

SUBSURFACE IMAGING Part of The Rosalie Ellen Comany

Infectious Disease Preparedness and Response Plan

This Infectious Disease Preparedness and Response Plan applies to the following establishments:

Table of Contents

Purpose	4
Scope	4
Coronavirus Disease (COVID-19)	4
Occupational Exposure to COVID-19	5
Ways to Mitigate Risk of Exposure to COVID-19	6
Communication	
Training	
Recordkeeping	9
Sources	9
Appendix A – Descriptions of Infectious Diseases	10
Appendix B – Worker exposure risk classifications	
Appendix C – Infectious disease workplace controls checklist	
Appendix D – COVID-19 Prevention with enhanced cleaning and disinfection	
Appendix E – Crisis communications	
Appendix F – Sample notice to employees	
Appendix G – COVID-19 Toolbox talk	
Appendix H – Sequence for putting on personal protective equipment (CDC)	
Appendix I – How to properly put on and take off a disposable respirator (CDC)	

Purpose

Our company's Infectious Disease Preparedness and Response Plan is a guide for planning for, responding to, and recovering from a pandemic that may impact our business and community. In this plan we identify 1) potential occupational exposure to infectious disease, 2) ways to mitigate our employees' risk of contracting these infections, and 3) methods to respond in an appropriate and timely manner if exposure incidents occur.

Scope

An infectious disease is transmitted either by inhalation of infectious particles/droplets or direct contact of the particles/droplets with mucous membranes in the respiratory tract or eyes. Infectious diseases may include the Novel Coronavirus (COVID-19), MERS, SARS, Ebola, Anthrax, pandemic flu, and other known diseases. Examples of infectious diseases for which this plan could apply are included in Appendix A -Descriptions of infectious diseases.

During an outbreak of a highly infectious disease, the US Government – US Department of Health and Human Services (HHS) along with the Centers for Disease Control and Prevention (CDC) - is the national leader for overall communication and coordination efforts. They also work closely with the World Health Organization (WHO). Our company will follow the recommendations of these organizations as well as the Occupational Safety and Health Administration (OSHA), and other applicable federal, state, and local health authorities.

Plan Administrator

The Plan Administrator has the overall responsibility to administer the plan for our operations.

_ is the Plan Administrator.

Additional staff members who support the plan and their roles are:

Staff Member Name	Responsibilities	
	Worker exposure risk classification	
	Mitigation/Worker protections	
	Communication	
	Training	
	Recordkeeping	
	Other:	
	Other:	

Coronavirus Disease (COVID-19)

The information for infection with SARS-CoV-2 (COVID-19) has been updated as of April 2020.

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. To reduce the impact of the COVID-19 outbreak, our company has developed a preparedness and response plan.

Symptoms of COVID-19

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

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

How COVID-19 spreads

COVID-19 started from exposure to an infected animal. Infected people can spread COVID-19 to other people. The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.
- People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

How COVID-19 can affect our workplace

We may see increased absenteeism from workers:

- Who are sick
- Caring for a sick family member
- Caring for children if schools or day care centers are closed
- Have at-risk people at home

We may need to change the way we do business and continue operations, including the following:

- Reducing person to person contact
 - Considering alternative ways to work (e.g. telework, stagger shifts, reduced number of workers on site at one time)
 Find alternative ways to work with or help our customers
- Cross-training our staff to cover essential functions and operations

We may see interrupted supply/delivery:

• Shipments from affected areas may be delayed or cancelled

Occupational Exposure to COVID-19

Occupational exposure to infectious diseases is work activity or work conditions that are reasonably anticipated to present an elevated risk of contracting these diseases without protective measures in place. Where appropriate, our company will follow the recommendations of federal, state, and local health authorities to address considerations related to occupational exposure to infectious diseases including, but not limited to the following:

- Where, how, and to what sources of infection workers might be exposed including:
 - The general public, customers, and coworkers; and
 - Sick individuals or those at particularly high risk of infections (e.g., international travelers who have visited locations with widespread sustained (ongoing) disease transmission, healthcare workers who have had unprotected exposures to people known to or are suspected of being infected)
- Worker's individual risk factors (older age; medical conditions; pregnancy)
- Controls necessary to address those risks

OSHA has provided guidance on classifying worker exposure to COVID-19 into four categories: very high, high, medium, and lower (caution) risk. Worker exposure classification depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with COVID-19. OSHA also developed the Occupational Risk Pyramid to represent the probable distribution of risk in the United States. We have reviewed our operations and assigned our workers into exposure risk classifications based on guidance from OSHA in Appendix B – Worker exposure risk classifications.

Worker Exposure Classifications for COVID-19



OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Very High Exposure Risk: This category includes jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

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

High Exposure Risk: This category includes jobs with a high potential for exposure to known or suspected sources of infectious disease Workers in this category include:

- Healthcare delivery and support staff exposed to known or suspected infectious patients
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected infectious patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, infection at the time of their death.

Medium Exposure Risk: This category of jobs includes those that require frequent and/or close contact with (i.e., within six feet of) other people who may be infected with the virus that causes COVID-19 but are not known or suspected COVID-19 patients.

Lower Exposure Risk (Caution): This category covers jobs that do not require contact with people known to be, or suspected of being, infected with the virus that causes COVID-19 nor require frequent close contact with (i.e., within six feet of) the general public.

Ways to Mitigate Risk of Exposure to COVID-19

Basic infection prevention measures

We are asking every one of our employees to help with our prevention efforts while at work. In order to minimize the spread of COVID-19, we all must play our part. As set forth below, our company has instituted various housekeeping, social distancing, and other best practices. All employees must follow these. In addition, employees are expected to report to their managers or supervisors if they are experiencing signs or symptoms of COVID-19, as described below. If you have a specific question about this Plan or COVID-19, please ask your manager or supervisor. If they cannot answer the question, please contact the local public health authority.

Basic infection prevention measures will be emphasized to protect workers during an infectious disease outbreak. Where appropriate, our company will follow the recommendations of federal, state, and local health authorities. OSHA and the CDC have provided the following control and preventative guidance to all workers, regardless of exposure risk:

- 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.
- Avoid touching your eyes, nose, or mouth with unwashed hands.

- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with people who are sick.
- Use tissues for sneezes and dispose of them in the trash receptacle. Do not touch the trash receptacle.
- Do not share work tools and equipment.

In addition, employees must familiarize themselves with the symptoms of COVID-19:

- Coughing;
- Fever;
- Shortness of breath, difficulty breathing; and
- Early symptoms such as chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose.

If you develop a fever and symptoms of respiratory illness, such as cough or shortness of breath, you will be asked to stay home and to call your healthcare provider right away. Likewise, if you come into close contact with someone showing these symptoms, call your healthcare provider right away.

Worker Protection

We shall use feasible engineering controls and work practice controls to reduce employee exposure to infectious diseases. When those controls are not sufficient, we shall provide personal protective equipment. We have defined appropriate workplace controls for our various worker exposure risk classifications using Appendix C – Infectious disease workplace controls checklist.

Refer to our PPE and Respiratory Protection Programs for specific requirements where PPE and/or respirators are included as appropriate workplace controls for infectious disease hazards.

Workplace flexibilities and protections will be emphasized to protect workers during an infectious disease outbreak. Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not be limited to the following:

- Have sick employees stay home
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies
 - Talk with companies that provide our business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies
 - Maintain flexible policies that permit employees to stay home to care for a sick family member
 - Recognize that workers with ill family members may need to stay home to care for them
- Establish policies and practices to increase the physical distance among employee and between employees and others if health authorities recommend use of social distancing
 - \circ Implementing flexible worksites (e.g., telework)
 - Implementing flexible work hours (e.g., staggered shifts)
 - $_{\odot}$ Increasing physical space between employees at the worksite
 - \circ Increasing physical space between employees and customers (e.g., drive through, partitions)
 - o Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
- Delivering services remotely (e.g. phone, video, or web)
- Delivering products through curbside pick-up or delivery

Finally, we will also be maintaining regular housekeeping practices, including cleaning and disinfection of the work environment. See Appendix D for COVID-19 Prevention with enhanced cleaning and disinfection.

Methods to Respond if Exposure Incidents Occur

Employee Exhibiting COVID-19 Symptoms

If an employee exhibits COVID-19 symptoms, the employee will be asked to call their healthcare provider and to return home. The employee may return to work consistent with CDC and state and local guidelines.

Employee Tests Positive for COVID-19

An employee that tests positive for COVID-19 will be directed to self-quarantine away from work. The employee may return to work consistent with CDC and state and local guidelines.

If our company learns that an employee has tested positive, our company will conduct an investigation into co-workers that may have had close contact with the confirmed-positive employee in the prior 14 days and direct those individuals that have had close contact with the confirmed-positive employee to call their healthcare provider regarding the length of time to stay home. Close contact is defined as six (6) feet for a prolonged period of time.

The employee may return to work consistent with CDC and state and local guidelines.

Employee Has Close Contact with a Tested Positive COVID-19 Individual

If an employee learns that he or she has come into close contact with a confirmed-positive individual outside of the workplace, he/she must alert a manager or supervisor of the close contact and also call their healthcare provider regarding the length of time to stay home. The employee may return to work consistent with CDC and state and local guidelines

Note: These guidelines may change as CDC and state and local guidelines develop.

Communication

Infectious disease outbreaks can evolve rapidly. Our company will communicate to our workers as information becomes available on the following topics according to the guidelines defined in Appendix E – Crisis communications plan.

- Information about the infectious disease outbreak
- Changes to our business operations including workplace policies, workplace protections, and flexibilities
- Notifying workers if a person in the facility has been confirmed infectious or has been around someone who has been confirmed infectious for their potential exposure.

Note: Except for circumstances in which our company is legally required to report workplace occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. When it is required, the number of persons who will be informed of an employee's condition will be kept at the minimum needed not only to comply with legally-required reporting, but also to assure proper care of the employee and to detect situations where the potential for transmission may increase. A sample notice to employees is in Appendix F. Our company reserves the right to inform other employees that a co-worker (without disclosing the person's name) has been diagnosed with COVID-19 if the other employees might have been exposed to the disease so the employees may take measures to protect their own health.

Training

The following training is provided to our employees who have occupational exposure to infectious disease:

- Explanation of infectious disease
- Modes of transmission and applicable control procedures
- Review of recognized tasks and activities that may pose an exposure
- Appropriate workplace controls, which may include engineering and administrative controls, safe work practices, and PPE
- Selection of PPE as appropriate, proper use, location, removal, handling, cleaning, decontamination and disposal of items

Training materials may include but are not limited to the following:

- Appendix G COVID-19 Toolbox talk
- Appendix H Sequence for putting on personal protective equipment (CDC)
- Appendix I How to properly put on and take off a disposable respirator (CDC)

- PureSafety course: Pandemic Influenza
- PureSafety course: Infection Control Handwashing

The training will occur:

- At the time of initial assignment to tasks where occupational exposure may take place;
- At least annually thereafter, or refresher not to exceed 12 months from the previous training where required by OSHA;
- When changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, that affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures

Each training record will include the following information

- The date(s) of the training.
- The contents or a summary of the training.
- The names and qualifications of persons conducting the training or who are designated to respond to interactive questions.
- The names and job titles of all persons attending the training.

Recordkeeping

The following records are maintained

- Occupational injury and illness records as required by the OSHA recordkeeping and reporting standard
- Training records
- Record of annual review of the Infectious Disease Preparedness Plan
- Records of exposure incidents (exposure analysis) and any follow up
- Records of inspection, testing, and maintenance of non-disposable engineering controls, including ventilation and other air handling systems, air filtration systems, containment equipment

Sources

- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention.
- Guidance on Preparing Workplaces for COVID-19. Occupational Safety and Health Administration.

Appendix A – Descriptions of infectious diseases

COVID-19

The novel coronavirus outbreak originated in the Wuhan province of China. Symptoms may appear 2-14 days after exposure. The novel coronavirus (officially called COVID-19) is believed to spread from close person-to-person contact (within 6 feet), primarily through respiratory droplets produced when an infected person coughs or sneezes. The virus is also believed to spread by people touching a surface or object and then touching one's mouth, nose, or possibly the eyes. People at risk are those who have recently traveled to/from China and other affected countries, and those in close contact with infected individuals. For the latest information on the symptoms, prevention, and treatment of coronavirus, visit the <u>Centers for Disease Control and Prevention coronavirus webpage</u>.

Pandemic Flu – Influenza - Influenza (flu) viruses can cause a severe disease, even death. Flu viruses are grouped into three types, designated A, B, and C.

- Type A can affect both humans and animals and are associated with more severe disease. Usually the cause of global pandemics.
- Type B infect only humans and cause seasonal outbreaks and less severe disease than A in the United States (US). Does not cause pandemics
- Type C Very common, usually cause mild respiratory symptoms.

MERS & SARS - Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome.

MERS – also known as the "camel flu." A fairly new respiratory virus for humans. Symptoms include fever, cough, diarrhea, and shortness of breath. Some experience symptoms involving the gastrointestinal tract causing nausea, vomiting, and diarrhea. Transmission is believed to be through respiratory droplets. Incubation period is approximately 5-7 days.

SARS – A severe respiratory disease that started in southern China. Initial symptoms are flu-like including muscle pain, high fever, sore throat, cough, and possible diarrhea. These symptoms may lead to shortness of breath and/or pneumonia. The typical incubation period is 4-6 days, although it can be as short as one day. Transmission is through respiratory droplets. Although there is some belief that SARS may be spread through airborne transmission – meaning spread by tiny pathogens in the air that are inhaled.

Anthrax – A serious infectious disease that can cause death. Anthrax gets into the body through the skin, lungs, or gastrointestinal tract. All types of Anthrax are bacterial and can spread throughout the body quickly if not treated with antibiotics.

Ebola – A rare viral hemorrhagic fever in humans and non-human primates. Symptoms include fever, sore throat, muscular pain, and headaches and begin between 2 days and 3 weeks after contracting the virus. Vomiting, diarrhea, and a rash may follow along with decreased function of the liver and kidneys. An infected person has a high risk of death killing at least 25% of those infected. The virus spreads through direct contact with body fluids, such as blood, urine, feces, semen, breast milk, sweat, and vomit.

Appendix B– Worker exposure risk classifications

We have reviewed our operations and assigned our workers into exposure risk classifications based on guidance from OSHA. Descriptions of each classification are in the Worker Exposure Classification section of the main plan.

Very High Exposure Risk

Job Title	Very High Risk Operations

High Exposure Risk

Job Title	High Risk Operations

Medium Exposure Risk

Job Title	Medium Risk Operations

Low (Caution) Exposure Risk

Job Title	Low Risk Operations

Appendix C – Infectious disease workplace controls checklist

We have defined appropriate workplace controls for our various worker exposure risk classifications defined in Appendix B.

This checklist is for workers in the following classification:

 Very high exposure risk High exposure risk Medium exposure risk Low (Caution) exposure risk
Engineering Controls (check off those that apply) to reduce exposure:
Install high-efficiency air filters
Increase ventilation
Install physical barriers (examples are drive through windows for customers, plastic barriers)
Administrative Controls (check off those that apply) to change work policies or procedures
Have sick employees stay home
Implement sick leave policies are flexible and consistent with public health guidance
Implement flexible worksites (e.g., telework) Alter work schedules (exemples staggering chifts)
Alter work schedules (examples staggering shirts) Create physical distance between workers and customers (social distancing)
Discontinue non-essential travel
Have services delivered remotely
🔲 Have products delivered through curbside pick-up or delivery
Prepare communication plans
Other:
Personal Protective Equipment (check off those that apply) based on job tasks and to protect employees from exposure when
other controls are not available
Gloves
Goggles
Face shields
☐ Face masks

Respiratory protection: specify type of respiratory protection Other:

Appendix D – COVID-19 – Prevention with enhanced cleaning and disinfection

For the most updated information on cleaning and disinfecting, please see CDC Recommendations.

Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Current evidence suggests that the novel coronavirus responsible for COVID-19 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.

General Guidance for routine cleaning and disinfection

Routine cleaning and disinfection of surfaces using appropriate methods can help prevent the spread of COIVD-19. In nonhealthcare settings, a best practice is to be vigilant about routinely cleaning and disinfecting surfaces, especially for surfaces and objects touched frequently.

Practice good hand hygiene after cleaning:

- Wash hands often with soap and warm water for at least 20 seconds.
- If soap and warm water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Safety guidelines during cleaning and disinfection:

- Wear disposable gloves when cleaning and disinfecting. Gloves should be discarded after each use. Clean hands immediately after gloves are removed.
- Wear eye protection when there is a potential for splash or splatter to the face.
- Store chemicals in labeled, closed containers. Keep them in a secure area away from children and food. Store them in a manner that prevents tipping or spilling.

High touch surfaces

- Frequently touched surfaces and objects vary by location. Examples include: doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, phones, keys, and remote controls.
- For workspace areas, pay attention to surfaces and objects such as chairs, desks, phones, printers, keyboards, computer mouse, and other areas.
- For vehicles, pay attention to the steering wheel, radio buttons, turn indicators, cup holders, door handles, window buttons, locks, arm rests, seat cushions, buckles, and seatbelts.
- For eating establishments, pay attention to door handles, cash registers, and checkout counters.

Clean any visible dirt and grime from surfaces and objects before using disinfectants because disinfectants are most effective on clean surfaces. Always follow the manufacturer's directions for application, time, or any special considerations.

Hard (Non-porous) Surfaces

- If surfaces are dirty, use a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered disinfectants should be effective.
 - A diluted household bleach solution can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- Prepare a bleach solution by mixing:
 - $_{\odot}$ 5 tablespoons (1/3 cup) bleach per gallon of water or
 - $_{\odot}$ 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products <u>that are EPA-approved for use against the virus that causes COVID-19</u> and that are suitable for porous surfaces

Electronics

- For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.
 - $_{\odot}$ Follow the manufacturer's instructions for all cleaning and disinfection products.
 - $_{\odot}$ Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

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

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to the guidance above for hard or soft surfaces.

Additional Resources

- OSHA COVID-19 Website
- CDC handout for Cleaning and Disinfecting Your Facility

Appendix E – Crisis communications

Scope of Crisis Communications Plan

- Prepare and disseminate accurate information, key messages and emerging facts to the target audience as quickly as possible
- Update information regularly as circumstances change
- Complete the Press Information Log Sheet for inquiries from the Media
- Approve outside communication such as emails and news releases

Crisis Communications Team Representative



Location for Crisis Communication

Options such as a conference room, media room, cafeteria

Response

The team will meet frequently to gather facts and review changing facts throughout the crisis. The team will develop and address key message for reaching audiences and determine if strategies need to change.

Immediate Threat and Response Needed

- Alarm activated for immediate threat by Emergency Response Team
- Assess situation and level of impact
- Have all media calls sent to Communications Officer
- Decide to have written response or hold a press briefing
- Send email or text message to employees for Level 2 or Level 3 crisis
- Post notification on website for Level 3 crisis
- Send management memo regarding incident as appropriate
- Update severe weather conditions or status as known
- Send media alert as appropriate
- Activate emergency call center as appropriate
- Determine who will be spokesperson

Guidelines for Communicating

- Demonstrate organizational concern for people (show empathy and concern)
- Explain what is being done to remedy the situation
- Keep message consistent with all audiences.
- Do not guess or speculate. If you don't know the answer, offer to get back with an answer at a later time.
- Do not provide estimate of damage, responsibility for incident, or discuss legal liability.
- Do not release names of injured or if there has been a fatality until all next of kin have been notified

Audience

- Employees: management, hourly or salaried employees, employees' families, Union members, retirees
- Community: neighborhood coalitions, community organizations, chamber of commerce
- Customer: local, national, global, wholesalers, retailers, consumers
- Business: vendors, suppliers, contractors, trade associations
- Media: local, national, international
- Legal: regulatory, state, federal

Verify the Crisis Situation

Identify as many facts as possible and coordinating at the site of the incident or at the Emergency Response Center

- What happened?
- Where did it happen?
- Who is involved?
- How did it happen?
- What is currently being done?

Alert and Notify

- Alert the communications team
- Direct media calls to communications team
- Decide if written statement or press briefing is more appropriate

Gather Facts

- Verify the nature of incident with as many facts as available
- Determine if injuries and / or fatalities (do not release names)
- Determine what authorities must / should be consulted or notified
- Draft key message for employees, stakeholders and media

Gather Supporting Materials

- Key fact sheets
- Technical terms / systems
- Schematic / drawings of machinery or equipment or facility

Update Information

- Review facts as they are available and time stamp them
- Verify facts before releasing them
- Inform internal audience, employees, stakeholders, union members, visitors

Preparation

- Anticipate questions and prepare responses
- Prepare Media statement which has been approved
- Prepare a full script for easy reading
 - $_{\odot}$ Use large font / type
 - $\,\circ\,$ Leave wide margins for note taking
 - $\,\circ\,$ Don't staple to flip pages easily as speaking
 - $_{\odot}$ Highlight important or key words
 - $\,\circ\,$ Practice by reading out loud, recording it and time yourself

] Location for press briefing

- Sign in or verify credentials for media
- Follow up on any inquiries

Evaluation

- How did things go?
- What was successful?
- What needs to be improved?

Best Practices for Crisis Communications

- Be prepared with key message to convey to all stakeholders.
- Know the best methods to reach employees and other stakeholders.
- Try to give information that has been verified. Avoid "no comment" because people may think it means the organization is guilty and trying to hide something.
- Present information clearly using simple language and reducing using technical terms or jargon.
- Maintain eye contact, be pleasant and avoid nervous habits or gestures. Limit the "uhms" or "uhs" or fidgeting.
- Brief spokesperson(s) on the latest crisis information available and key message points that the organization is trying to convey.

Appendix F – Sample notice to employees

DATE:	
TO:	
FROM:	

We have been informed by one of our ______ working at ______ that he/she has a confirmed case of COVID-19, commonly known as "Coronavirus," based on test results obtained on _______. Per company policy, this [employee/customer/vendor/etc] has been directed to selfquarantine until permitted to return to work.

We are alerting you to this development because, based on the Company's investigation, we believe that you may have come into contact with the confirmed-positive case, on or about ______. Based on Company policy we are directing you not to report to work (i.e., self-quarantine) until, at least, 14 days from last contact with confirmed case. In the interim, we encourage you to seek medical advice and a COVID-19 test, especially if you are exhibiting symptoms of the virus.

If you do not test positive for COVID-19, or experience symptoms, by 14 days from last contact with confirmed case, you may return to work. However, please inform_______ if any of the following occur during your self-quarantine: you experience flu-like symptoms, including fever, cough, sneezing, or sore throat; or you test positive for COVID-19.

We are committed to providing a safe environment for all of our employees and top-quality service to our customers. It is in the interest of those goals that we provide this information out of an abundance of caution.

We also want to take this opportunity to remind you that one of our core values as a company is respect for and among our employees and customers. We will treat information regarding the identity of employees and customers with suspected or confirmed cases of COVID-19 as confidential to the extent practicable and will comply with applicable laws regarding the handling of such information. Further, per Company policy, we will not tolerate harassment of, or discrimination or retaliation against, employees or anyone.

Please contact	at	if you have any
questions or concerns.		

For more information about COVID-19,	please visit the CDC website at: http://ww	ww.cdc.gov/coronavirus/2019-
<u>ncov/index.html</u>		-

Sincerely,

[COMPANY CONTACT] [COMPANY CONTACT TITLE]

Appendix G – COVID-19 Toolbox talk

What is COVID-19?

The novel coronavirus, COVID-19 is one of seven types of known human coronaviruses. COVID-19, like the MERS and SARS coronaviruses, likely evolved from a virus previously found in animals. The remaining known coronaviruses cause a significant percentage of colds in adults and children, and these are not a serious threat for otherwise healthy adults.

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms such as fever, cough, and shortness of breath.

According to the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention ("CDC"), Chinese authorities identified an outbreak caused by a novel—or new—coronavirus. The virus can cause mild to severe respiratory illness. The outbreak began in Wuhan, Hubei Province, China, and has spread to a growing number of other countries—including the United States.

How is COVID-19 Spread?

COVID-19, like other viruses, can spread between people. Infected people can spread COVID-19 through their respiratory secretions, especially when they cough or sneeze. According to the CDC, spread from person-to-person is most likely among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, like how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It is currently unclear if 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.

In assessing potential hazards, employers should consider whether their workers may encounter someone infected with COVID-19 in the course of their duties. Employers should also determine if workers could be exposed to environments (e.g., worksites) or materials (e.g., laboratory samples, waste) contaminated with the virus.

Depending on the work setting, employers may also rely on identification of sick individuals who have signs, symptoms, and/or a history of travel to COVID-19-affected areas that indicate potential infection with the virus, in order to help identify exposure risks for workers and implement appropriate control measures.

There is much more to learn about the transmissibility, severity, and other features associated with COVID-19, and investigations are ongoing.

COVID-19 Prevention and Work Practice Controls:

Worker Responsibilities

- 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.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home—DO NOT GO TO WORK.

• Sick employees should follow <u>CDC-recommended steps</u>. Employees should not return to work until the criteria to <u>discontinue home isolation</u> are met, in consultation with healthcare providers and state and local health departments.

General Job Site / Office Practices

- Clean AND disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use <u>products that meet</u> <u>EPA's criteria for use against SARS-CoV-2external icon</u>, the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Clean and disinfect frequently used tools and equipment on a regular basis.
 This includes other elements of the jobsite where possible.
 Employees should regularly do the same in their assigned work areas.
- Clean shared spaces such as trailers and break/lunchrooms at least once per day.
- Disinfect shared surfaces (door handles, machinery controls, etc.) on a regular basis.
- Avoid sharing tools with co-workers if it can be avoided. If not, disinfect before and after each use.
- Arrange for any portable job site toilets to be cleaned by the leasing company at least twice per week and disinfected on the inside.
- Any trash collected from the jobsite must be changed frequently by someone wearing gloves.
- In addition to regular PPE for workers engaged in various tasks (fall protection, hard hats, hearing protection), employers may also provide gloves and eye protection if appropriate to the task

Appendix H – Sequence for putting on personal protective equipment (CDC)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- · Fasten in back of neck and waist

2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

• Place over face and eyes and adjust to fit

4. GLOVES

Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene











HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately
 wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- · Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- · Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

- · Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- · Pull gown away from neck and shoulders, touching inside of gown only
- · Turn gown inside out
- · Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated D0 N0TTOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- · Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE









HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- · Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Appendix I– How to properly put on and take off a disposable respirator (CDC)

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator. Follow the instructions that come with your respirator.¹

Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.



If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

1 Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/

2 According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to http://www.cdc.gov/niosh/npptl/topics/respirators/



