COVID-19 Policies and Guidelines:
Notes – Policy / Plan
Part 2 of 4

Prepared for the IBEW® Utility Department
June 19, 2020
The following report contains data compiled from various utility agreements. It is for the exclusive benefit of the IBEW membership and should not be distributed other than to IBEW local unions. This information is for reference only.

Due to the now competitive disposition of the utility industry, the free flow of information concerning wages and working conditions between utility employers and other industry competitors is restricted.

More importantly, the non-IBEW power producers in the industry could find IBEW information useful in undermining utility wages and conditions.
IBEW® Utility Agreements
COVID-19 Policies and Guidelines

Notes

**IBEW Third District**

- IBEW Local Union 94 – All COVID-19 MOU’s

**IBEW Fourth District**

- IBEW Local Union 245 and Toledo Edison – MOA
- IBEW Local Union 369 and LG&E Company / Co-Op Salt River
- IBEW Local Union 596 and Co-Op
- IBEW Local Union 648 and City of Lebanon
- IBEW Local Union 816 and Various Companies / Co-Ops
- IBEW Local Union 1413 and Energy Harbor
- IBEW Local Union 1466 and American Electric Power
- IBEW Local Union 2359 and Various Companies / Co-Ops

**IBEW Fifth District**

- 3/18/20 – IBEW Fifth District Utility Coronavirus Conference Call
- 4/1/20 – IBEW Fifth District Utility Coronavirus Conference Call
- 4/15/20 – IBEW Fifth District Utility Coronavirus Conference Call
- IBEW Local Union 765 and Tennessee Valley Authority
4/3/20 – IBEW Sixth District Utility Conference Call
• IBEW Local Union 9 and City of Chicago
• IBEW Local Union 15 and Exelon
• IBEW Local Union 19 and Nicor Gas
• IBEW Local Union 31 and Minnesota Power
• IBEW Local Union 109 and Mid-American Energy
• IBEW Local Union 145 and Municipals / Co-Ops
• IBEW Local Union 160 and Xcel Energy
• IBEW Local Union 193 and City of Springfield
• IBEW Local Union 196 and Municipals
• IBEW Local Union 352 and Lansing Board of Water and Light
• IBEW Local Union 510 and UPPCO
• IBEW Local Union 702 and Vistra
• IBEW Local Union 949 and Xcel Energy
• IBEW Local Union 953 and Xcel Energy
• IBEW Local Union 965 and Alliant Energy
• IBEW Local Union 1393 and Indianapolis Power and Light
• IBEW Local Union 2150 WeEnergies
• IBEW Local Union 2304 and Madison Gas and Electric
IBEW, LOCAL 94
COVID-19 MOU’S

1. PSEG Power- Fossil Generation- Reduced staffing of non-shift employees (maintenance) into 2 groups, work and home, rotating every week.

2. PSE&G Electric Distribution – Sequestration of Service Dispatchers

3. PSEG Power – Nuclear Generation – Sequestration per station

4. PSEG Power – Fossil Generation – Sequestration per station

5. PSE&G – Gas – Telecommuting of Clerks, Dispatch Schedulers, GIS Specialist

6. PSE&G – Fleet Maintenance – Telecommuting of Clerks, Clerical Administators

7. PSEG Power – Fossil Generation, ServCo – Reduced staff into 2 groups, work and home, rotating every week.

8. PSEG Corporation – COVID-19 PTO TEMPORARY PRACTICE

9. LEWIS Tree – 8 hours paid day off, Good Friday

10. PSE&G – Electric & Gas – Job Site Reporting, use of POV’s

11. PSEG NJ – Temporary change in Bereavement days
**Union Administration**

Office staff working both from the office (limited time) and home.

April 7th Executive Board – conference call.

Cancelled March 17th & April 9th Union meetings

**Nuclear – Energy Harbor Davis Besse**

Nuclear Generation Pandemic Health Emergency Response Plan in place.
Taking employee temperatures prior to entering the plant and asking 3 questions.
Practicing social distancing / working split shifts.
If the Plant is elevated to the next level - will put in staggered start times and split crews.
No one working from home.

**Olympus Power – Bay Shore**

Taking employee temperatures. Following the Ohio guidelines on temps, social distancing and washing hands.

**First Energy – Toledo Edison Property**

Medical staff and hotline has been established across First Energy to evaluate and guide employees with COVID-19 symptoms, illness, and/or family member exposure.

Workforce protections put in place
- “Pods” established crews will remain together and have limited exposure to other pods.
- Pods have remote reporting sites (substation, school parking lots, residence)
- Workers who can do their work remotely, started doing so March 17, 2020.
- Cancelled large, in-person meetings. Use teleconference options whenever possible.
- Established enhanced cleaning protocols for facilities and vehicles.
- Flexibility to maintain operations and address any hardships.
- Hand sanitizer available on all vehicles.
- Self-temperature checks and onsite temperature checks starting this week.
- Optimizing the use of all vehicles to separate employees.

Scheduled daily calls with union and management to increase communication.
MOA in place to utilize company provided pay code for COVID-19 illness or hardship related time off.
Flexibility to maintain operations and address any hardships.
SIGNED MOA

MEMORANDUM OF AGREEMENT

Paid Time Off Related to COVID-19

Whereas, the Toledo Edison is concerned for the health and welfare of its employees, and

Whereas, the International Brotherhood of Electrical Workers, Local 245 is equally concerned for the health and welfare of its members, and

Whereas, both parties are committed to balancing our primary responsibility of serving our customers with our need to help employees manage personal needs during this unprecedented time, and

Whereas, it is necessary to separate COVID-19 related illnesses from ordinary sick leave,

Accordingly, it is hereby stipulated by and between Toledo Edison (“Company”) and the International Brotherhood of Electrical Workers, Local 245 (“Union”) on this 19th day of March 2020, that a Memorandum of Agreement (hereinafter “MOA” or “Agreement”) has been reached with regard to paid time off related to the COVID-19 public health emergency.

**Paid Time Off**

1. The Company does not want employees to be financially harmed in unavoidable situations beyond their control. Accordingly, Employees who are unable to perform their job from home and have both a qualifying reason and supervisory approval may take paid time off using pay code CV19.

2. Pay code CV19 will provide full pay without wait days or impact on contractually provided sick time.

3. Use of the CV19 time code should be the last resort after all flexibility alternatives have been exhausted.

4. The CV19 time code should be used primarily for employees in a potential quarantine situation as approved by corporate health and safety or mandated by a public health official/organization.

