

COVID-19 INTERIM HEALTH AND SAFETY GUIDANCE

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1. PURPOSE

This guidance has been implemented to establish work practices, administrative procedures, and engineering controls to minimize potential exposure to SARS-CoV-2, the virus that causes COVID-19. The following guidance has been developed based on local, state and federal recommendations/requirements regarding COVID-19. The purpose of this document is to supplement existing site-specific Health and Safety Plans (HASPs) and provide interim health and safety guidance to minimize potential exposure to SARS-CoV-2. Should additional scientific information or regulatory information change, this document shall be updated accordingly.

2. SCOPE AND APPLICABILITY

This guidance covers all Roux employees and the subcontractors that Roux oversees. Site specific HASPs shall be developed to incorporate elements of mitigative measures against COVID-19 exposure. If work cannot be carried out in compliance with this guidance, the project shall be further evaluated by the Project Principal (PP), Office Manager (OM), and Corporate Health and Safety Manager (CHSM) prior to work authorization.

3. BACKGROUND

What is COVID-19?

COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. This virus continues to spread internationally and within the United States. There is currently no vaccine to prevent COVID-19.

What are the symptoms of COVID-19?

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. Symptoms may appear 2 to 14 days following exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

If someone develops emergency warning signs for COVID-19, they should be instructed to get medical attention immediately. Emergency warning signs can include those listed below; however, this list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

How does COVID-19 spread?**Person-to-person spread**

The virus is thought to spread mainly from person-to-person contact.

- 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.
- Some recent studies suggested that COVID-19 may be spread by people who are not showing symptoms.

Spread from contact with contaminated surfaces or objects

It also may be possible that a person can get COVID-19 by touching a contaminated surface or object and then touching their mouth, nose, or possibly their eyes. Based on current data, this is not thought to be the main way the virus spreads.

According to the Centers for Disease Control and Prevention (CDC), people are thought to be most contagious when they are most symptomatic; however, there is a possibility for the virus to spread before an individual shows symptoms (asymptomatic).

How easily the virus spreads

How easily a virus spreads from person-to-person can vary. Several viruses, such as measles, are highly contagious while others do not spread as easily. Based on current data, COVID-19 spreads very easily and sustainably between people and suggests the virus is spreading more efficiently compared to influenza, but not as efficiently as measles.

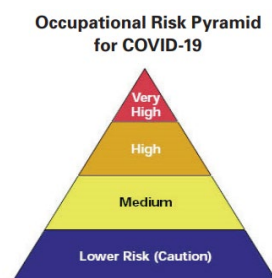
4. TRAINING REQUIREMENTS

All employees with potential exposure to COVID-19 shall be provided training that incorporates COVID-19 exposure mitigation strategies, such as implementation of proper social distancing, personal hygiene (e.g., handwashing), as well as disinfection procedures, as outlined by CDC guidelines.

5. EXPOSURE RISK POTENTIAL

Worker risk of occupational exposure to COVID-19 can vary from very high, high, medium, or lower (caution) risk. This level of exposure is dependent on several factors, which can include industry type; need for contact within 6 feet of people known to be or suspected of being infected with COVID-19; density of work environment; and industrial setting (i.e., healthcare building, occupied interior work area, minimal ventilation).

Provided below is background risk level information taken from the U.S. Department of Labor Occupational Safety and Health Administration Guidance on preparing workplaces for COVID-19. Risk evaluations for each project shall be conducted by the PP and OM in consultation with the CHSM to ensure Roux employees and subcontractors remain within the lower exposure (caution) category. If it is identified there is a medium exposure risk or higher, further evaluation and mitigative measures shall be evaluated to reduce overall exposure risk prior to work authorization.



Very High Exposure Risk (Activities not conducted by Roux)

Very high exposure risk includes occupations/work activities with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. This can include but is not limited to:

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

High Exposure Risk (Activities not conducted by Roux)

High exposure risk occupations/work activities include exposure to known or suspected COVID-19 positive individuals. This can include but not limited to:

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

Medium Exposure Risk

Medium exposure risk occupations/work activities include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with COVID-19, but who are not known or suspected to be COVID-19 positive. For most of our worksites, it is assumed there is on-going community transmission for COVID-19. Therefore, workers who work at sites and may have contact with the general public, other contractors, high-population-density work environments (i.e., greater than 10 people) fall within medium exposure risk group category. This can include, but is not limited to, sampling events that require two or more workers to collect and log samples in close contact or work occurring in an interior space with limited ventilation and several workers present.

