

MERC: Michigan Economic Recovery Council

COVID-19 health practices: Construction facilities

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Executive summary

Common set of practices for construction facilities

- Will be applicable to different construction facilities
- Will be easy to communicate and executable
- Will not be cost prohibitive

Supporting documentation to be aligned with requirements issued by: federal, state, county and municipal authorities, employers, project owners. In case of any conflict between any of the foregoing guidance or requirements, the strictest shall apply.

There are a couple important considerations for construction facilities

- The construction industry is a multi-tiered, multi-party industry where businesses of all size ranges cooperate to execute the building of a project Owner's facility. This can be as few as one, and up to 50 or more firms on the same project.
- The industry has a well-adapted safety culture to implement controls and is accustomed to the use of PPE.
- A majority of work is outdoors which is presumably safer for social distancing. There are also controlled access points to some project sites already existing.

Document is meant as a guide; not exhaustive

Across facility types, health practices fall into the following eight categories



1 Response owners and plan

Establish virus response team



2 Facility entry and health check protocols

Conduct health screenings, temperature checks, send sick employees home, restrict visitors/contractors



3 PPE requirements

What PPE is necessary in this environment? (Provide guidelines and PPE for different settings and roles)



4 Distancing

How do we ensure we are maintaining appropriate distance across the facility?



5 Cleaning

What are the cleaning protocols and how to we communicate these effectively to employees?



6 Case monitoring protocols

How do we ensure we can respond quickly to a potential case?



7 Facility/space temporary closure

What is our response plan? (e.g., Block off areas of exposure to allow appropriate deep cleaning)



8 Travel restrictions

How do we handle employee essential and personal travel?

Core practices (“must-haves”): Practices that can be implemented more broadly across different sized organizations

Next level implementation: Recommended additional practices that provide better risk mitigation (for better equipped facilities)

Construction facilities can safeguard using health practices in the following focus areas

Categories	Health practice overview	Categories	Health practice overview
1 Response owners and plan	Establish team or roles Define scope of team (e.g., manage implementation of practices and protocols) Communicate role of team and expectations to employees	5 Cleaning	Conduct frequent daily cleaning of all high touch areas and post protocols publicly Establish employee cleaning protocols and emphasize frequent hand washing Conduct routine checks for cleaning procedures
2 Facility entry and health check protocols	Reduce congestion at start times and entry point(s) Screen employee health/exposure Screen all visitors with similar protocol	6 Case monitoring protocols	Define protocol for symptomatic employees Provide symptom checking and guidance to exposed employees Mark off and clean spaces identified in tracing
3 PPE and safety requirements	Establish PPE standards and distribution methods (e.g., facial coverings required) Ensure PPE and safety supplies are stocked Improve sanitizer availability and safety measures Provide guidance for PPE usage and reasoning	7 Facility pause/shutdown	Enforce appropriate shut down/ pause and cleaning protocol Communicate shut down protocol to employees
4 Distancing	Increase general distancing between people Limit common space use and operations Stagger shifts and timing to reduce congestion Provide reinforcements (e.g., X's) for distancing expectations	8 Travel restrictions	Restrict business and personal travel and have employees work from home if possible after travel Modify transportation practices

1: Response owners and plan (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Establish team or roles	Designate and train a site specific COVID 19 point of contact for every project (e.g., identify OSHA Competent Person as the Responsible Person)	Dedicate staff to virus response team (sole or primary focus), depending on size of company and facility
Define scope of team (e.g., manage implementation of practices and protocols)	Design, implement, monitor, and report on key health practices Create and complete a health checklist Develop training protocols and implementation plan for employees Establish point person for external communications with labor union (where applicable), regional leaders, and health services Educate local union on pandemic response plan and return to work protocols and work with them to ensure cooperation Ensure adherence to safety protocols – <i>clarify protocols, informed by CDC</i>, deploy personnel to necessary checkpoints (e.g., temperature recording)	Build phased approach for return to work, plan to bring back a segment of employees to limit potential exposure and ease transitions Leverage a digital tool or dashboard to track success of protocols and opportunities for improvement Ensure performance is sustained over time, particularly with less visible activities like disinfection (e.g., use a hard copy or software-based checklist)
Communicate role of team and expectations to employees	Provide COVID 19 training (e.g., conduct a Safety Stand toolbox talk/tailgate training on all job sites to explain the protective measures in place for all workers (keep social distancing at all gatherings). • Include a module for reporting avenues for unsafe working conditions/ practices • Organize and host first-day training orientation for all site employees (e.g., attendee groups, logistics, schedules, trainers, post-training feedback loop)	Send notice (e.g., digital) to employees of team formation and who will be point of contact for questions Share pre-return to work materials: • Review of Safe Workplace guidelines • Training for team members Conduct periodic (e.g., weekly, monthly) Q&A with representative of response team to supply employees with updates in policy and operations