5. Other instances where the CV19 time code can be used:
   - Anyone experiencing COVID-19 symptoms of fever, cough and shortness of breath and has not yet been tested for the virus and whose Supervisor directs them not report to work. Once they are confirmed positive for COVID-19, the regular absence processes will be followed and the employee will be eligible for sick leave.
• In extremely unusual and extraordinary circumstances, the Company understands that childcare or elder care for family members who have been displaced due to COVID-19 may pose a challenge to employees reporting to work. In these instances, it is expected the employee will meet and confer with their supervisor to understand the challenge and attempt to find alternative work arrangements. When alternative work arrangements cannot meet the employee’s circumstance, the employee may remain home on CV19 time coding with supervisory approval, but these employees may be required to return to work with 12 hours’ notice at the Company’s discretion.

6. Qualifying reasons need to be validated and approved by a Manager before CV19 time can be taken.

7. Employees who are sent home with a suspected COVID-19 illness will not be required to submit a first day doctor’s note.

8. The CV19 code may be used only for COVID-19 related situations. It is not to be used for employees who are confirmed positive for COVID-19.

Conclusion
9. Nothing in this Agreement diminishes any party’s rights under their collective bargaining agreement.

10. This Agreement is reached specifically in response to the COVID-19 public health emergency. It will expire when the crisis ends, or immediately when one of the parties hereto gives notice of its desire to end this MOA.

IN WITNESETH WHEREOF, the Company and the Union have executed this MOA on the day and the date first above written:

FOR THE COMPANY:  FOR THE UNION:

_______________________________  _________________________________
Richard Sweeney, Toledo Edison Larry Tscherne, IBEW Local 245
Hancock Wood Cooperative

Consistent with NRECA guidelines the CDC and the WHO.
Train employees on COVID – 19 virus.
Increase hygiene measures. Inside buildings, trucks.
Institute employee telework when appropriate.
Foreign and domestic travel restrictions.
Limit attendance or cancel large company events.
Practicing social distancing

Bryan Municipal Utilities

Effective beginning 3/23/2020

All departments have non-invasive thermometers to check employee temperatures as they report to work and as they enter buildings throughout the day.
Hand sanitizers were placed throughout all departments and at work stations the day BMU learned of the virus. We also placed 13 more hand sanitizer stations throughout BMU buildings. We have hand sanitizer refills available.
We had a supply of N95 masks to get us started and have placed an order for additional masks. The current masks are available.
We had a supply of gloves in various sizes on hand and will be placing another order. These are available. Disinfectant wipes were distributed. We placed another order 2 weeks ago, however, they are still backordered. We do have some disinfecting sprays/cleaners with towels available and working with various suppliers to find wipes or other equivalent cleaners.
Cintas is bringing a product in Thursday that will allow us to disinfect inside of vehicles.
BMU has had the cleaning company sterilize and clean offices and buildings.
If it would be necessary, we have purchased cots to shelter in place if need be.

Employees are home, unless scheduled to work due to an essential service or emergency call, minimum basic operations to keep utilities functioning. Essential function schedules are staggered to better adhere to social distancing guidelines.

BMU Board and Council meet 4/7/2020 to adopt policy to cover time off due to COVID-19 stay at home orders.

Scheduled weekly calls between management and the union have been established.
Glen Research Center - Wolf Creek

Increase hygiene measures. Inside buildings …
Practicing social distancing / working split shifts.
Layoff -2
LG&E/KU

Staggering start and stop times so no more than four employees are at the shop at any one time.

The contractors have placed buckets of disinfectant soap on the dock so they can wipe down the trucks before and after work, each employee has their own bottle of hand sanitizer, no one is allowed in the shop except the foreman to get radios and computers, all work for the day is put outside for the foreman to pick up, United has installed a wash basin with hot water for all employees to wash their hands, all doors to the office are open so no one has to touch the doors, the bathrooms are cleaned daily and there is disinfectant spray to use when any employee leaves the bathroom.

Manager of Salt River said they do not have a written policy, but he has made changes to comply with social distancing.

On the outside line side, only one person in a truck, the employees are provided gloves and personal bottles of hand sanitizer and job assignments are given in two locations of the office and the warehouse, so nobody breaks the social distancing.

Local 369 representatives, all the office workers, the coop has closed all four service centers to foot traffic only, drive thru is open, some service centers had more employees with walk in closed and did not have as much room as the home office in Bardstown. They gave employees who live in Bardstown but work in other service center to move to the Bardstown office so they would have their own office and be away from other employees. They also had a couple employees who have underlying health issues and they were offered short term disability so they could stay home and away from everybody. All employees are provided gloves and hand sanitizer and bleach wipes.
1. Offices are shut down to the public, except Sun Valley can still take receipts of material and equipment.

2. Charles Pointe. We looked at work from home, but there is not adequate internet service to make it available so everyone is practicing social distancing.

3. Sun Valley. Split the employees/linemen into two groups. Half upstairs and half downstairs. ROW crew separate.

4. One individual called about concerns and said they were dealing with an immune system issue. Asked them to provide a doctors excuse by fax/email which they did. Told them that prior to April 1, 2020 they could stay home on sick/PTO and then as of April 1, 2020 they qualified for the extended sick leave of 80 hours. They were also offered work of gathering data where they would work alone and they opted to take that over staying home. It was made clear that the choice was theirs and only offered if they were comfortable with it.

5. Posters about the Extended Sick and FMLA are posted at both Charles Pointe and Sun Valley Road.

6. Letter sent to each employee telling them to wash hands, practice social distancing, etc. Also referred them to CDC guidelines to follow going forward. Have only received the one question thus far. This includes the stay at home if sick, in contact or need to take care of children/family.

7. We had one employee that we quarantined due to their use of public transportation, but they were able to work from home (IT department).

8. Since Chris volunteered for on-call, he is included in the lineman split.

9. Picked up as much sanitizer products as we could and they are using them. Trying to find additional supplies, but there is not much available. Sounds like the federal government has most of the masks. We did find some surgical gloves and they are available.