Lower Exposure Risk (Caution)

Lower exposure risk (caution) occupations/work activities are those that do not require contact with people known to be or suspected of being COVID-19 positive. During these activities, there is limited contact (i.e., within 6 feet of) the general public or other workers. Workers in this category have minimal occupational contact with the public and other coworkers. This can include construction oversight that does not require close contact as well as sampling or gauging events performed by one worker.

6. EXPOSURE/SUSPECTED EXPOSURE***What do I do if I am sick or come into close contact with someone who is sick (e.g. living with/caring for)?***

If you or others you are living with/caring for experience any of the following symptoms, such as acute respiratory illness (i.e., cough, shortness of breath or difficulty breathing), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell or fever (100.4 °F [37.8 °C]), we ask you not report to your office/field site and stay home. Employees shall notify the OM immediately so proper notifications can be made.

Additionally, if you have come into close contact (i.e., within about 6 feet for at least 15 minutes) with someone who is experiencing COVID-19-like symptoms, please notify the OM immediately. Information provided shall be used to determine appropriate internal response in consultation with the CHSM and Human Resources Director (HRD).

What if I am asked to self-isolate at home and when can I return from home isolation?

Depending on the situation, if you are COVID-19 positive or suspected to have COVID-19, employees may be required to self-isolate in their homes as per CDC or local health department guidance. As per CDC guidance, return from isolation has been broken out into two categories. The first includes confirmed or suspected COVID-19 individuals exhibiting symptoms and the second includes those who have not had COVID-19 symptoms (i.e., asymptomatic) but tested positive and are under self-isolation. Both categories, along with strategies to return from home isolation, are outlined below.

People with COVID-19 under isolation¹:

Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy.

1) Symptom-based strategy

If you have not had a test to determine if you are still contagious, you can leave home after these three things have happened:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; and
- improvement in respiratory symptoms (e.g., when your cough or shortness of breath have improved); and
- at least 10 days have passed since symptoms first appeared.

2) Test-based strategy

If you will be tested to determine if you are still potentially contagious, you can leave home after these three things have happened:

- Resolution of fever without the use of fever-reducing medications; and
- improvement in respiratory symptoms (e.g., when your cough or shortness of breath have improved); and
- you received two negative tests in a row, at least 24 hours apart. Your doctor shall follow CDC guidance.

People who have not had COVID-19 symptoms but tested positive and are under isolation¹:

Options include both a time-based or test-based strategy.

1) Time-based strategy

If you have not had a test to determine if you are still contagious, you can leave home after these two things have happened:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test; and
- you continue to have no symptoms (no cough or shortness of breath, etc.) since the positive COVID-19 diagnostic test.

2) Test-based strategy

If you have had a test to determine if you are still contagious, you can leave home after:

- You received two negative tests in a row, at least 24 hours apart. Your doctor shall follow CDC guidance.

Test-based strategies

Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

¹ In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

7. WORKPLACE CONTROLS

During the project planning phase, worksite evaluations shall be carried out by the PP and OM in consultation with the CHSM to determine risk exposure levels for work activities. If it is determined there is a medium exposure risk level or higher, additional workplace controls shall be evaluated and implemented as required in addition to the basic infection prevention measures outlined below in Section 8. Additional workplace controls can include engineering controls (i.e., ventilation, physical barriers), administrative controls (i.e., minimizing contact between workers, rotating shifts, site specific training), and additional personal protective equipment (i.e., respiratory protection). If exposure risk cannot be mitigated, potential project postponement may be necessary at the discretion of the OM in consultation with the CHSM.

A Job Safety Analysis (JSA) has been developed and is provided in Appendix B which summarizes and applies concepts within this guidance including the infection prevention measures listed below. This JSA shall be required for all field work in areas where there is community-based transmission of COVID-19.

8. INFECTION PREVENTION MEASURES

The following is basic infection prevention and personal hygiene practices which shall be implemented for all Roux field activities as well as in the office setting.