1: Response owners and plan (examples)

Illustrative

Establish team or roles

LEADERSHIP & MANAGEMENT

- Identify the person responsible for auditing implementation on each project. That will be the **site safety representative** (e.g. safety person, superintendent). **The COVID Safety Rep Checklist should be used daily to ensure proper implementation. Reference Appendix G – COVID-19 Safety Representative Checklist**
- Project teams to attend the daily huddles and make these action plans a topic of huddle conversation. Similar to safety ask the question – “How will or what can we do to keep ourselves healthy today.” (REMEMBER: SMART Social Distancing.)
- INCIDENT COMMANDERS:** Have been identified by the company. Reference **Appendix A – Incident Commanders by Region**. If an infected person is identified, the respective Incident Commander is to be notified. Respect and maintain each persons’ dignity and privacy. Reference **Appendix B – Incident Control Plan**.
- Implementation is a team responsibility, led by the Project Manager or Superintendent.
- The Project Manager is to communicate the plan and updates to all Suppliers, Subcontractors, Vendors, and Service Providers.
- The Project Executive is to communicate the plan and updates to the Customer.
- If a project is being re-started or is a new project reference **Appendix F – COVID-19 New Project and Restart Guidance**
- If a person notifies us that they were infected, report the incident to the INCIDENT COMMANDER immediately.
- If possible, at your site or campus create an isolation area for those individuals that show/have symptoms of COVID-19. Also, consider on-site nursing stations where applicable.
- Be aware of worker’s concern about pay, leave, safety, health, and other issues related to the crisis.

Define scope of team (e.g., manage implementation of practices and protocols)

Appendix G – COVID-19 Safety Representative Checklist

Version 7, April 2, 2020

The following checklist outlines the responsibilities of the designated COVID-19 Site Safety Representative during any of the phases of the COVID-19 Response Plan. All tasks should be carried out in accordance with the COVID-19 Operations Guide. Please initial each box upon full completion of the individual task and maintain a file for these inspections at the project site. This is subject to change as more information is available.

Project Name: _____ Project #: _____ Date: _____

#	Daily Check
PHASE 1 AND 2 IMPLEMENTATION	
1	Identify the Incident Commander for your project
2	Subcontractors need to ensure that the questionnaire (huddle etc.)
3	Identify and communicate location of isolation area COVID-19 or who have had a high-risk exposure
4	Establish if the project's medical provider has COVID-19 protocol: - If yes, this can be used as a resource for employee. DO NOT GIVE OUT AUTHORIZATION to someone out. - If not, attempt to locate one in the general area. - If the employee has a personal medical provider and follow their instructions for care.
5	Identify professional cleaning service to be called if: If a local company is not available reach out to a national company.
6	Establish site entry protocols via COVID-19 Operations Guide
7	Project workers are practicing Social Distancing with others
8	Ensure the following COVID-19 prevention signs are posted: 
9	Maintain the daily questionnaire records completed: - Both paper and electronic copies need to be maintained. - Notify Incident Commander of person(s) with symptoms.

COVID-19 Virus Prevention

The COVID-19 virus has spread quickly across the United States. Every state has had at least one person infected with the virus.

This virus is highly contagious. A contaminated person can spread the infection when they cough or sneeze, and the infected droplets get transmitted to someone else.

To prevent the transmission of this virus, we must first understand how it is spread – from person to person.

Toolbox Talking Points

No one wants to spread an infection unknowingly. Initially, a person may be infected without showing symptoms of the disease. Therefore at this critical time, we must all consider ourselves potential sources of infection and act responsibly to control the spread. **Act as if you are infected!**

The best-known practices to reduce person to person transmission are as follows:

- If you have any signs of infection, isolate yourself from others and stay home from work.
 - A best practice is taking your temperature each day before leaving your house.**
The medical professionals consider 100.4 F or greater as feverish.
- Practice social distancing – make an effort to stay a minimum distance of 6 feet from others.
- Cover your mouth and nose with the inside of your elbow when coughing or sneezing. Throw away tissues, rewash your hands and face and sanitize the surfaces you may have contaminated.
- Carry your own hand sanitizer. Practice good hygiene by using hand sanitizer, soap and water to wash hands and face frequently. Wash hands and face thoroughly (washing with soap and water should take a minimum of 20 seconds)
- Avoid touching your face.

Other considerations:

- Sharing cars with others or sitting close together on a bus or other public transportation could put you and others at risk of transmitting the infection.
- Avoid grouping in elevators, take the stairs if feasible.
- Commonly touched surfaces need to be disinfected regularly. Any type of handles, handrails, steering wheels, phones, PPE (e.g. hard hat), eyeglasses, computers, etc. need to be cleaned.

2: Facility entry and health check protocols (e.g., pre-work, who is involved, check-in upon arrival) (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Reduce congestion at start times and entry point(s)	Assign dedicated entry point(s) for all employees or groups to reduce congestion at main entrance, help with screening needs, and help with tracing Label queue spots with X's outside building in case of congestion	Stagger start times for locations to ensure social distancing and effectiveness of screening protocols (50/50 rotational schedules) Encourage one-way flow into site and in corridors where possible
Screen employee health/exposure (home, entrance)	Advise vulnerable workers and people with underlying health conditions of their right to continue to quarantine, and to draw down UI benefits instead of returning to work (hepatitis is also highly probable so workers need to understand if they are considered more vulnerable) Conduct daily entry Self-Screening protocol for all employees i.e., symptom and exposure questionnaire. If employees identify recent fever (100.4°F, through employee-administered daily temperature checks), coughing, or shortness of breath each day before leaving for work, before the shift, mid-shift, and at end of shift they should be sent home (refer to contact-tracing protocols for additional details) Ensure physical barriers (e.g., caution tape, plastic netting, gates) are in place to prevent anyone from bypassing screening (if not possible, ensure there is some indication of employees having gone through screening – e.g., sticker)	Post signage for limited site access requirements Check on outside office interactions (e.g., vulnerable family members, secondary jobs – firefighter, volunteer, EMT) and have employee stay home if possible Make temperature and screening procedure visible to ensure employees feel safe to enter the site If possible, on site partnerships with local health facilities to help facilitate quick testing (likely not currently possible given lack of testing capabilities) Where possible provide entry screening with temperature checks and observation for overt symptoms prior to site entry (admittance allowed if employee is not symptomatic – e.g., no fever (CDC cutoff: 100.4 degrees), cough) • Use no touch sensors for the temperature screening and place screeners behind a washable screen with a small access window
Screen all visitors (e.g., contractors) with similar protocol	Control site access (e.g., restrict visitors, contractors, deliveries – implement screening practices similar to employees), or in the alternative issue stickers or other indicators to workers to show that they received a screening before entering the worksite that day.	Ensure visitors schedule their visits and attain approval before arrival (e.g., conduct visitor questionnaire virtually and deny visitors who do not meet requirements)

2: Facility entry and health check protocols (e.g., pre-work, who is involved, check-in upon arrival) (examples)

Illustrative

Screen employee health/exposure (home, entrance)

Example signage

Appendix C – COVID-19 Guidance for Site Entry

Version 7, April 2, 2020

Included below are descriptions of typical construction site-access requirements for the Project Executive and Project Manager to use as implementation guidance. If your site access differs, consult with your Incident Commander to discuss appropriate protocol.

1. **Owner Controlled Security Checkpoint**, operated with security guard enforcing a plan for access to site via screening.
 - a. If Owner required entrance document is required, follow Owner protocol. No further questionnaire required if all people are going through the checkpoint and being asked the questions.
2. **Owner Controlled Security Guard Checkpoint** without developed screening plan for access to site.
 - a. Subcontractors report to respective pre-shift meeting areas and complete the required daily questionnaire and show verification of site acceptance to their respective supervisor via smartphone screen or paper-copy. Any paper-copy documentation must be provided

Temperature Scanning

Non-Contact Infrared Thermometer (i.e. Temperature Gun)

**** Please read the Infrared Temp-Gun Operator's Manual before using ****

1. Operation of the Temperature Gun shall be done by a Project Team Member (Project Safety, Operations, direct labor, or project nurse) whom has the understanding of the operating procedures based on the Operators Manual.
2. Scanning Temperature:
 - Hold the Temperature Gun approximately three (3) feet from the person's forehead.
 - This distance should allow the six (6) foot Social Distancing requirement.
 - Instruct the person to close their eyes prior to scanning
 - Keep them closed until the scanning is complete.
 - Squeeze the trigger and place the red dot on the worker's forehead.
 - Hold the trigger for at least two (2) seconds to get a reading.
3. Workers with readings below 97.7 degrees Fahrenheit:
 - May enter the project.
 - Thank the worker for their cooperation.

SYMPTOM CHECKER

How COVID-19 Compares With Other Illnesses

What does being sick with COVID-19 look like compared with a cold or the flu? Check what types of symptoms show up for each illness and how often in the chart below.

NOTE: If you have not been to a country or area with an outbreak of COVID-19 or have not had contact with someone who has, the Centers for Disease Control and Prevention says the risk of getting the disease is low.

	COVID-19		COLD/UPPER RESPIRATORY INFECTION		ALLERGIES/HAY FEVER		INFLUENZA	
	Is it a Symptom?	How Common?	Is it a Symptom?	How Common?	Is it a Symptom?	How Common?	Is it a Symptom?	How Common?
Fever	✓	Common	✓	Rare			✓	Common
Fatigue (Tiredness)	✓	Common	✓	Sometimes	✓	Sometimes	✓	Common
Dry Cough	✓	Common			✓	Sometimes	✓	Common
Difficulty Breathing	✓	Severe			✓	Sometimes		
Aches and Pains	✓	Sometimes	✓	Rare			✓	Common
Sneezing			✓	Common	✓	Common	✓	Sometimes
Runny Nose	✓	Sometimes			✓	Common	✓	Sometimes
Stuffy Nose			✓	Common	✓	Common		Sometimes
Watery Eyes					✓	Common		
Sore Throat	✓	Sometimes	✓	Common			✓	Sometimes
Diarrhea	✓	Sometimes					✓	Rare

Information compiled from Florida Department of Health, CDC, World Health Organization
Infographic by Christie Zazo/Spectrum News

NO
HANDSHAKES

KNOW YOUR SYMPTOMS

NO
HANDSHAKES

CORONAVIRUS

- FEVER
- COUGH
- SHORTNESS OF BREATH, OR DIFFICULTY BREATHING
- SYMPTOMS APPEAR 2-14 DAYS AFTER EXPOSURE

FLU

- FEVER
- COUGH
- MUSCLE ACHES
- FATIGUE & WEAKNESS
- CHILLS & SWEATS
- CONGESTION
- SORE THROAT

ALLERGIES

- SNEEZING
- ITCHY NOSE, EYES OR ROOF OF MOUTH
- RUNNY, STUFFY NOSE
- WATERY, RED OR SWOLLEN EYES

(Post at the GATE)

(Being sent to jobsites by Safety)

3: PPE and safety requirements (e.g., what do you need before walking in facility) (health practices 1/2)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Establish standard PPE requirements and distribution methods	Analyze and understand requirements (ensure construction restart and ongoing operations are consistent with guidance and requirements issued by: Federal, state, county and municipal authorities, employers, project owners) Facial coverings are required for all employees on the site when indoors (provided by employer). Mask guidance includes surgical masks (supply chain permitting), cloth masks, and cloth face coverings (must follow public health specifications)¹ Deploy facial coverings before employees approach the facility entrance check point Encourage/require use of work gloves to prevent skin contact with contaminated surfaces (depending on activity) Face shields and/or masks are required to be worn by all employees who cannot consistently maintain 6 ft of separation from other employees (provided by employer)²	Establish mask pick-up location on site for those who need replacement (provide reason) Record and track who has received their masks (e.g., weekly allotment for employees)
Ensure PPE and safety supplies (e.g., facial coverings, hand sanitizer) are stocked	Confirm stock of facial coverings (surgical masks, appropriate cloth masks), face shields, gloves, and glasses on site and on order with lead time Confirm operation has an adequate supply of additional health supplies (e.g., soap, disinfectant, hand sanitizer, paper towels and tissues)	Ensure the site has ability to collect temperature readings (e.g., employees collect at-home and record in central location, or "No-Touch" thermometers upon entry to facility) Ensure 30-day stock of critical supplies exists (e.g., sanitizer, masks) on site or on order with sufficient lead time

1. Per CDC guidelines https://www.cdc.gov/coronavirus/2019-ncov/prevent_getting_sick/cloth_face_cover.html
2. If construction site has elastomeric respirators, this could be a feasible option as well given appropriate cartridges that are not expired

3: PPE and safety requirements (e.g., what do you need before walking in facility) (health practices 2/2)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Improve sanitizer availability and safety measures	Place hand sanitizing stations in common areas on site	Place gloves in common areas or for higher risk roles Coordinate procedures with suppliers so protocols line up (pause delivery if health safety practices do not line up, if possible)
Provide guidance for PPE usage and reasoning	Communicate guidance for what PPE is required for jobs within 6 feet of another individual and what PPE is always required Remind employees to bring PPE home and back each day (e.g., security and signage) Ensure employees understand the use of PPE (including training of storage, doffing and re-donning facial covering), as an addition to the protective triad of personal hygiene, social distancing and frequent disinfection. Allow voluntary individual practices in excess of requirements. In case of any conflict between any of the foregoing guidance or requirements, the strictest measure shall apply. (for workforce confidence)	Conduct digital training prior to return to work on how to properly use PPE

3: PPE requirements (e.g., what do you need before walking in facility) (examples)

Illustrative

Ensure PPE and safety supplies (masks, hand sanitizer) are stocked



4: Distancing (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Increase general distancing between people	Establish sitewide requirement for social distancing in accord with CDC guidelines (6 ft). When 6ft distancing is not available see PPE section for additional guidance	Provide specifics on home health practices (optional guidance) Deploy training and support for any mandated requirements from the State
Limit common space use and operations	Identify choke points where workers are forced to stand together, such as hallways, hoists and elevators, break/lunch areas , buses (see “provide reinforcements” section for details). Require maintained physical distancing in lunch and break areas (close break/lunch areas if possible and encourage employees to eliminate eating in groups (eat in personal vehicles))	Increase distancing for portable restrooms on site: e.g., increase number of restrooms, timing between use (e.g., employee to monitor), and clean frequently (refer to cleaning section for detail) Install touchless waste bins; turn off water fountains
Stagger shifts and timing to reduce congestion	Use smart logistics planning (e.g., staging/staggering crews, modifying work schedules to stagger work, alternating workdays or extra shifts) Stagger start times and meal times (e.g., by 15min) to limit clogged entry/ exit(s) (sites can also designate different access points for individuals to enter)	Minimize interactions when picking up or delivering equipment or materials (e.g., PPE, surface disinfection). Organize the placement of materials to minimize movement on the work site.
Provide reinforcements (e.g., X’s) for distancing expectations	Ensure staff stay 6ft apart using appropriate visual cues when possible (e.g., tape, ground markings, walking traffic patterns marked, physical barriers, elevator guidelines, signs with social distancing requirements) Implement a checklist to ensure sustained compliance	Post signage and train people not to congregate at break areas, toolboxes & tool cribs, lunch areas, etc.

4: Distancing (examples)

Illustrative

Limit common space use and operations

- Make sure there are enough temporary/portable toilets on site, per contract requirements. Increase cleaning of toilets to three (3) times per week and make sure they are properly stocked with supplies. Work with your project vendor. OSHA count guidance is:

Minimum number of toilets.

Number of employees of each size	Minimum number of toilets per size
1 to 15	1
16 to 35	2
36 to 55	3
56 to 80	4
81 to 110	5
111 to 150	6
Over 150	1 additional toilet for each additional 40 employees.

Note to Table F-2 of § 1915.88: When toilets will only be used by men, urinals may be provided instead of toilets, except that the number of toilets in such cases shall not be reduced to less than two-thirds of the minimum specified.

Provide reinforcements (e.g., X's) for distancing expectations



(Post at various entry locations & Safety boards)

(Print these on jobsites. Graphics on SharePoint.)

5: Cleaning (e.g., daily cleaning routine) (health practices)

Health practice overview	Core practices	Next level implementation
Conduct more frequent daily cleaning of all high touch areas and post protocols publicly	Disinfect work site areas and common surfaces prior to site reopen Clearly establish who is responsible for cleaning by project site (e.g., one person/shift or every worker). Clearly communicate to employees Clean and disinfect high touch surfaces on job sites and in offices • Pay special attention to toilets and restrooms. Clean frequently throughout the day and have them emptied more frequently. • Pay special attention to shared tools, machines, vehicles and other equipment, handrails, doorknobs, etc. frequently, per CDC guidelines . For shared items like tools, wipe with disinfectant before being transferred.	Ensure optimal turnover of fresh/clean air on site if enclosed (e.g. bay and other doors/windows opened where feasible) Post signage for surface cleaning requirements
Establish employee cleaning protocols and emphasize frequent hand washing	Provide disinfecting materials with EPA-approved emerging viral pathogens • Provide soap and water whenever possible on all job sites for frequent handwashing (start of day, breaks, lunch, team huddles, bathroom breaks). • Provide alcohol based hand sanitizers¹ as a backup only if providing running water is impossible (disclose reason to workers) Clean shared tools at the beginning and end of individual usage (employees responsible for wiping down area and provided guidance on how) Wash hands frequently and ensure there are enough hand washing stations per total workers on site (e.g., # specified by DHHS) Increase signs for hygiene (wash hands, cover cough, don't touch face)	Provide time for employees to clean at the start of shifts and at the end of shifts (e.g., 15min)
Conduct routine checks for cleaning procedures	Monitor cleanliness weekly with checklist from virus response team	Monitor site for compliance daily (site owner and/or leader to do virtual checks or check with contractors)

1. with greater than 60% ethanol or 70% isopropanol; could be individual hand sanitizer bottles

5: Cleaning (e.g., daily cleaning routine) (examples)

Illustrative

Conduct frequent cleaning of all high touch areas and post protocols publicly

Appendix E – COVID-19 Cleaning Guidance Procedure

Version 7, April 2, 2020

Pandemic Cleaning Protocols	Method				
Wash-down with bleach/ water combination	Sprayer with Bleach/Water or Disinfectant	Dampened cloth with Bleach/Water or Disinfectant	Frequency	Days	Party
FIELD AREAS					
Turnstiles including frames (if Applicable)	x		Min. 2x Daily	Every	Laborer
Entrance/Exit doors, top to bottom	x	x	Min. 2x Daily	Every	Laborer
Separation barrier between Screener and personnel entering the jobsite	x	x	Daily	Every	Laborer
Interior Restrooms including sinks, counters, toilets, urinals, stalls/walls, dispensers, doors, dryers, etc.	x		Min. 2x Daily	Every	Laborer
Restroom mirrors			Daily	Every	Laborer
Porto Johns including handles, walls, dispensers, etc.	x		Min. 2x Daily	Every	Laborer
Door Hardware including fence latches	x	x	Min. 2x Daily	Every	Laborer
Hoist Controls (if Applicable)		x	Min. 2x Daily	Every	Laborer
Hoist Gates (if Applicable)	x		Min. 2x Daily	Every	Laborer
Construction Elevator (if Applicable)	x		Min. 2x Daily	Every	Laborer
Tables, Benches and Chairs	x		Min. 2x Daily	Every	Laborer
Fire Extinguishers		x	Daily	Every	Laborer
Medical Equipment otherwise not cleaned by medical		x	Min. 2x Daily	Every	Laborer
Temporary Power Panels/Outlets		x	Weekly	F	Electrician
Generator controls		x	Weekly	F	Electrician
Sign in/Log books		x	Min. 2x Daily	Every	Laborer
Drinking Fountains/Water Coolers		x	Min. 2x Daily	Every	Laborer
Security Booth (if Applicable)		x	Min. 2x Daily	Every	Security
Closed Trash Receptacles	x	x	Min. 2x Daily	Every	Laborer
Gang Boxes including outside of box	x	x	Min. 2x Daily	Every	Laborer
Field Offices/Break Areas including tables, chairs, benches, appliances, cabinets, etc.	x		Min. 2x Daily	Every	Subs

OFFICE AREAS-SUB AND WA					
Offices/Break Areas/Trailers	x	x	Min. 2x Daily	Every	Office Staff
Doors and Hardware		x	Min. 2x Daily	Every	Office Staff
Desks and Chairs		x	Min. 2x Daily	Every	Office Staff
Computers/Keyboards/Mice		x	Min. 2x Daily	Every	Office Staff
TVs/Remotes		x	Daily	Every	Office Staff
Coffee makers		x	Min. 2x Daily	Every	Office Staff
Telephones/Conference Phones		x	Min. 2x Daily	Every	Office Staff
Copy Machines		x	Min. 2x Daily	Every	Office Staff
Drinking Fountains/Water Coolers		x	Min. 2x Daily	Every	Office Staff
Tables and Chairs		x	Min. 2x Daily	Every	Office Staff
File Cabinets and Hardware		x	Min. 2x Daily	Every	Office Staff
Stairways	x		Daily	Every	Office Staff
Railings	x		Min. 2x Daily	Every	Office Staff
Microwaves and other appliances	x		Min. 2x Daily	Every	Office Staff

6: Case monitoring protocols (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Define protocol for symptomatic employees	Ensure employees with symptoms (based on self assessment, screening etc.) are sent home Stay home except for medical attention, monitor conditions Ensure protocols are visible in the facility (e.g., post signage to stay at home if specified symptoms occur)	Ensure isolation protocol and areas established to isolate symptomatic employees prior to sending to medical care or home to self-quarantine Identify and train Isolation Coordinator(s) for on-site assistance Provide home guidance where appropriate and support for employees (e.g. virtual training, etc.) Check in periodically with employee on symptoms and work ability Connect with local authorities and health services for case monitoring
Provide symptom checking and guidance to exposed employees	Follow the CDC response guidelines for exposure cases Inform team members/manager of potential exposure when employee is sent home Create policies to encourage workers to stay home or leave worksite (e.g., temp paid sick leave) when feeling sick or when in close contact with a confirmed positive case.	Conduct tracing procedures for 3-7 days prior to onset of employee symptoms (based on where employee was and whether PPE was worn). See details on how to qualify “contact” on following page Communicate procedures with employees
Mark off and clean spaces identified in tracing	Clean appropriate areas based on tracing procedures and CDC recommendations whenever a person has been sent home for symptoms Perform a site area deep cleaning/disinfection (e.g., misting) as well as physical disinfection of common tools and surfaces whenever a COVID-19 person has been confirmed at the site.	If required, leverage third-party cleaning services

6: Case monitoring protocols (examples)

Illustrative

Define protocol for symptomatic employees

Mark off and clean spaces identified in tracing

Appendix B – Potential or Confirmed Case Action Plan

Version 7, April 2, 2020

ONSITE INCIDENT ACTION PLAN:

This portion of the plan defines the proper procedure for dealing with **potential or** confirmed cases of COVID-19 on the jobsite. Decisions regarding the possible personal and location/material exposure can be made using the [CDC's Guidance of Public Health Management and Decision Making](#) and [Environmental Cleaning Guidance](#).

1) Isolation of a person presently on site is symptomatic:

- Move potentially infectious people to an isolation area.
 - 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.
 - A temporary toilet facility (i.e., port-a-john) is NOT considered an isolation room.
- Provide a facemask and gloves, if feasible and available, and instruct the person to wear it.
 - A facemask (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).
- Restrict the number of personnel entering isolation area.
- Personnel who interacted with the ill person(s) must wash their hands.
- Direct the ill employee to leave work and go home or to the health center as advised by the local authority.
 - Public transportation must not be used.

**If there is a case of COVID-19 on the jobsite, it is essential to
Stay Calm and follow the steps outlined below**

****Situation Assessment (2) and Notification Guidelines (3) should be done concurrently ****

2) Situation Assessment: If a COVID-19 case is confirmed or deemed a Person Under Investigation (PUI) by a medical professional within the past 14 days for someone NOT currently on site.

- ☐ Verify Date, Time, and Location of Incident
 - a. Is the positive case of COVID-19 confirmed to belong to someone from THIS site?
- ☐ Assess risk of Person(s) and Area(s) possibly exposed to COVID-19
 - a. What company did the person work for?
 - b. What day and time was the employee last on site?
 - c. How many employees does that contractor have on site?
 - d. Who else was working with the positive employee?
 - e. Where on the jobsite was the work being performed?
 - f. What materials/equipment were being used by the employee?

- g. Does the subcontractor have an office space and/or break area?
 - h. How many other subcontractors performed work in the area occupied by the positive employee?
 - Discuss proper next steps with the safety representative and Incident Commander using the CDC flowchart (attached).
- ☐ Stop Work and Evacuate the office/space occupied by the person(s) who was confirmed positive with COVID-19.
 - The size of the area to be evacuated will depend on the circumstances and judgement of the incident commander in coordination with the VP of HSE and Project Executive.
 - Common areas, including meeting rooms, shared equipment (e.g. copiers/printers), restrooms, kitchenette, should be evaluated.
 - Maintain social distancing during evacuation procedure.
- ☐ Restrict access to the identified affected areas.
 - Smaller areas or rooms: cordon off for cleaning and disinfecting. See cleaning guidelines below.
 - Larger areas: cordon off/isolate the areas the person occupied and any high-touch surfaces the person may have come into contact with (and anything within 6 feet of those item)
 - Increase ventilation in larger areas by opening windows/doors and improving airflow if possible. If there is little to no airflow, treat it as a smaller area or room, as described above.

7: Facility/space temporary closure (e.g., clear area if someone comes to work sick) (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Enforce appropriate shut down/ pause and cleaning protocol	Establish site specific response plan for confirmed cases (e.g., investigate, formulate response and cleaning procedures) • If someone goes home from the site with symptoms disinfect the area, supplies, and tools that person worked with immediately. Shut appropriate locations on the site down for deep cleaning (enforce appropriate amount of shutdown time) if there was a confirmed positive case	Establish situation room representatives (site leader, HR, security, communications) to prepare for temporary closure of site
Communicate exposure to employees	Conduct contact trace investigation for confirmed cases and notify those contacted or suspected of being in contact (e.g., notify contractual upstream entity: if subcontractor, notify Contractor; if Contractor, notify Owner). Ensure appropriate documentation of positive cases for necessary parties (labor union, health services, health insurance). Record confirmed cases in accordance with OSHA guidance¹ Ensure employees who were potentially exposed to a positive case on site to monitor symptoms closely and stay home if there was a high risk of exposure or symptoms occur (while maintaining employee privacy)	Establish clear reporting process for any symptomatic or positive test employees (e.g., notify company leaders, maintain central log)

1. <https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

8: Travel restrictions (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Restrict business and personal travel and have employees work from home if possible after travel	Reduce risk from employees and contractors by restricting air travel to only essential travel Permit business critical air travel (and public transport in some cases) only after receiving appropriate approval Reduce risk from contractors by restricting unnecessary movement between project sites and establishing minimal handoff deliveries	Require 14 day quarantine after returning from personal travel (confirm with site leader upon return)
Modify transportation practices	Implement face coverings (surgical mask or cloth face covering) requirement and provide hand sanitization supplies if employees utilize public transportation prior to work If transportation is work owned/managed, utilize assigned seating to simplify contact tracing should an employee be diagnosed as COVID-19 positive.	Work with the transportation provider(s) to review health screening (reducing shift changeover time) and disinfection protocols for seats and other common surfaces