Do not see a reason to furlough employees, as a public utility we are considered critical services so we have to remain open and provide service to others who are supposed to stay home. Yesterday was a good example, some of the guys worked their 16, some guys were held in reserve to avoid them being in contact with each other. I want to avoid and pray we do not a reason to need mutual aid. I really do not want our folks to work with crews from OHIO at this point.
The City of Lebanon has adopted policy for the Electric Department. Electric Department employees are considered essential personnel and the City is operating under recommended CDC and Ohio Health guidelines.

In order to provide continuous electric service and minimize exposure to City Electric employees, the City adopted a split shift approach 3 weeks ago. The Electric Department was split into two groups with responsibilities where we have limited resources (electric metering, locating, supervision, etc.) equally divided between the two teams. Each team works one week, then stays home the following week. Employees are paid normal pay to stay at home but are instructed that they must be available to respond to emergencies during those stay at home normal operating hours (M-F, 7:30 am – 4 pm). Each team has assigned vehicles to use during their scheduled shift and common vehicles used by both shifts are cleaned at the end of each scheduled work week on Friday. The whole workspace is being cleaned more frequently and the work crews are cleaning their workspaces and vehicles at the end of their scheduled work week on Friday.

Employees are instructed to stay home if they are feeling ill and to contact their health providers. The City will follow the recommendation of the health providers.
We have no MOU’s or other types of agreements in place.

These are some procedure changes being implemented during the declared state of emergency.

1. Jackson Purchase Electric Corp.
   a. Construction crews are staggering shifts and 2-man maintenance crews are working from home. (each 2-man crew is meeting at start time at their home or other designated location, 1 man drives the bucket truck home each day). Access to the warehouse is limited to 2-man crews at random points during the midday. Non pay disconnects have been suspended

2. Western Kentucky Rural Electric Coop.
   a. Everyone is in separate trucks, people are showing up at start times in different locations, (i.e. warehouse, substations, switchyards & etc.) Only the two construction crews can go change a pole on trouble calls. In the event of a call in, when one person of the two-man crew can’t come in then neither get to come in and a different crew is called. Disconnects have been suspended.

3. Mayfield Electric & Water.
   a. All facilities are closed to public access with the exception of deliveries. Staff is working rotating half days and still being paid in full. Only trouble work is being done, most projects are put on hold. Disconnects have also been suspended.

   a. All lobbies are closed to the public. There are two three-man crews and one two-man crew in the Hickman KY office. Crews are using staggering start times at each district office. Each crew works independently. Limiting contact by each guy driving separate trucks. Disconnects are on a case-by-case basis.

5. AMP Smithland Dam Hydro.
   a. I know we are not under contract with and have no “real” members affected at AMP SDH. But just to update they are working two man shifts as usual on the same schedules the only difference they are paying all employees a 25% crisis pay increase.

6. West Kentucky & Tennessee Telecommunications.
   a. And on the telephone front. The bargaining unit is separated into two buildings. Using staggering start times at each location. All workers are provided and are to wear PPE while on customer premises. Breakfast and lunch is being provided by the company to limit breakroom overcrowding.
Our morning and night shift turnovers have been split in four groups with no more than 8 members in each group. There is more than enough space where they are 6 feet apart. Over the weekend, I found out that 2 members have been put off with symptoms. One more member has been put off because their child has symptoms. All are being paid. They are not talking about locking anyone in the plant until they have a 40% call-off rate. At 26%, they will sit down and talk about how to handle it and some type of MOA.
AEP’s summary:

- Employees sequestered at work
  - Company is doing everything possible to keep from sequestering employees.
  - DDC is the only possibility right now.

- AEP line workers and other employees critical to maintaining service
  - Working in smaller groups
  - Adjusting work schedules
  - Practicing physical distancing
  - Monitoring themselves for any symptoms
  - Following recommendations from the CDC

- All AEP employees who can work from home are doing so
Per Conference Call:

Local 2359 Submitted by David McChesney President/Business Manager.

Adams REC
Men are working in 2 groups. Group one comes to office at 6:00 AM off at 2:00 PM. Group two comes in at 2:30 PM off at 10:30 PM. Groups switch each week. Group one does what Group two does. One member to a truck. Surfaces wiped down before switch at office. Supplying all PPE. Work is as usual.

Holmes-Wayne:
Sent Members home with pay. They are required to stay very close to the house and stay safe. All company is asking for is take care of trouble.

South Central Power
Was in Negotiations when this hit. Expires 4-13-2020. SCP wants MOA on Covid-19. Working on extension or one-year contract, 4% raise. Tie with MOA. Members are 2 to a truck. Truck goes home with member. Pickup trouble buddy. Stay with that truck. Some are single to a truck. Normal work. Pick up material at a scheduled time.

Buckeye Rural Electric:
Spread out 2 to a truck in different areas. No return to office. We have a MOA at this location.

All coop members are working and doing normal day work except for Holmes-Wayne.
Wednesday, March 18, 2020

Conference Call for Utility Company Coronavirus Plans

Attendees:

LU 84, LU 108, LU 194, LU 222, LU 345, LU 359, LU 391, LU 433, LU 443, LU 605, LU 626, LU 676, LU 765, LU 767, LU 833, LU 852, LU 903, LU 915?, LU 995, LU 1055, LU 1066, LU 1077, LU 1204, LU 1205, LU 1209, LU 1263, LU 1908, LU 1933, LU 2251, LU 2298, LU 2358, SCU-4, SCU-8, SCU-19

Main Topic:
What type of discussions are the Business Managers having with the Utility companies?

Alabama

SCU-19, Casey Shelton – informed that some nonessential employees are working from home. Others are practicing social distancing. The CEO of AL Power has committed to waive the 30-day notice to change shift and is being flexible. Casey is participating on anywhere from 3 to 5 conference calls a day. Nuclear plant has sent nonessential employees home. One (1) person has been sent home for testing. Employees are being given hazmat training. There’s a policy in place that if someone contracts the virus or if their wife/spouse contracts the virus and they’re off work the time will not count against their vacation time or sick leave. Single parents with kids that are out of school are being given 2-days paid leave in order to find adequate child care. Company is talking through mutual assistance. Dispatch centers are not covered. Employees are working 12hr-days and workforce is segregated. Casey spoke briefly on Outside work and informed that he has had some discussions with the employer. Employees are practicing social distancing, segregations and no entry inside unless you are an employee.

LU 765, Mike Blakely (Brown’s Ferry, TVA Nuclear Plant) – informed that he’s been having discussions with the management. Employees are social distancing. A MOU has been signed laying out how people will be selected for workforce. Some 7 to 14 days on straight, Skelton crews, pay provisions, etc. (*IVP asked Mike to send him a bullet point list of all being done.)*

*LU 443, J.D. Hornsby - informed that he has NOT had any communication with the utility. He has only been communicating with the members. Nonessential employees have been sent home.

Florida

SCU-4, Mark Price- informed that FPL has pandemic teams put together and have been sharing a lot of ideas and plans. They are working on a MOU and employees segregation. The utility is a little behind and dragging their feet. There’s no disinfected spray or hand sanitizer and company will not have any until April 3rd. We need to have more discussions with the utility. There has been no communication with construction crews. *We need to have a discussion with FPL. Not enough being done to keep employees safe. There are no provisions set for onsite contactors.

*Donnie Colston will check to see if there’s a representative from FPL on the committee.*
SCU-8, Phillip Howard (Duke Energy) – informed that he’s been meeting with leadership everyday to have discussions and several things are still undecided. Crews are being split in half and segregated. Journeymen are being allowed to drive trucks home paired with apprentices to help limit exposure. Contractors out of the country are not being allowed to work and are being denied employment. There are thermometers in the plant as you enter and exit. Employees are social distancing and limiting exposure to customers.

LU 108, Doug Bowden (TECO)– informed that he’s not in communication everyday with the company but they have sent out communication. If an employee has been exposed to the virus they have to take leave for 14 days. Upon returning to work a nurse that the company hired who is not affiliated will need to clear them. Pay issues are not clear and unknown at this time.

LU 2358, Valerie Guiterrez – informed that they have a signed MOU. Management is allowing 14 days sick leave if employee has positive test results. Sick leave will not count against the employee’s regular sick leave. She’s communicating with the V.P. on the electrical side. The question to allow Line crews to take home vehicles was raised but employer afraid that theft of tools may occur.

LU 1933 Greg Krumm – informed that the utility is being proactive and he is confident that if they make suggestions then company will accommodate. Employees are social distancing and following the CDC guidelines.

LU 824, Josh Saladino – informed that Frontier is sending employees home that show symptoms of the Corona virus. If the employee test negative they are not being compensated for time loss. He has been in contact with V.P. of labor relations and Frontier is not budging. Josh sent agreements to Erik for review while on the call. Verizon is being proactive and progressive. They have a signed agreement and have allowed call center employees to work from home.

LU 676, Dale Cope doesn’t know of any issues with Frontier but will reach out to the shop steward for any concerns.

LU 1205, Lanny Mathis – informed that the company is being upfront with all policies.

Georgia

LU 84, Drew Stover – GA Power has rescheduled some crews to work from home and some have option to drive truck home. Currently have a signed MOU stating that if an employee is suspended because they were exposed or tested positive for the virus they will receive pay and time off and the time will not count against their original time. Nuclear plant had onsite testing taking place. At the moment things are somewhat normal but will probably change in a few days. Outside employees in good shape. He’s on conference calls pretty regular with GA Power and no employees have been sent home. Some employees laid off up North and will be coming back home soon. Mark Spivey is checking with Service Electric to confirm that employees will receive sick leave. Hasn’t received an answer yet.
**Louisiana**

LU 1077, Mickey Fortenberry – informed that the Co-Op is still performing day-to-day operations. If an employee is sent home sick they more than likely have built up sick leave that they are able to use. If not, they are treating each case by case. Employees are limiting exposure and not having much contact with customers. If an employee has a temperature of 100.4 or higher they are sent home and can’t return until they are cleared by a doctor. Mickey’s wife informed him that when a person comes in to be seen by the doctor they are first tested for all strains of the flu. If their test comes up negative for all flu strains then they are tested for the Coronavirus. If the test is positive they are to self quarantine for 14 days.

LU 329, Ryan Holford - informed that there has been No communication with the utility and plan to have a discussion later today. SCU-9, utilities are sanitizing and talking rumors of segregating. The system council had to reach out to them and will have a discussion later today and will have additional information this afternoon.

**Mississippi**

SCU-21, Greg McLeod – informed that the employer is implementing some of the same provisions as AL Power and as stated by Casey Shelton. The issue of single parents with kids out of school has not been addressed.

LU 605, Ken Matthews – (Entergy) Company updated their travel policy a couple of weeks ago. If employee went on a cruise they will need to be self quarantined for 14 days. There are still questions on how personal leave will be handled. Ken has been on the phone everyday with labor relations.

LU 852, David Murrah – informed that the utility is proposing a lockdown and discussing allowing nonessential employees to work from home. The Co-Op is operating regular business and there has been no communication as of yet.
Donnie Colston gave a brief update and asked IVP Thompson to distribute the Electrical Subsector Coordinating Council (ESCC) resource guide to the Business Manager – IVP agreed to send after the conference call. BM(s) need to know what they need to be asking the employers.

IVP Thompson reported

- LU 1317 has three confirmed COVID-19 cases in the local. *(IR Young will send the information to IVP Thompson)*

- There has been one confirmed death of a member out of IBEW Local 3.

- LU 1997, Business Manager Steve Galloway has been confirmed positive of COVID-19 and two International Representatives that were in close proximity of him have now been exposed. One of the representatives is on our staff but is not showing any symptoms and is self-quarantined. The other representative is from the International Office and was admitted into the hospital and is now recovering.

- Asked all BM(s) on the call to please inform their servicing rep of any positive cases in members or employees. We don’t want to send someone in harm’s way.

- International Office still remains closed and no travel is being allowed—very limited staff onsite through the month of April. IP Stephenson doesn’t want any staff scheduling air travel through May 31st.

- IR Matt Meadows goes by the district office twice a week to check the mail, but I advise you to send all correspondence through email instead of by US Mail.

- All reps are advised to work from their home office and to limit travel as much as possible. Before they make a decision to travel, they need to check to see if anyone at the local has been exposed or has tested positive before deciding to go.

- In the IBEW Constitution there is no exception to canceling a local union meeting. IP Stephenson has given approval for IVP(s) to approve LU meeting cancellation request due to the circumstances. Cancellation request are turned around in a timely manner normally within 20 minutes to an hour depending on if I’m participating in a conference call.
Monday, we rolled out templates for all three scenarios of election situations. Please reach out to your IR to keep him up to date with what you have decided. If your decision has not been made by May, I will not be able to approve your LU meeting cancellation request for May.

Conference Calls are being held every week for the different classifications (Utility, Construction, Industrial & Papermill)

On the call last week with IP Stephenson and the IVP(s) a term was mentioned once or twice – “Hazardous Pay”. There’s been complaints filed and ULP’s by members and non-members. Please be careful and advise members to stay away from that. That does not represent what the IBEW stands for.

Please be sure your local union’s information on the IBEW Local Directory is up-to-date. There is a lot of correspondence being sent by the Int’l office.

On the BM Portal there is a NDERA Q&A which addresses concerns and questions received from the field. Please check here first if you have any questions. If you have a question that has not been addressed on the Q&A, send it to me and I’ll send it up to IP Stephenson to get you an answer. This Q&A is being updated periodically.

Mississippi

SCU-21, Greg McLeod – reported that they’re still doing business as usual. He has a meeting with the contractor tomorrow. No confirmed cases at MS Power.

LU 605/985, Ken Matthews- reported that one member has been confirmed positive and has been away from the site for 5-days. That member’s work area has been sanitized and information has been put out stating that if you had prolonged contact with that worker to come forward for testing. Members are riding in single trucks, hand sanitizer is being distributed, no one is complaining and has not seen evidence of safety issues.

One complaint is that it is hard to stay 6ft apart and the guys work too close to each other. Four Contractors have been tested and the results are not confirmed. The contractor is being a little more leant with IBEW members. *Will send the information regarding the member that tested positive to IR Young.

*IVP advised that when BM(s) send information regarding members that tested positive to please not include their name.*
LU 852, David Murrah – reported that the LU Hall is still open with limited traffic. Members are allowed in one at a time. There has been one person sent home that was symptomatic and one sent home because spouse was exposed.

The statewide agreement is being honored with no problems.

**Louisiana**

LU 329, Ryan Holford – reported that people are being sequestered at the Power Plant. A non-member has tested positive. Everyone has been sent home for 14-days.

LU 1077, Mickey Fortenberry – reported that WST Electric is still rotating shifts and has closed all offices to the public. They’re still taking payments through drive thru. The LU Hall is closed to the public and no confirmed cases of COVID-19 in the membership.

**Georgia**

LU 84, Drew Stover – reported that AMC worked their employees 12hr shifts the last two-weeks catching trouble calls. There are no confirmed cases of COVID-19 in the membership. GA Power have one confirmed case – several employees were sent home and some waiting on test results and others have positive test results. None sequestered but rumor is it may be coming soon. Regarding the “Hazard Pay” - if the job is not safe, we don’t go. Some employers are doing things such as offering increased pay or per diem to employees. They may not be calling it “Hazard Pay” but it’s the same thing.

*IVP advised BM Stover to please talk to the membership about safety because nothing else is more important.*

**Florida**

LU 820, Bob Porter – reported that FPL is checking temps and sending employees home if their temp is 100.4. The employees cannot return to work until they have been medically cleared. The employees are practicing social distancing. It’s a struggle for a few employees that are being turned away because they then must find a medical provider which can be challenging with all that’s going on right now. And, some employees are being allowed to work that have no signs or temps but could be positive.
LU 108, Doug Bowden – reported that they’re starting Skelton crews, reducing contractors, moving forward with the “Big Ben” modifications. Next week Energy Supply will work two-week rotations. There is one positive non-covered employee and one covered employee being tested.

LU 2358, Valerie Gutierrez – reported that JEA proposed some changes such as checking temps and have made signs. The local is working on the “Family First Coronavirus Response Act” for the members. Two members were injured and sent to the burn unit and were released the same day. We have to emphasize safety!

Jessie reported that JEA is trying to get information out by using social media for people to give them their space. There has been one confirmed case of a mechanic that drives one of the trucks. There are no confirmed cases at JEA. Line crews are reporting to separate. Some employees have been ill, and some people have been sent home and are getting tested. A couple of dozens of employees are at home on paid leave. An individual came to work showing symptoms and was sent home – JEA closed the storeroom, people around that individual were sent home and tested. Not sure when they will return back to work. It was a real reality check for JEA when they had to shut down an entire department — it cripples the company a little. Local is in communication with the company and are giving suggestions. What’s currently in discussion is putting together a MOA.

LU 359, Doug Sawyer – reported that a guard at Turkey Point has tested positive. Recently a lot of contractors have come up positive. Two members are being tested — large service center and 10 are currently quarantined. Everyone is practicing social distancing. Municipalities are doing okay. 

"will send all information regarding positive COVID-19 cases to IR Ed Mobsby.

LU 1205, Lanny Mathis – reported that he is in the processes of shutting the local union hall down and asked if any Locals on the call has had any push back.

LU 676, Dale Cope – reported that their downtown work is like a ghost town. There’s one-person w/pneumonia but no positive COVID-19 cases. All inside work is going well.

LU 2152, James Quattlebuam – reported that a lineman came in to work and then later discovered that he was positive for COVID-19. He was sent home without pay and forced to take either sick or vacation leave. When the BM spoke with the employer, they stated that worker’s comp would not work unless he could prove he tested positive and where he contracted the coronavirus.

LU 1933, Greg Krumm – reported that the company is taking the COVID-19 serious and told the employees if they feel unsafe, they can leave.

LU 1055, Rob Pribbenow – reported that there have been no positive COVID-19 cases in the membership, PPE and no sequesters.
SCU-19, Casey Shelton – reported that he advised the homebased crew to button system down. There are four crews only standby on one. At the Nuclear Plant five or six workers have been sent home. Business Managers are getting a lot of post on Facebook regarding hazard pay. No members have tested positive. There is a case of a member’s wife being positive and that member has been quarantined. Main goal is no one getting sick and no one taking the virus home to their family.

LU 443, JD Hornsby – reported that one crew is on outside Transmission Maintenance. There is plenty of hand sanitizer and Clorox wipes going around at the jobsite. Working two-man teams and no confirmed cases or symptoms being reported. Local Union hall is still open but closed to foot traffic.

LU 558, Tony Quillen – reported that employees are still practicing social distancing and dispatching from home, getting items hand delivered to the truck. JATC stills remains closed. Company asked local to agree that they are an “essential” job. *IVP Advised that the decision is not up to the local to decide. And it’s up to the company to decide what the employee will be provided with to show if they are pulled over, if city is on lockdown.*
Conference Call - Wednesday, April 15, 2020
Re: 5th District Utility Coronavirus Conference Call

IVP Thompson provided a status report:

- The International office and District office still remain closed.
- The 5th District International Representatives are still instructed to suspend all travel and work from their home offices.
- There are a few legal issues the IBEW attorneys are dealing with regarding meeting cancellations and hotel contract language at the Westin Peachtree.
- The 5th District Progress Meeting has been canceled after much consideration and will not be rescheduled for later in the year. Once quarantine is over there will be several other meetings already scheduled that we will be required to attend and will not allow for enough time to reschedule the Progress Meeting.
- Currently there are 20 confirmed positive COVID-19 cases - LU 130 - 2 case; LU 136 - 1; LU 222 - 2; LU 329 - 1; LU 480 - 2; LU 1317 - 3; LU 1579 - 2; LU 1980 - 1; LU 1997 - 5; LU 2358 – 1
- There is 7000+ craftsman working at Plant Vogtle. Saturday afternoon the first confirmed positive COVID-19 case was reported. Since then the positive cases have risen to 28 in just one week. General Managers are working on cleaning the worksite and sending people home if they request.
- Business Managers are asked to report all confirmed positive COVID-19 member cases as soon as they are aware. This information will be sent to the International Office HR department.
- Several locals have elections scheduled for this year. A lot of locals are canceling their local union meetings. Be mindful that if the local has not taken any action or have not made a decision on the election their May Local Union meeting cancellation request will not be approved.
- Electronic signatures are being allowed for ASM submissions.
- A lot of Locals are paying their per capita by check. The International Office has someone assigned to go inside the mailroom to pick up the mail, but this could be exposing them to the COVID-19 virus. Business Managers are asked to think about moving in the direction of using epay.
Conference Call - Wednesday, April 15, 2020
Re: 5th District Utility Coronavirus Conference Call

- International Representatives will be reaching out to the locals that are still mailing paper checks to the I.O. to assist them if needed with getting set up with epay.

- If Business Managers have any questions regarding the NDERA please reach out to your servicing representative for assistance.

- IP Stephenson is looking for positive stories highlighting the great things the locals and members are doing during these times.

- Received a great story from Business Manager Brian McMurry, Local Union 903. Business Manager McMurry submitted a story detailing how the local staff is distributing hand sanitizer and homemade masks sewn by him and his daughter to the membership and their families through a drive thru at the local. Their story has been forwarded to IP Stephenson.

**Georgia**

LU 84, Drew Stover – reported that there are 3 positive cases, and several members are quarantined but will soon come off and return to work. Still have homebased crews rotating coming in as needed. Everything is flowing smoothly. Employers are doing a good job providing hand sanitizer and face mask to employees. A MOU was signed this morning. The Generation Plant is preparing to do homebased scheduling – a lot of work at the plant.

**Florida**

LU 1055, Rob Pribbenow - reported that there are no confirmed positive COVID-19 cases. He is participating in weekly conference calls with the employers. PPE plenty and several members are heading to Birmingham to assist with the storm restoration.

LU 676, Dale Cope – reported that there are no confirmed positive COVID-19 cases. There is a member in quarantine and will be tested soon. Grievance with telecom – the member is 65 years old and still working – issues with the Governor’s new Executive Order.
Conference Call - Wednesday, April 15, 2020

Re: 5th District Utility Coronavirus Conference Call

IVP – Asked all Business Managers in Florida to review the Governor’s new Executive Order, if they have not already. IBEW is waiting on the Governor to define what is the senior citizen age. Inform IVP if your local is experiencing issues with this new executive order.

LU 108, Doug Bowden – reported that there are no confirmed positive COVID-19 cases, no furloughs or layoffs. Managers are having minimum employee exposure. Tampa Electric is doing a good job with limiting employee exposure.

LU 2358, Valerie Gutierrez – reported that they signed a MOA effective Monday. The MOA is regarding the COVID leave for employees.

SC U-8, Phillip Howard – reported that there are no confirmed positive cases. One contractor tested positive and was quarantined for 14 days. They have a MOU in place. Working 7 days on and 21 days off – 2 weeks the employees will work from home. Distribution lined up with apprentice. Mandate from Charlotte that all must wear masks if within 6ft. Informed that the employer is working toward giving the employees mandatory COVID-19 testing. *Will send the information to IVP for clarity.

LU 1205, Lanny Mathis – reported that there are no confirmed positive COVID-19 cases, and everything is moving good.

LU 1263, Scott Rauch – reported that the line crews are allowed to take trucks home. 1500 employees onsite – 500 to 700 on a shift at a time. There are 7 confirmed positive COVID-19 cases at the Turkey Plant and one IBEW member positive case – a member of Local Union 359. Employer will soon mandate everyone to wear face mask. There’s an outage at Fort Myers. Work is business as usual. Work trucks now have decals displaying 6ft distancing. Employer is providing hand sanitizer and facemask at a slow pace.

**Louisiana**

LU 194, Brent Moreland – reported that Claiborne Coop have not reported any confirmed positive COVID-19 cases. There were 5 tornados on Easter and members are working around the clock. Not a lot of damage to any members’ homes – most of the damage was in rural areas.

LU 1077, Mickey Fortenberry – reported that they are still having crews at offsetting hours. Employer has made a few changes at the worksite – changed the light switches to motion so they will not be touched, and water faucet and soap dispenser is motion sensor.

LU 329, Ryan Holford (IR Brannen) – reported that there is a senior lineman that has been confirmed positive of COVID-19. AEP has reached impasse and the IBEW may have to grieve.
Conference Call - Wednesday, April 15, 2020

Re: 5th District Utility Coronavirus Conference Call

LU 767, LeDell Whitfield (IR Brannen) – reported that the large Coop is doing well. Working from home and taking service calls. Following CDC guidelines by practicing social distancing.

Mississippi

System Council U-21, Greg McLeod – reported a couple of tornados came through on Easter but fortunately there were no member deaths only property damage. There are no confirmed positive COVID-19 cases at MS Power, and some members have been quarantined due to being exposed to someone positive.

LU 852, David Murrah – reported that local Coops are working to restore power after the tornados on Easter. There are no confirmed positive COVID-19 cases and business is going as usual.

LU 605, Ken Matthews – reported that the Easter storms occurred in half of the Northern part of the state. Many customers are without power. Have a commitment from the company to allow employees to stay 1 person per hotel room when working out of state and 1 person per work truck. Members have been reminded that no job is important enough to risk their safety and not follow the CDC guidelines. There are 5 confirmed positive COVID-19 cases at Grand Gulf (he believes but will confirm). Everyone is still practicing social distancing. Company is providing hand sanitizer. Members with underlying health issues are bringing notes from their doctors - some filing ADA claims which are being approved and denied. *Will send information to IVP.

IVP – recommended that opt out language be included when composing MOU(s). This will protect the local down the road.

Alabama

System Council U-19, Casey Shelton – reported that many employees are on home-based duty and rotating workers. Home-based duty is working well, and workers are responding quickly if needed. PSC came out visiting crews yesterday – which was good to see. In constant communication with the CEO of AL Power and on conference calls weekly. There are 4 confirmed positive COVID-19 cases and 20 quarantined at the Nuclear Plant – overall everything is going well. Transmission working week on week off. There were 60,000 power outages and most have been restored with currently 5,000 still out. April 18, 2020, will be Lineman Appreciation Day – this will be an opportunity for us to honor and recognize the essential workers such as the grocery store workers, nurses, etc.
LU 443, JD Hornsby – reported that the members are still working, and some are on furloughs until May 6. Temperature monitors are in place and being used at the Nuclear Plant.

LU 558, Tony Quillen – reported that there haven’t been any changes since the last call and all is going well.

IVP – Asked the Business Managers to request the names of the confirmed positive COVID-19 employees from the employers. If they give them any issues, let him know.

Donnie Colston, Director of IBEW Utility Department – reported that IP Stephenson was invited to address the Federal Reserve – Great Honor. Spoke about the effect of the COVID-19 on the utility industry. Spoke on how local legislators and regulators are having discussions on maintenance and refueling nuclear power facilities during this pandemic. Most utilities are getting proper PPE. Utilities in NY sequestering employees. Employee temperatures are being taken at almost all of the nuclear facilities and the ones not doing it will be soon. Working toward putting all of the MOU’s into a large file and once complete will send to IVP Thompson to distribute to the Business Managers and upload to the Business Manager Portal.
Covid-19 info from TVA

1. 99% of communication to all members of Trades & Labor is via email. Refueling outage in progress so not everyone has time for email. Some of it is covered in turnover.

2. In case of sequestration all non-essential personnel will be placed on “evacuation leave” which is 40 hrs straight time. If the person on evac leave gets sick they are supposed to let the company know so they can be charged with sick leave instead of evac leave.

3. If plant does sequester it will be for either 7 or 14 days. 2 crews day shift and night shift. Selection will be by volunteer and preference to seniority. If not enough volunteers then will “force” the low seniority persons. Pay will be first 12 hours straight time 4 hours time and a half and then go on double time until go home. Will stay in work status at plant the entire 7 or 14 days.

4. MOU signed giving management right to select the numbers of each classification and how selection works (again by seniority)

5. Some talk about having a second crew in sequestration off site to relieve the on duty crew after 7 or 14 days. Nothing in writing yet.

6. Segregated the lines going through guard shack to essential/non essential.

7. All non essential recommended to request permission to work from home but a lot not approved due to refueling outage.

8. Still working on communications with site leadership.

Mike Blakely
President IBEW Local 765
6th District Utility Conference call 4-3-2020

**LU1392**- AEP unable to come to agreement on MOA. Disagreement on working time, LU believes current agreement specifies pay if on property. Agreement for those having to leave home for work- extra PDO, 1 per week, up to 10. One lineman tested +, sent rest of crew home 2 weeks. Ongoing negotiations every day.

**LU876**- AEP same as 1392. Cooperatives have been great to work with. Paid to be home 8 hours straight time, double time after 8. One lineman tested+ case at cooperative. All utilities working with LU. All working from home- paid time. Consumers Energy (represents all contractors) has all Utility guys at home, but want contractor to go out and do normal work, members are fighting to protect themselves, now Consumers is reaching out to other contractors to attempt to get them to perform this work.

**LU51**- Ameren implemented pools for crew to work in. One man trucks. Called out by crews, if not enough response, goes to next crew. Issues with continuing non-essential work, business as usual. Gas side having issues with safety equipment for entering homes. No + cases. Allowed some operating centers schedules changed by vote, if unanimous.

**LU702**- Vistra plant being upgraded continuing on all operations, single point entry with temps taken. 100+ temp being asked to leave and report to HR. Working with Company on plan for sequestering. Workforce healthy to date.

**LU965**- Continuing discussions with Alliant. Essential/non-essential still issue. Alliant managers working with steward on schedules. Essential vs non-essential continues to be issue. Most difficult situation is entering homes, new procedure going out, assured by President that concerns will be addressed.

Field Employees (gas, line and electricians) have all been working in isolated groups and bringing trucks home to start and end their day. During call outs they are only to take calls with those they work with during the day. If anyone needs material from the buildings they are to make appointments and make as little impact as possible, for example contacting the store keeper and having them put material outside for them to pick up. Everyone is also still supposed to practice social distancing while working together. Some of the recent issues that have been addressed are employee/customer contact due to gas relights. To minimize that exposure Alliant has put all projects on hold that will cause customer interruption and put safety measures in place if they are to enter a customer home. All other construction and maintenance seems to still be going on so long the crew can accomplish the staff it has, this seems to be a sticking point with members as they want to know what is essential work.

All engineers and office employees are working from home as well as our call center on a rotation on who works from home and reports with no loss of base pay.

Power Plants all have a unique staffing plan so I will try and hit a broad description. Work groups have been split in half and working 1 week on and 1 week off. During their week off they are to remain on stand-by during their normal working hours while still receiving 40 hours of pay and for call outs they are only to take calls during the week they are scheduled to be at the plant
to minimize exposure. In situations where 24/7 operation is required they are working 7 on 7 off. With OT per the contract on the weekends. And during the weeks off they still get 40 hours pay while remaining on call. They also have been given laptops to do online training and access to meetings. Our hydro groups are only to work with the specific hydro group they are assigned too rather than float between facilities, but they are showing up every week. Dispatch is still reports to work, but also have been assigned duties to work from home. I will have more details on this after my phone call with the Chief Steward there tomorrow.

Our Dispatch is still reporting to the dispatch center because the technology is not available. They have reduced the required amount that need to report and assigned some at home work to minimize exposure without loss of pay.

Central Wisconsin Cooperative: Crews are all working from home with a truck. They are assigned to a two man crew and only 2 person jobs. If they are to report to the shop for material they are only entering 1 at a time and sanitizing anything they come in contact with. The technical group is working 4 hour staggered start days and the other 4 hours from home and isolating as much as possible with the salaried group is doing the same. If they do develop symptoms they have to use their own available time off (vacation or sick) or request unpaid time off for the moment.

Richland Electric Cooperative: Every lineman has a truck at home and working alone. If they need tools they sanitize in and sanitize out at the building. As of right now if they do get sent home for COVID reasons the GM has gave word it wouldn’t affect the employees PTO and they would extend the families first rights as long as the staffing levels would allow, right now nothing in writing just verbal. [https://www.youtube.com/watch?v=UuIohqberGE](https://www.youtube.com/watch?v=UuIohqberGE) here is a Video of his update today, very interesting if you have time.

Rock Energy: Crews split into two groups and staggering start times to avoid contract. No report on them getting separate COVID-19 time.

LU193- City of Springfield. No confirmed cases or quarantines, testing not available. LU Administration working primarily from home. Office staff rotating days. Considering mail ballot election. Hall closed to membership and public. Dues can be paid online. Books can be signed with a phone call. Field Operations – Most crews siloed with one another to prevent spread, also practicing distancing. Rotating days on the job, otherwise at home. Engineering– Most engineers working from home. Some engineer field technicians rotating days.

Extremely tough times. Negotiations supposed to have begun already for a contract that expires Sept 30. Nearly impossible to argue ‘essential’ employees without harming job titles in negotiations. Most line and electrical crews, all siloed, at home and rotating days at work while maintaining social distancing. Most engineers working from home. The utility has not generated power since Feb 22, instead buying natural gas at an incredibly inexpensive cost. The profit margin lies in grid sales though, not from the native load. We were expecting 12-13 apprentices hired, but new hires are postponed indefinitely. So, no sales, no progress at work, people getting paid to stay home…. equals poor positioning for us. The idea of lay off has no traction at the moment, however, if this continues for too long, we may have to face that scenario.
LU17- Trying to secure reduction in workforce for non-critical work. Working with Utility to provide safety. 3 members tested + 2 lineman 1 tree trimmer, 4-6 potential + tests, 10-15 in quarantine. DTE has 600 quarantined, 35 + test company wide and 2 deaths-not members. Moved to critical work- customer outages, safety issues. Team structures. 100 linemen at home, rotating thru teams weekly. Many MOU’s: secure loss of vacation time, not counting attendance, sequestering MOU not being used but established, protection of grievance timelines.

LCTT- all business as usual. Working on reduction of force trying to get legitimate layoff.

LU1393- Office closed, entire staff working remotely. No confirmed cases. Issue with Duke Energy not defining essential work. Crew staggered start times, company violating agreement on OT callouts, etc. Still replacing poles tagged for 2 years. Duke offered $1500 stipend to all employees making $30 or less. Gave 5 days with pay for dependent care. Gas side still having issue with going into homes. Customers asked questions regarding potential virus from dispatchers then Senior VP has to approve response to home if having symptoms. Cooperatives have been great, separating/alternating crews.

Hendricks Power-FOX: Field Operations – Employees placed in groups and report from home doing same type of work and same group called out together afterhours. General – No issues as far with Company. Employers working well with LU. Starting negotiations April 20, 2020. 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Central Indiana Power-FOX: Field Operations – Working in 2 groups 6 guys each 2 guy’s one truck. One group Works Mon/Tue/Wed Other group Thur/Fri. Then flip flop next week. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

RushShelby Energy-FOX: Field Operations – Group Working 2 days other group works 3 days then flips next week all with pay. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Decatur County REMC-FOX: Field Operations – Group works Mon and Wed other crew works Tue and Thur all with pay. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Connersville Utilities-FOX: Field Operations – All employees home with pay except water plant only one employee and 2 employees at sewer plant. Responding to emergency calls only in field. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Southeastern-FOX: Field Operations –Employees age 50 or over sent home with pay with 1/2 employees work mon/tue other 1/2 work wed/thur then off Friday with pay. Keeping same crews together. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Vectren Energy-FOX: Field Operations – Employees home based or given take home truck report to job site doing same type of work but will wear Haz Mat suit on known cases in customer house. Meter Shop employees on split weeks all hours paid. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Whitewater Valley-FOX: 
Field Operations – Working on 3- groups each group works one week and then other group works other weeks. Until all groups work at least one week. All with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Bartholomew County REMC-FOX:
Field Operations – Employees at home with pay set up with call crew and if needed they call them 7:30am-4pm but use afterhours crew.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Clark County REMC-Cochran:
Field Operations – Employees placed in groups of 3. Linemen report 1 day per week and alternate between all Linemen. All others stay home and respond in emergency. Linemen on Service Watch stay home and cover after hour’s emergencies.
General – No issues as far with Company. Warehouseman does not feel its right that he has to report 2-3 days a week when Linemen report 1 day a week. All being paid 40 hours per week.
0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Henry County REMC- Cochran:
Field Operations – Working in 2 groups 6 guys each 2 guys one truck. One group Works Mon/Tue/Wed Other group Thur/Fri. Then flip flop next week.
Clerical – Represented Clerical are working from home unless required to report to work and then it is limited to 1-2 of them. All are being paid 40 hours per week.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

WIN- Cochran:
Field Operations – Linemen Working 2 man crews with 2 crews per day. Alternating with other Linemen. Group works 3 days one week then 2 days the next week all with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Harrison County REMC:
Field Operations – Linemen split up into groups of 2. Working with 2 standby groups each on call 48 hours. Emergency work only. All others stay home with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

UDWI REMC- Cochran:
Field Operations – 2 Duty Crews per week consisting of 2 Linemen in each crew. Rotate every week. All others stay home with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Hoosier Energy-Cochran:
Generation –Working skeleton crew in plant 12 hour shifts with all other employees at home with pay. Volunteers to work the 12-hour shifts work a 2-week rotation then change. Volunteers solicited by the overtime list.
Field Operations – Line and Substation employees all working at 50% staffing on a 2-week rotation. Those working are working from home if they so choose. Those at home for their 2-week rotation are being paid regular pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

IAW State- Cochran:
Field Operations – All employees still working as normal although no routine work. Employees are separated with an assigned “work buddy” which is the only one they can work with if necessary. