



## **Coronavirus Disease 2019 (COVID-19) Management Plan**

This Management Plan is based on current knowledge [about the Coronavirus Disease 2019 \(COVID-19\)](#) from the Centers for Disease Control and Prevention (CDC), current EnergySolutions guidelines as well as input from our Occupational Medical provider Core Occupational Medicine. Updated information will be provided as it becomes available. This management plan will define procedures to be followed to reduce potential exposure and risk of spreading the virus to the EnergySolutions workforce.

This Coronavirus Disease 2019 (COVID-19) Management Plan supplements the existing EnergySolutions Health and Safety Program (HASP), Revision 0.

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [38° C]) or greater using an oral thermometer and are free from signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). Employees should notify their supervisor and stay home if they are sick.

### **EnergySolutions Screening procedure**

EnergySolutions and Contractor personnel will be required to complete the COVID-19 questionnaire on page 4 and return to their respective manager(s) for review prior to mobilizing to site until further notice.

Any person who is known or suspected to have been in contact with COVID-19 infected people or places shall be excluded from entering site for a period of 14 days from the time of contact. The person must then be subjected to medical vetting to the satisfaction of the EnergySolutions Safety Manager and Business Unit leader before being granted entry to site.

Persons who display fever or flu-like symptoms must be subjected to medical vetting, regardless of their location of origin, before being granted entry to site.

Medical vetting must be performed by an appropriate local medical provider and shall provide medical clearance from a medical professional before returning to site.

After an employee is approved for access, the supervisor indicates "Access Granted". The supervisor shall file the original form. The employee shall notify their supervisor if any answer on the form change for re-evaluation prior to attempting to access their work site.

### **Vetting Refusal**

Any person refusing to complete the COVID-19 Pre-Screening Questionnaire or the medical vetting shall not be permitted access to the site.

### **Site Vetting and Control Measures**

Site access control/security at the control entrance to EnergySolutions projects, offices, and facilities shall ensure the following is completed for everyone entering site:

- Inquire whether the person completed the COVID-19 Questionnaire – Arrival to Site and when.

If the Employee has not completed the questionnaire, the following questions and actions will be completed by security guard or appropriate trained personnel:

- Inquire whether the person travelled to an infected area/location. If affirmed, access to site is denied.
- Inquire whether the person could have been in contact with any COVID-19 infected person. If affirmed, access to site denied.
- Inquire whether the person feels unwell. If affirmed, access to site is denied.
- Any person who has been into an infected area will not be allowed onsite until vetted by medical/health staff.
- Any person who has recently travelled internationally shall not be permitted to access site for at least 14 days following the day of their return.
- Security log point of origin.
- If available, temperature checked with non-contact medical thermometer. If non-contact medical thermometers are not available, employees should monitor their temperature at home and report a fever above 38 degrees Celsius (100.4 degrees Fahrenheit).
- Perform hand sanitation.
- If there is any evidence of high temperature or flags from questionnaire, this shall lead to individual being directed to leave site and seek medical assistance (and clearance before returning to site)

### **Action Threshold**

Any person whose medical condition attains the action threshold shall be managed as per medical protocols in accordance with the condition.

Any person who is known or suspected to have been in contact with COVID-19 infected people or places shall be excluded from entering sites for a period of 14 days from the time of contact. The person must then be subjected to medical vetting to the satisfaction of site management, before being granted entry to site.

Persons whose body temperatures are in excess of 38 degrees Celsius (100.4 Fahrenheit) must be subjected to medical vetting, regardless of their location of origin, before being granted entry to site.

The above-mentioned medical vetting must be performed to the satisfaction of EnergySolutions management/medical/health staff with an appropriate medical provider before returning to site.

### **Signs and Symptoms apparent during work shift or while on the project site.**

Anyone on site who appears or experiences acute respiratory illness symptoms (i.e. cough, shortness of breath), becomes feverish or becomes sick during the shift should report immediately to their supervisor and be separated from other employees/personnel. Arrangements will be made to send the employee/visitor home immediately and instructed to seek medical evaluation. Sick individuals should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

**Additional Measures** in response to currently occurring sporadic importations of the COVID-19:

- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- If an employee is confirmed to have COVID-19 infection, fellow employees will be informed of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

**Preventive Measures:** EnergySolutions Preventive Measures will include the following:

- Routine Environmental Cleaning of all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs.
- Use of disposable wipes so that commonly used surfaces (Equipment Steering controls, door handles, doorknobs, keyboards, remote controls, desks, appliance handles can be wiped down by employees before each use).
- Cleaning of hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- Coughing and Sneezing etiquette
  - covering mouth and nose with a tissue when coughing or sneezing
  - Placing the used tissue in a waste basket
  - If no tissue, cough or sneeze into upper sleeve, not hands.
- Wash hands after coughing and sneezing
- Awareness and Education through communication during meetings, posters and CDC updates.
- Employee spot temperature checks

**Attachments:**

Appendix A COVID-19 Pre-Screening Questionnaire

Appendix 2 Access Flow Chart

**References:**

[www.cdc.gov/coronavirus/2019-nCoV](http://www.cdc.gov/coronavirus/2019-nCoV)

Appendix 1

COVID-19 Pre-Screening Questionnaire

**Personal Information**

Name: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

**PLEASE DECLARE "YES" OR "NO" by circling the appropriate response**

1. Have you tested positive for COVID-19?  
☐ Yes ☐ No
2. Have you had a fever ( $\geq 100.4^{\circ} F$ ), a new or worsening cough and shortness of breath within the last 24 hours?  
☐ Yes ☐ No
3. Has a household member had a fever ( $\geq 100.4^{\circ} F$ ), a new or worsening cough, and shortness of breath, or tested positive for COVID-19 within the past 14 days?  
☐ Yes ☐ No
4. Have you had close contact with an individual that had a fever ( $\geq 100.4^{\circ} F$ ), cough and shortness of breath, or tested positive for COVID-19 within the past 14 days? (*Close contact is considered closer than 6 feet for a prolonged period and/or being coughed or sneezed on*)  
☐ Yes ☐ No
5. Have you returned from China, Iran, Europe, or South Korea in the previous 14 days?  
☐ Yes ☐ No
6. Have you returned from a cruise ship in the previous 14 days  
☐ Yes ☐ No
7. Has anyone with whom you have had close contact, including a household member, returned from China, Iran, Europe, or South Korea with the past 4 weeks? ? (*Close contact is considered closer than 6 feet for a prolonged period and/or being coughed or sneezed on*)  
☐ Yes ☐ No

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Employer: \_\_\_\_\_

EnergySolutions Use Only

Access: ☐ Granted ☐ Denied

Appendix 2

Access Flow Chart

EnergySolutions Site Access



