, including those undergoing cancer treatment, smoking and having other immunocompromised conditions.
- If you are at higher risk for serious illness from COVID-19, it is critical for you to:
    - **Stay home from work** and follow the other steps above. Avoid all non-essential air travel.
    - **Call your health care provider if you have concerns** or to ask about obtaining extra necessary medications in case you need to stay home for a prolonged period of time.
    - **Call a medical professional as soon as COVID-19 symptoms start**, if you are at higher risk.
- See CDC guidance for more information for those at higher risk.

IF YOU ARE SICK

- COVID-19 symptoms include fever, coughing and shortness of breath, plus additional ones listed on the CDC website. Keep track of your symptoms, which may appear two to 14 days after exposure, and call to seek medical attention if your symptoms worsen, such as difficulty breathing.
- If you think you may have been exposed to COVID-19, contact your health care provider immediately.

Mild Illness-Most people have mild illness and are able to recover at home. If you think you are sick:

- **Stay home and call your doctor** for medical advice and before visiting a medical office. Older adults and people of any age with serious underlying medical conditions should call a health care provider as soon as symptoms start.
- **Separate yourself from other people** in your home.

- Avoid sharing personal household items, such as dishes, drinking glasses, cups, eating utensils, towels, or bedding. Wash items thoroughly after using them with soap and hot water.
- On your own, clean and disinfect high-touch surfaces daily in your sick room and designated bathroom. Have a healthy household member do the same for surfaces in other parts of the home. If you are sharing a bathroom, clean and disinfect it after each use.

- Wear a cloth face cover if you are around other people (e.g., sharing a room or vehicle) and before you enter a health care provider's office. See CDC guidelines.

Emergency Warning Signs

If your symptoms become severe, call to get medical attention immediately. Warning signs include:

  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face

This list is not all inclusive. Consult your medical provider for any other symptoms that are severe or concerning. Call 911 if you have a medical emergency and note if you have, or think you might have, COVID-19.

- Review CDC guidance for more information if you are sick, including what to do if you live in close quarters, shared housing or have pets.

Employee Self-Monitoring & Reporting Policy

Purpose

Even though workplaces should ideally be able to take their own measures for providing medical monitoring on a daily basis, employees are also capable of doing their own due diligence and performing their own personal health monitoring regularly, especially in situations where working remotely is a common occurrence.

Procedure

Temperature Checks

One of the key aspects of self-monitoring is regular temperature checks. Employees should take their temperature when first waking up in the morning, as well as right before going to bed.

DO NOT TAKE YOUR TEMPERATURE:

- Within 30 minutes of eating, drinking, or exercising.
- Within 6 hours of taking medications that could lower your temperature, such as acetaminophen, ibuprofen, or aspirin.

Symptom Observation

Be alert for symptoms of COVID-19 and begin self-isolation if a personal temperature of 100.4°F is measured, or the observation of other symptoms, such as:

- New or worsening cough
- Shortness of breath
- Other troubles breathing
- Persistent pain/pressure in the chest
- New onset of confusion
- Bluish lips or face
- Diarrhea or vomiting

Reporting

Utilize the weekly self-monitoring log, recording all temperature results in the log, as well as recording the presence of any of the symptoms listed above. All employee self-monitoring logs should be turned in on a weekly basis, and/or immediately upon observation of a fever or other COVID-19 symptoms.

Self-Isolation/Quarantine

Following a positive test for COVID-19, the employee in question must undergo self-isolation. All self-isolation should last a minimum of 10 days since the first appearance of symptoms. After those 10 days, the employee in question must have a complete lack of fever and respiratory symptoms for a period of 3 days before being allowed to end self-isolation. If an employee tests positive for COVID-19 but is not showing symptoms, then they must self-isolate for 10 days after the date of their first positive test.

ADDITIONALLY, if an employee has traveled via airplane internationally, traveled on a cruise/riverboat, or has been potentially exposed to the COVID-19 virus in any other way, the employee should refrain from travelling into work for 14 days, whether or not COVID-19 symptoms are observed.

Documentation

Weekly COVID-19 Self-Monitoring Log

Sources/References

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

https://medical.mit.edu/Howto

Workplace Distancing / In-Office Time- Scheduling

Purpose

Proper social distancing in the workplace is a valuable step in reducing the spread of COVID-19. However, the success of social distancing efforts can vary based on the size of the office areas in question, as well as the population density of the offices. The following criteria should be followed to reduce the spread of COVID-19 in the office.

Criteria

Workplace Distancing

Whenever possible, when multiple individuals are working together in the office, all possible measures should be taken to ensure that no two individuals are within 6 feet of one another.

In-office Time Scheduling

Depending on the size of office areas, if enough individuals are working from the office, proper workplace distancing may become improbable, therefore increasing the potential of COVID-19 spread.

Employees should ensure that no greater than 3 individuals are working from the office. This can be successfully achieved by making use of Google Calendars. All employees shall utilize said calendar application to schedule days they intend to work in the office in advance, ensuring that the number of employees working from the office never exceeds 3.

Documentation

Google Calendar

Office- Shared Office Equipment / Workstation Sanitation & Disinfection

Purpose

In spite of the current COVID-19 outbreak, certain situations may still require employees to utilize the office environment in their workplace. Generally, workers should be discouraged from using each other's phones, desks, offices, or other work tools, equipment, and office utilities if possible. However, this is not always avoidable. In these situations, there are measures that can be taken in order to reduce the risk of COVID-19 spread while using office equipment and other commonly touched surfaces shared among multiple employees.

Procedure

General Workstation/Equipment Disinfecting

Regardless of whether an employee is using their own equipment, or a situation arises in which an employee will be required to use a co-worker's equipment, an employee can start by keeping their own workstation clean and sanitized regularly. Disposable disinfecting wipes should be provided so that employees will be able to wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, light switches, desks, kitchenette equipment, water coolers, microwaves, coffee stations, and other work tools and equipment) upon first beginning the workday, as well as before leaving at the end of the day.

If any of these surfaces are visibly dirty, clean them using a detergent or soap & water before disinfecting them.

As stated above, employees should be discouraged from using each other's phones, desks, offices, or other work tools and equipment, however in the case of shared equipment, such as printers, paper shredders, and ATMs, or if circumstances require you to use equipment owned by a co-worker, employees shall wash or sanitize their hands prior to use, as well as disinfect the equipment after use.

All cleaning/disinfecting of any employee's equipment or workstation shall be performed while wearing nitrile gloves.

Cleaning Chemicals

When deciding which cleaning chemicals to use for cleaning or disinfecting, employers should consult the online list of products EPA has approved of for use against the virus that causes COVID-19. The list can be found at the following web address: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.

Sources/References

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf

Disinfection and Sanitation When Conducting Business Travel

Purpose

Under certain circumstances, business travel may be a necessity for employees in situations where onsite work is required. These situations create a whole new set of risks to be managed in order for employees to protect themselves and those around them and prevent further spread of COVID-19.

Procedure

General Travel Guidelines

- Pack enough alcohol-based hand sanitizer (at least 60% alcohol) and keep it within an easy to reach area at all times.
- Pack clean facial coverings to wear in public places. Ensure enough spares are brought to last the entire trip.
- It is recommended that employees prepare food and water for their trip if possible. Pack non-perishable food in case restaurants and stores are closed.

Road Travel

During the COVID-19 outbreak, air travel should be avoided where possible. Depending on the travel distance, renting a car from a vehicle rental business is a valuable alternative. Most well-known vehicle rental businesses abide by their own guidelines in order to prevent COVID-19 spread, however, employees can still put forth their own efforts to ensure they are protecting themselves from spread. Upon first receiving the rental vehicle, make use of EPA-approved disinfectant wipes while wearing a facial covering and nitrile gloves, and wipe down commonly used surfaces, such as:

- Key/Key Fob
- Steering Wheel and Column
- Center Console
- Cupholders and Compartments
- Seat Surfaces
- Dashboard
- Door handles
- Gear Stick/Selector

Employees should also recognize that making stops during the trip for fuel, food, and restroom breaks can also put them in close contact with other people and surfaces. Employees should be wearing their facial coverings during these stops, as well as ensuring that they properly wash/sanitize their hands after making contact with public surfaces.

Air Travel

In situations where air travel is required, employees should recognize that the entire air travel process is likely to bring employees in close contact with other individuals, making proper social distancing impossible. Air Travel requires spending time in security lines and airport terminals, which will have a high probability of bringing employees in close contact with other people and frequently touched surfaces. It is recommended that employees wash or sanitize their hands immediately after making their way through security and entering the terminal.

Most airborne viruses do not spread easily on flights due to how air circulates and is filtered on airplanes, however, social distancing is not an option on crowded flights, and employees may have to sit near other passengers, possibly for hours at a time.

Employees must wear their face masks at all times, from the moment they enter the airport at their departure site, until they leave their destination airport.

Hotel Lodging

Even though hotels are taking their own measures in order to increase the intensity of their cleaning processes, there are many measures that can be taken by the employee in order to further reduce potential exposure to COVID-19, including:

- Reading hotel reviews before making a reservation, to ensure that the chosen hotel prioritizes cleanliness.
- Making use of EPA-approved disinfectant wipes to wipe down frequently touched surfaces, such as the light switches, phone, door handle/lock, toilet handle, ice bucket, tv remote, and bathroom faucet handles.
- Wiping down other hard surfaces, such as nightstands, coffee tables, the desk, and shelves. Wipe down hard surfaces in bathrooms as well, such as the sink surface, the toilet seat, and the toilet lid.
- Avoid using the hotel room's reusable glassware.
- Hotel room tv remotes have many crevices that make them difficult to efficiently wipe down. Consider placing the tv remote inside of a plastic zip bag so that it can still be operated while avoiding making direct contact with it.

Sources/References

https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html

https://www.enterprise.com/en/car-rental/on-call-for-all/covid-19-faqs.html

https://www.usatoday.com/story/travel/hotels/2020/03/18/coronavirus-road-see-how-sanitize-your-hotel-room/5041000002/

Reporting of Symptoms and Possible Workplace Exposure

Purpose

The primary goal of a COVID-19 Exposure Control Plan is to prevent the spread of the Coronavirus. If a positive case is suspected or even confirmed, it can be easy to think of that as an immediate failure. However, employers must continue to do their due diligence and respond appropriately to these situations in order to ensure employees remain properly informed and can prevent any further spread of COVID-19, and that the proper reporting/recording is conducted.

Procedure

Communication to Employees

As stated previously, all employees will be required to complete a COVID-19 Self-Monitoring Checklist, which shall be submitted to employers weekly, as well as immediately upon observation of COVID-19 Symptoms.

In the case of an employee submitting a COVID-19 Self-Monitoring Checklist indicating the possibility of COVID-19 infection, the employer should encourage the employee in question to work remotely, and ensure that all employees who have worked in close proximity are made aware of this possibility. If a positive COVID-19 case is confirmed, employers should send a facility-wide communication to all employees informing them of this development. The employer shall make it clear to the employee whom has tested positive that they are not to work from the office or travel for work purposes.

Recording Criteria

OSHA recordkeeping standards require that employers record certain work-related injuries and illnesses. Employers will be required to record positive COVID-19 cases if all of the following statements are true:

1. The case is a confirmed case of COVID-19.
2. The case is work-related.
3. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid, days away from work, restricted work duties).

Going by the assumption that statement number 1 is already true, statement 3 will also be true, as COVID-19 cases are required to be prevented from performing their job from their workplace. Therefore, the only statement that must be thoroughly assessed in order to determine if OSHA recordkeeping will be required is statement 2.

Determining if a positive COVID-19 case is work-related is fact-specific and done on a case-by-case basis. OSHA suggests employers "evaluate the employee's work duties and environment to decide whether or not one or more events or exposures in the work environment [caused the worker to contract COVID-19]." For example, if multiple employees have been confirmed to be infected with COVID-19, then it can

likely be assumed that the source is work-related. If only a single employee contracts COVID-19, the source of the illness is less clear.

Reporting Criteria

COVID-19 employee work-related illnesses that result in an in-patient hospitalization or death are reportable to OSHA. In-patient hospitalizations must be reported to OSHA within 24 hours, and fatalities must be reported to OSHA within 8 hours.

External Communication to Clients

As a contractor, employees may be required to perform onsite work for other companies. Contractor employees as well as contractor leadership each have a part to play in order to ensure that they themselves minimize any possible contribution to the spread of COVID-19 within their clients' workplace.

<u>If an employee starts to show any COVID-19 Symptoms as defined by the CDC, they shall abide by the following:</u>

1. **<u>Do not report to any client's facility</u>**. If they are already currently in the facility and they begin to develop symptoms, they shall leave immediately.
2. Inform their supervisor.
3. Contact a medical professional.
4. Do not return to the client's facility until cleared to return.

If an employee has had close contact with someone (as defined by the CDC) who has tested positive, they shall inform their supervisor.

<u>Management shall abide by the following instructions should an employee working onsite in a client's workplace develop COVID-19 Symptoms:</u>

1. Ensure each employee understands and follows the procedure above.
2. If an employee who has worked in a client's workplace in the last 14 days develops symptoms, inform the client immediately.
3. Inform client of particular areas the employee was working in within the client's workplace to insure the area is disinfected immediately.
4. Contact the client and provide them with answers to the following questions regarding the employee in question:
    a. When did the employee first show COVID-19 symptoms?
    b. Did the employee report to work or did they call in sick?
    c. Where was the employee tested? If so, did they inform their manager that they were being tested?
    d. Inform the client if the employee tested positive or negative. If tested positive, implement "Sick Employee Return to Work" protocol.

e. Where does the employee believe they were exposed?
f. Has the employee travelled? If so, where?
g. Has the employee had any exposure/contact with any employees of the client in question or any other contractors of the client in question?

Documentation

Weekly COVID-19 Self-Monitoring Checklist

Sources/References

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

https://www.osha.gov/SLTC/covid-19/standards.html

https://www.hklaw.com/en/insights/publications/2020/03/covid19-recording-and-reporting-obligations

https://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Sick Employee Return to Work

Purpose

Following a long period of absence from work due to COVID-19, it is important that the return to work process is not rushed in order to ensure the virus is completely gone from the employee's system. The following guidelines should be followed in order to determine when returning to active work will be safest for both the employee in question as well as those around them.

Procedure

Positive COVID-19 Case with Symptoms

The timing of when a COVID-19 positive case showing symptoms can return to work can be determined via two different strategies.

1) Symptom based Strategy: An individual with COVID-19 symptoms who was directed to care for themselves at home may discontinue isolation if all of the following conditions are met:

- At least 3 days (72 hours) have passed since improvement of respiratory symptoms (cough, shortness of breath, etc.), and resolution of fever (without the use of fever-reducing medication). The "Weekly COVID-19 Self-Monitoring Checklist" should be used to keep track of current status if utilizing a symptom-based strategy.
- At least 10 days have passed since symptoms first appeared.

2) Test based Strategy: An individual with COVID-19 symptoms who was directed to care for themselves at home may discontinue isolation if all of the following conditions are met:

- Resolution of fever without the use of fever-reducing medication.
- Improvement in respiratory symptoms.
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

Positive COVID-19 Case without Symptoms

The timing of when a COVID-19 positive case not showing symptoms can return to work can be determined via two different strategies.

1) Time based Strategy: A COVID-19 positive case without symptoms who was directed to care for themselves at home may discontinue isolation if at least 10 days have passed since their first positive COVID-19 diagnostic test, assuming they have not developed symptoms observed via the "Weekly COVID-19 Self-Monitoring Checklist" since their positive test. Please note that because symptoms

cannot be used to gauge where individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2) Test based Strategy: An individual with COVID-19 symptoms who was directed to care for themselves at home may discontinue isolation upon negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

Documentation

Weekly COVID-19 Self-Monitoring Checklist

Sources/References

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Remote Work- Guidelines

Purpose

Working remotely allows for work operations to continue in a manner which can significantly decrease contact with other, potentially infected individuals, therefore decreasing the spread of COVID-19. However, certain issues may arise due to widespread remote working during this time. Additionally, guidelines should be abided by during this outbreak in order to ensure remote working is not causing possible spreading of COVID-19 for employees or other individuals that may be in their general vicinity.

Criteria

The following criteria were determined based on issues that could potentially arise due to working remotely specifically in the context of COVID-19.

1. Do not work remotely in public places. The objective of working remotely is for employees to limit themselves to working in a location where they are less likely to infect themselves or others with COVID-19. Working from a public location defeats the purpose of these measures and increases risk of infection spread.
2. If any personal office items being used in remote work are shared with other individuals living in the employee's home, the employee should keep them sanitized and clean, to reduce chance of spread within their remote work zone.
3. Due to widespread remote working, increased network traffic could cause issues in online infrastructure, reducing network capability. Employees should attempt to take steps to download any documents they might need in advance and download any currently in progress documents located in the cloud, in order to allow work to be performed on them offline.
4. If difficulties with personal Wi-Fi are preventing employees from acquiring any immediately needed information or files, an option is to utilize their smartphone's Wi-Fi hotspot function to use mobile data for any immediate network needs.

Appendix- B:
Steel Dynamics COVID-19 Guidance, Education & Awareness Brochure

Emergency Warning Signs

If you or your family member become ill and experience any of the following warning signs, seek "*emergency*" medical care.

- **Difficulty breathing or shortness of breath**
- **New confusion or inability to arouse**
- **Pain or pressure in the chest**
- **Bluish lips or face**
- **High fever**
- **Severe cough**

* *

Remember that Coronavirus is a respiratory disease. Sick individuals may be able to infect others before symptoms begin. That means that you may be able to pass on the virus to someone else before you know that you are sick, as well as while you are still battling the virus. Person may also be asymptomatic and have the virus.

Caring for Someone with COVID-19 virus

Protect yourself
Wear a Mask

- **Avoid being face–to-face with the sick person.**
- **Stay 6 feet away from the ill person.**
- **If a child. Hold with their chin on your shoulder and mouth away from your face.**
- **Wash your hands often with soap and water, antibacterial products.**
- **Wash surfaces at least daily and more often as necessary.**
- **Keep visitors away.**

Household Cleaning, Laundry, & Waste Disposal

- **Dispose of tissues and other disposable items used by the sick person in a trash bag.**
- **Keep surfaces and toys clean with household disinfectant.**
- **Do not share linens or eating utensils with the sick person. Wash separately.**
- **Avoid "hugging" linens prior to washing.**
- **Wash hands after handling utensils, clothing or dirty laundry.**

What about Work?

- **Frequently clean all commonly touched surfaces. Use sanitation wipes to clean work areas, radios, telephones, etc. at shift change or more often as needed.**
- **Wash hands frequently with soap and water for 20 seconds.**
- **Use hand sanitizer that is 60 % or higher alcohol content when soap and water is not available.**
- **Keep distance from others, at least 6 feet, wear face coverings if cannot maintain 6 feet distancing.**
- **Use your own pen to sign and write.**
- **Do not drink or eat after others.**

Communicate with your supervisor, nurse, or Human Resources regarding your absence and when you can return to work.

Consult with your Healthcare Provider if you have concerns.

SDI Steel Dynamics®

CORONAVIRUS
"COVID-19"
Guidance, Education & Awareness

Content source: Centers for Disease Control and Prevention

www.cdc.gov

CDC Hotline 1-800-232-4636

Revision 7/24/2020

The COVID-19 virus is causing illness in infected persons in the United States and countries around the world. CDC expects that illnesses may continue for some time. As a result, you or people around you may become ill. If so, you need to recognize the symptoms and know what to do.

How COVID-19 Spreads

The main way that the COVID-19 virus spreads is from person to person in respiratory droplets of coughs and sneezes. This happens when droplets from a cough or sneeze of an infected person are blown through the air and land on the mouth or nose of people nearby. People may become infected by touching something with COVID-19 virus on it and then touching their mouth or nose. The virus is known to be detected on surfaces for up to 72 hours. Hand washing and wearing masks are essential.

Ways to Prevent COVID-19

- Wear face coverings at work and in public where social distancing cannot be maintained or in high risk areas.
- WASH YOUR HANDS OFTEN
- Use an antibacterial soap and water.
- Lather and rub your hands together. Count slowly to 20 while washing.
- Use antibacterial hand sanitizers with at least 60% alcohol.
- Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue away after using it.
- Cough into your sleeve – not your hands.
- Avoid touching your eyes, mouth and nose.
- Avoid sick people.
- Avoid touching door handles, Use paper towel or open with your arm.
- Avoid sharing personal items with others such as phones, keyboards etc.
- Avoid shaking hands as a greeting.
- In-person meetings or gatherings with individuals that are employed by Steel Dynamics, Inc. should follow the current policy.
- In-person gatherings that are external to Steel Dynamics, Inc should follow the current policy.
- Follow policy on non-required business-related public transportation where large numbers of people are congregated into small areas (commercial planes, buses, trains, subways, etc.) per policy.
- Avoid attending large public gatherings, including popular tourists' sites, concerts, sporting events, etc. per SDI policy.
- Wear face coverings at work and in public where social distancing cannot be maintained or in high risk areas.

Who is High Risk?

- People age 60 and older.
- Anyone with a chronic medical condition, such as heart disease, diabetes, lung disease, hypertension or anyone who is immunosuppressed.
- This list is not all inclusive and if you are at high risk or believe you are at high risk please contact your healthcare provider to discuss.

What Should I Do If I Get Sick?

If you are in an area where COVID-19 has been identified and you become ill with COVID-19 symptoms contact your healthcare provider immediately. He/she will determine whether testing or treatment is necessary.

Symptoms can range from mild to severe illness. It can appear 2-14 days after you are exposed to the virus that causes COVID-19.

Signs and Symptoms of the COVID-19 Virus

- Fever - considered elevated when higher than 100.4 F.
- Chills - Body chills not related to a cold environment.
- Cough
- Shortness of breath/Difficulty breathing
- Nasal Congestion
- New Loss of Taste/Smell
- Chest Pain
- Fatigue/Tiredness
- Headache
- Nausea
- Vomiting
- Diarrhea
- Muscle Pain/Body aches

Treatment

- Testing will be done to diagnose if you have true COVID-19 per your provider guidance. There are no specific antiviral treatments recommended for COVID-19.
- Isolate self from others in the home. Keep your distance at least 6 feet from others.
- Stay home until symptom free, fever free and medically cleared by your health care provider.
- Wash your hands to protect others.
- Use separate bathroom and bedroom.
- Do not share dishes, towels, bedding or other items.
- Clean all high- touch surfaces everyday and more frequently as needed.
- Drink clear fluids such as water, broth, sports drinks, electrolyte beverages, jello, and popsicles. These will prevent dehydration.
- Take medication per your healthcare provider recommendation.

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