- **Personal Hygiene**
 - Wash your hands often with soap and water for at least 20 seconds.
 - If soap and water are not available, use an alcohol-based sanitizer that contains at least 60% ethanol or 70% isopropanol.
 - Key times to wash your hands include after blowing your nose, coughing or sneezing, after using the restroom, and before eating or preparing food.
 - Do not touch your eyes, face, nose and mouth with unwashed hands.
 - Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
 - Throw potentially contaminated items (e.g., used tissues) in the trash.
- **Avoid Close Contact/Secondary Contact with People and Potentially Contaminated Surfaces**
 - Apply appropriate social distance (6+ feet).
 - Stop handshaking—use and utilize other noncontact methods for greeting.
 - Do not work in areas with limited ventilation with other Site workers (e.g., small work trailer which lacks HVAC system). If working in a trailer, the following conditions must be met: limited to 4 workers, large enough to have the ability to apply social distance, and has open windows and/or operational HVAC to ensure proper ventilation of the workspace.
 - Morning tailgate/safety meetings shall occur outside and not within work trailers.
 - Do not require employees or subcontractors to sign in using the same tailgate form. The Site Supervisor/SHSO should record names of those in attendance on the form.
 - If the Site has more than 10 workers, separate tailgate meetings should be performed in smaller groups.
 - Do not share equipment or other items with co-workers and subcontractors unless wearing appropriate PPE (e.g. nitrile gloves). Assume equipment and other surfaces are potentially contaminated and remove gloves aseptically.
 - If receiving labware or other equipment disinfect to the extent feasible. If there are concerns for contaminating labware please wear appropriate PPE (e.g. gloves) to minimize contact.
 - Contact your lab/equipment vendor to confirm equipment is properly disinfected prior to being shipped.
 - Do not carpool with others (e.g. clients, coworkers).

- For company owned vehicles limit sharing of vehicles with coworkers. If unable to limit sharing of company owned vehicles, properly disinfect vehicle before driving with a focus on commonly touched surfaces (e.g. steering wheels, shifters, buttons, etc.).
- Use caution when using public restrooms, portable toilets. Use paper towel as a barrier when touching door handles and faucets.
- **Cleaning and Disinfecting**
 - Clean and disinfect frequently touched surfaces daily. Commonly touched items can include but are not limited to tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, and field equipment (i.e., photo-ionization detector, field equipment).
 - **Hard (Non-porous) Surfaces**
 - If surfaces are dirty, they should be cleaned with a detergent/soap and water prior to disinfection.
 - Refer to the manufacturer's instructions to ensure safe and effective use of the product and wear appropriate personal protective equipment (e.g., gloves, safety glasses, face shield).
 - Many products require:
 - Keeping surface wet for a period of time (i.e. contact time)
 - Refer to manufacturer's instructions outlining adequate contact time.
 - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Disposable gloves should be removed aseptically and discarded after cleaning. Wash hands immediately following removal of gloves. Refer to Appendix A for how to remove gloves aseptically.
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Leave the solution on the surface for at least 1 minute.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
 - [Products with EPA-approved emerging viral pathogen claims are expected to be effective against COVID-19](#). Follow the manufacturer's instructions for all cleaning and disinfecting products (e.g., concentration, application method and contact time, etc.).
 - **Soft (Porous) Surfaces**
 - For soft (porous) surfaces, remove visible contamination if present and clean with appropriate cleaners indicated for use on the surfaces. After cleaning:
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder using the warmest appropriate water setting for the item and dry items completely; or
 - Use products with the EPA-approved emerging viral pathogens that claim they are suitable for porous surfaces.
 - **Electronics**
 - For electronics such as tablets, touch screens, keyboards, remote controls, etc. remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - 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***
 - Although it is unlikely field clothing would become potentially contaminated with COVID-19, it is recommended that field staff regularly launder field clothing following any field event upon returning home.
 - In order to minimize the possibility of dispersing the virus from potentially contaminated clothing, 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.
 - Clean and disinfect hampers or other containers used for transporting laundry according to guidance listed above.

9. CLOTH FACE COVERINGS

The CDC recommends the use of cloth face coverings in public settings where other social distancing measures are difficult to maintain, such as grocery stores and pharmacies, and especially in areas of significant community-based transmission. This recommendation is based on recent studies and an understanding that a significant portion of asymptomatic, as well as pre-symptomatic, individuals can shed the virus to others before showing symptoms. Studies indicate that COVID-19 can spread among people interacting in close proximity through speaking, coughing, or sneezing. The purpose of the cloth covering is NOT to provide protection to the wearer, but to protect the wearer from unknowingly infecting others if they are asymptomatic/pre-symptomatic. The use of cloth face coverings is to supplement and NOT replace the existing practices outlined above.

Based on existing studies and on-going recommendations and/or requirements from federal, state, and local entities, Roux is recommending the use of cloth face coverings, when appropriate. Appropriate use is defined when local authorities or clients require the use of cloth face coverings in conjunction with established social distancing, or if an employee elects to use a cloth covering on their own accord. Roux will provide cloth face coverings that shall meet the basic requirements outlined by the CDC guidance provided in Appendix C: CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19.

Cloth Face Coverings should:

- Fit snugly but comfortably against the side of the face;
- Be secured with ties or ear loops, when possible;
- May include multiple layers of fabric;
- Allow for breathing without restriction; and
- Be able to be laundered and machine dried with no damage or change to shape.

When donning and doffing the cloth face covering, individuals should avoid touching their eyes, nose, and mouth. Following removal of the cloth face covering, employees should wash their hands immediately using the guidelines described in Section 8 above. Cloth face coverings should be routinely washed depending on the frequency of use.

The use of existing cloth covering products/materials, such as a scarf, neck gaiter, or bandana, is deemed acceptable by the CDC. Note, the cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. Should there be a requirement for workers to be in respiratory protection (e.g. full-face respirator w/cartridges, P100, N95 respirators), it shall be addressed during the project pre-planning phase, which includes discussions with the PP and OM in consultation with CHSM.

10. HOTEL SELECTION PROCESS AND OVERNIGHT/REMOTE WORK

Hotel Selection

Due to the current COVID-19 situation, Roux is recommending overnight travel be limited to the extent possible. If there is a project requiring the overnight stay at a hotel, accommodations shall be made only after the hotel and hotel's location have been vetted in accordance with Roux's established guidance as defined below. The Project Team, which includes the Project Manager (PM) and PP along with the OM, in consultation with the CHSM, shall verify the hotel has appropriate protocols in place to limit the potential exposure and spread of COVID- 19 through proper cleaning and disinfection practices. Discussions with the hotel shall include, but are not limited to, measures taken to keep guests safe during their stay, guest room sanitization schedule, training of staff regarding disinfecting protocols using EPA-approved disinfectants, hotel staff fitness for duty requirements, etc. Following the initial hotel assessment by the Project Team, the OM and the CHSM shall review the hotel assessment findings prior to the CHSM's authorization that the hotel may be used by any Roux employees.

Employees staying overnight should abide by the following guidance:

- Ensure you properly disinfect your room upon arrival. This should include a wipe down of all commonly touched surfaces with an approved disinfectant. Use appropriate PPE (e.g. nitrile gloves) when disinfecting surfaces.
- Place the "Do Not Disturb" placard on the room while away and consider limiting hotel housekeeping service to the extent feasible (e.g., not having the room cleaned each day) to minimize potential secondary contact with others.
- Do not spend any more time in hotel common areas (i.e., lobby, hallways, etc.) than is necessary.
- Follow proper Infection Prevention Measures found within Section 8 above.
- Have meals in your hotel room after disinfecting outer package surfaces, as outlined in Section 8 above. Do not eat in public spaces or restaurants.
- If the hotel has a restaurant or café, do not have your meal in a common area; instead order food to be picked up or delivered to your room. If delivered, opt for contactless delivery (left outside the door, delivery person knocks and leaves). Always use your own pen if you need to sign something.
- Employees may also pick up food from takeout locations, order groceries or food for delivery to the hotel. Call local restaurants to order food for delivery (call the hotel lobby for recommendations) or use food ordering apps. Some apps have options for contactless delivery.

11. TRANSPORTATION-RENTAL CARS AND ROUX-OWNED VEHICLES

Rental Cars

Due to the current COVID-19 situation, Roux recommends rental car usage be limited to the extent possible. If there is a project requiring the use of a rental car (e.g. truck/van), accommodations shall be made only after the rental car company and their store's location have been vetted in accordance with Roux's established guidance, as defined below. The Project Team (PM and PP) and OM in consultation with the CHSM shall verify the rental company where you are picking up your vehicle has appropriate protocols in place to limit the potential exposure and spread of COVID- 19 through proper cleaning and disinfection practices. Discussions with the rental car company shall include, but are not limited to, measures to be taken to keep customers safe during pickup/drop-off, rental car disinfection protocols, training of staff regarding disinfecting protocols using EPA-approved disinfectants, rental car company staff fitness for duty requirements, etc. Following the initial rental car company store assessment by the Project Team, the OM and the CHSM shall review the rental car company assessment findings prior to the CHSM's authorization that the rental car company store may be used by any Roux employees.

Upon vehicle pickup, employees shall don nitrile gloves and safety glasses and clean/disinfect all high-touch surfaces (steering wheel, knobs, door handles, turn signals, radio, etc.) by wiping thoroughly with approved disinfectants (following manufacturer's instructions). Aseptically remove gloves and dispose of them along with

rags/wipes, appropriately. Wash hands or use hand sanitizer immediately after each episode of cleaning. Due to social distancing requirements, personnel shall not carpool to destinations.

Roux-Owned Vehicles

Due to the current COVID-19 situation, Roux-owned vehicles should be dedicated to individual employees to the extent feasible, and if authorized by the OM. In the case this cannot be accommodated, employees shall don nitrile gloves and safety glasses and clean/disinfect all high-touch surfaces (steering wheel, knobs, door handles, turn signals, radio, etc.) by wiping thoroughly with approved disinfectants (following manufacturer's instructions). This cleaning and disinfection shall occur before and after each use of the vehicle. Aseptically remove gloves and dispose of them along with rags/wipes, appropriately. Wash hands or use hand sanitizer immediately after each episode of cleaning. Due to social distancing requirements, personnel shall not carpool to destinations.

APPENDIX A
How to Remove Gloves

How to Remove Gloves

To protect yourself, use the following steps to take off gloves



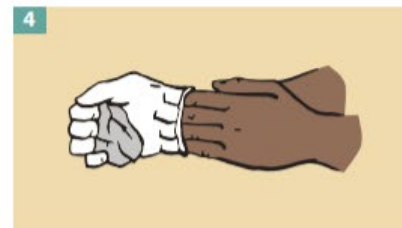
1 Grasp the outside of one glove at the wrist.
Do not touch your bare skin.



2 Peel the glove away from your body,
pulling it inside out.



3 Hold the glove you just removed in
your gloved hand.



4 Peel off the second glove by putting your fingers
inside the glove at the top of your wrist.



5 Turn the second glove inside out while pulling
it away from your body, leaving the first glove
inside the second.



6 Dispose of the gloves safely. Do not reuse the gloves.



7 Clean your hands immediately after removing gloves.

APPENDIX B

Job Safety Analysis-Working in Areas Affected by COVID-19

JOB SAFETY ANALYSIS Ctrl. No. CVD-19		DATE: 04/16/2020	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED	PAGE 1 of 2
JSA TYPE CATEGORY Generic	WORK TYPE Fieldwork	WORK ACTIVITY (Description) Working in Areas Affected by Coronavirus		
DEVELOPMENT TEAM	POSITION / TITLE	REVIEWED BY:	POSITION / TITLE	
Kristina DeLuca	Health and Safety Specialist	Brian Hobbs	CHSM	
REQUIRED AND / OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT				
<input type="checkbox"/> LIFE VEST <input checked="" type="checkbox"/> HARD HAT – In field <input type="checkbox"/> LIFELINE / BODY HARNESS <input checked="" type="checkbox"/> SAFETY GLASSES – In field	<input type="checkbox"/> GOGGLES <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> HEARING PROTECTION <input checked="" type="checkbox"/> SAFETY SHOES – Steel/composite toe in fie	<input type="checkbox"/> AIR PURIFYING RESPIRATOR <input type="checkbox"/> SUPPLIED RESPIRATOR <input checked="" type="checkbox"/> PPE CLOTHING – High visibility vest in field	<input checked="" type="checkbox"/> GLOVES – Leather/cut-resistant in field and nitrile as needed <input type="checkbox"/> OTHER	
REQUIRED AND / OR RECOMMENDED EQUIPMENT				
Cloth face covering, nitrile gloves, hand soap, water source, hand sanitizer, disinfectant spray and disinfectant wipes.				
Commitment to Safety – All personnel onsite will actively participate in SPSA performance by verbalizing SPSAs throughout the day.				
SOCIAL DISTANCING: Maintain 6' of distance between yourself and all other people at all times. If you do not believe the scope of work can be conducted while maintaining this distance, contact your Project Manager immediately.				
Assess 1JOB STEPS	Analyze 2POTENTIAL HAZARDS	Act 3CRITICAL ACTIONS		
1. Project Preplanning	N/A	<ul style="list-style-type: none"> Review and follow COVID-19 CDC, Roux, Client and local orders/protocols. Ensure all workers are fit for duty - anyone feeling sick should remain at home even if symptoms do not align with COVID-19. If a worker has been in contact with someone potentially positive or positive for COVID-19, contact your Office Manager. Determine PPE needs and ensure adequate supply of disinfectant wipes/spray, soap and water or hand sanitizer at Site. Due to high demands and limited supply, plan ahead. Use the minimum number of employees necessary to safely complete the work. 		
2. Mobilization	Exposure: Becoming infected or infecting co-workers	<p>Personal/Rental/Roux Owned Vehicle</p> <ul style="list-style-type: none"> Do not carpool. Use the same vehicle every day and do not share with co-workers. Verify workers/other people are not approaching vehicle prior to exiting the vehicle. Maintain 6' of distance from others. DO not valet your car or allow others to use your car. If necessary, don nitrile gloves and safety glasses and clean/disinfect all high touch surfaces (steering wheel, knobs, door handles, turn signals, radio, etc.) by wiping thoroughly with approved disinfectants (follow manufacturer's instructions). This cleaning and disinfection shall occur before and after each use of the vehicle. Aseptically remove gloves and dispose of them along with rags/wipes, appropriately. Wash hands or use hand sanitizer immediately after each episode of cleaning. <p>Public Transportation</p> <ul style="list-style-type: none"> Public transit should not be used unless absolutely necessary. Consider renting a car rather than taking public transit. If public transit is required, wear appropriate PPE and apply social distancing (6 ft). Use proper donning and doffing procedures for nitrile gloves. Wash hands or use hand sanitizer immediately after. <p>Hotel Stay (Refer to COVID-19 H&S Guidance for more info)</p> <ul style="list-style-type: none"> If a hotel stay is deemed necessary for the given field work, ensure that you disinfect your room upon initial arrival and returning each day. Disinfect all surfaces of your room with an appropriate disinfectant using nitrile gloves. Use proper donning and doffing procedures for nitrile gloves. Place the "Do Not Disturb" placard on the room while away and limit housekeeping services to the extent feasible during your stay to minimize the reintroduction and spread of the virus from others. Minimize, or avoid entirely, time spent in hotel common areas (i.e., the lobby, dining areas, gyms, etc.). Wash hands or use hand sanitizer often. 		

¹ Each Job or Operation consists of a set of tasks / steps. Be sure to list all the steps needed to perform job.

² A hazard is a potential danger. Break hazards into six types: Contact - victim is struck by or strikes an object; Caught - victim is caught on, caught in or caught between objects; Fall - victim falls to ground or lower level (includes slips and trips); Exertion - excessive strain or stress / ergonomics / lifting techniques; Exposure - inhalation/skin hazards, energy source; Energy Source – electricity, pressure, compression/tension.

³ Using the first two columns as a guide, decide what actions or procedures are necessary to eliminate or minimize the risk. List the recommended safe operating procedures. Say exactly what needs to be done - such as "use two persons to lift". Avoid general statements such as, "be careful".

3. Tailgate Meeting	Exposure: Becoming infected or infecting co-workers	<ul style="list-style-type: none"> • Must occur outside or remotely (i.e. video or conference call). • Maintain at least a 6+ ft distance between you and others. • Discuss primary infection prevention measures listed below. • Do not require employees or subcontractors to sign in, the Site Supervisor shall record names on the attendance form. • If the Site has more than 10 workers, separate tailgate meetings should be performed. • Discuss COVID-19 symptoms with coworkers and subcontractors to ensure fitness for duty. Anyone exhibiting signs or symptoms should be instructed to leave the Site, contact your Project Manager.
4. Site Activities	Exposure: Becoming infected or infecting co-workers	<ul style="list-style-type: none"> • Coordinate field activities at the beginning of the day (i.e. Tailgate meeting) to minimize time spent in crowded spaces or overlap while completing job tasks. • Don cloth face coverings as appropriate. • Apply social distancing (6+ ft) when interacting with others. If anyone comes within 6 ft of you while conducting work and your work prevents you from moving away, politely ask them to move back. If others are unable to move from your space, stop work and leave area. • Do not shake hands or touch others. • Do not share equipment or other items with co-workers and subcontractors unless wearing appropriate PPE (e.g. nitrile gloves). Assume equipment and other surfaces are potentially contaminated and remove gloves aseptically (See Appendix A of Roux Interim H&S Guidance for proper glove removal). • If anyone is coughing or sneezing in your vicinity, stop work and leave the area. • Do not work in areas with limited ventilation with others. • Cover your mouth and nose with tissue or paper towel or with your elbow when coughing or sneezing and wash hands or use hand sanitizer immediately after. If sick contact SHSO/PM and leave Site immediately. • Disinfect work surfaces/areas with approved disinfectant you're responsible for (ex: desk, office doorknob, computer, etc.) at least once at the beginning of your shift and at least once at the end of your shift with either sanitizing wipes or disinfectant spray. • Phones should be operated hands free to extent feasible. Sanitize your phone on a regular basis. Disinfection should also take place whenever suspected contaminated material comes in contact with any work surfaces/areas. Wash hands or use hand sanitizer immediately after. • Avoid public spaces and going out to eat by bringing your own lunch to the Site. If performing work in high density urban areas, it is recommended all food must be consumed at or in your vehicle. Wash hands or use hand sanitizer before eating and immediately after.

Primary Infection Prevention Measures

- Wash your hands often with soap and water for at least 20 seconds.
 - If soap and water are not available, use an alcohol-based sanitizer that contains at least 60% ethanol or 70% isopropanol. Key times to wash hands include after blowing your nose, coughing or sneezing, after using the restroom, and before eating or preparing food.
- Do not touch your eyes, face, nose and mouth with unwashed hands.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw potentially contaminated items (e.g. used tissues) in the trash.
- Avoid close contact/secondary contact with people and potentially contaminated surfaces.
 - Apply appropriate social distance (6+ feet).
 - Stop handshaking/touching others and use caution when accessing public spaces.
- Clean and disinfect frequently touched surfaces daily. Commonly touched items can include but are not limited to tables, doorknobs, light switches, countertops, handles, desks, phones, keyboard, toilets, sinks and field equipment. If surfaces are dirty, they should be cleaned with soap and water prior to disinfection. If surface cannot be cleaned/disinfected, then wash hands or use sanitizer as soon as possible.

¹ Each Job or Operation consists of a set of tasks / steps. Be sure to list all the steps needed to perform job.

² A hazard is a potential danger. Break hazards into six types: Contact - victim is struck by or strikes an object; Caught - victim is caught on, caught in or caught between objects; Fall - victim falls to ground or lower level (includes slips and trips); Exertion - excessive strain or stress / ergonomics / lifting techniques; Exposure - inhalation/skin hazards; Energy source – electricity, pressure, compression/tension.

³ Using the first two columns as a guide, decide what actions or procedures are necessary to eliminate or minimize the risk. List the recommended safe operating procedures. Say exactly what needs to be done - such as "use two persons to lift". Avoid general statements such as, "be careful".

APPENDIX C**Centers for Disease Control (CDC)
Use of Cloth Face Coverings to Help Slow the Spread of COVID-19**

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

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

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

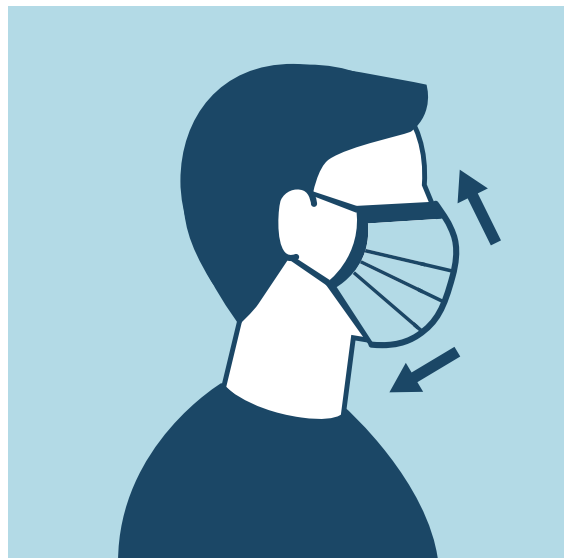
Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

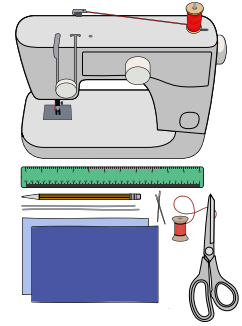
Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.



Sewn Cloth Face Covering

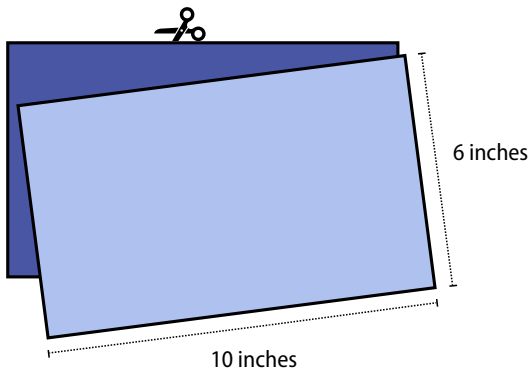
Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

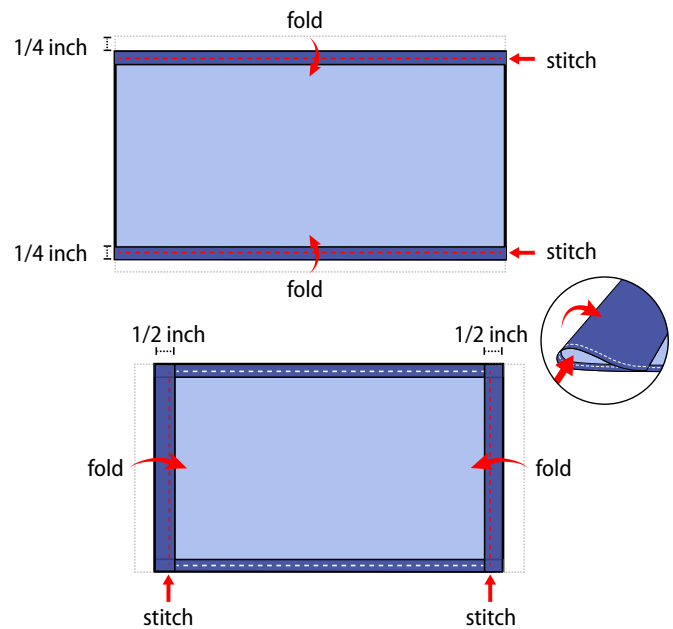


Tutorial

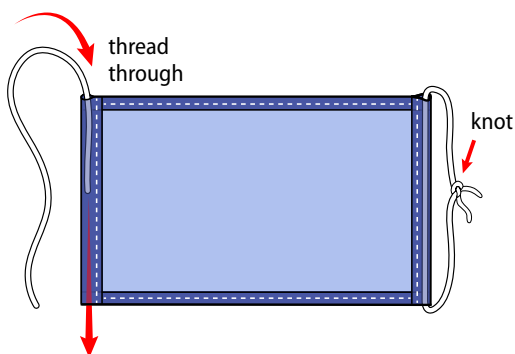
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.



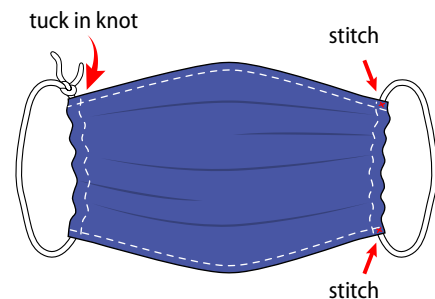
2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



3. Run a 6-inch length of $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the cloth face covering on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.

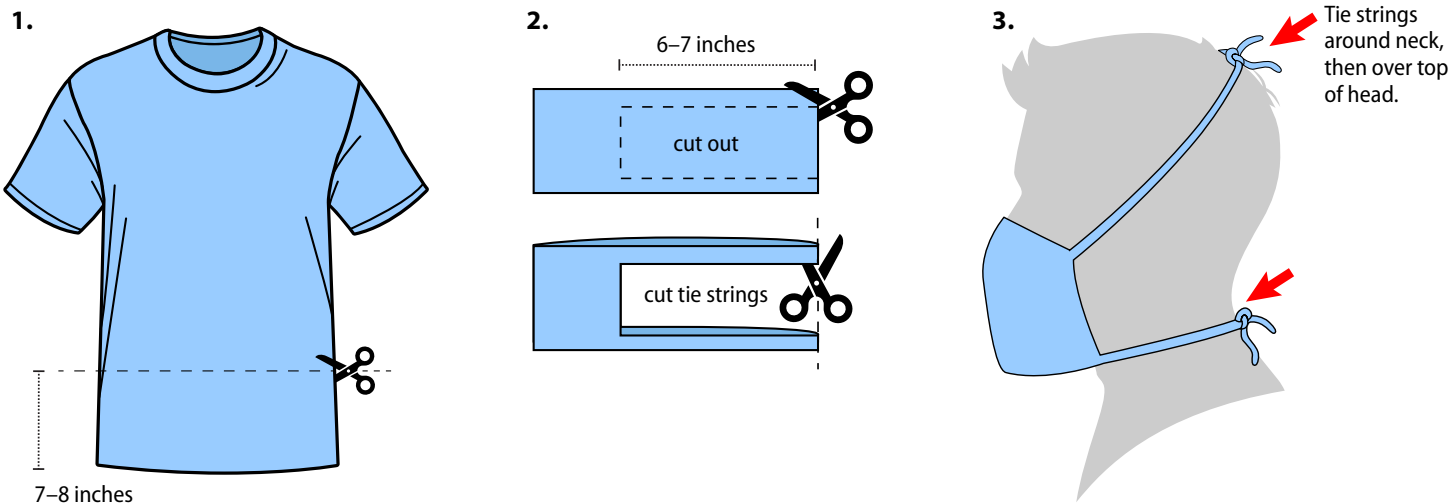


Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial



Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial

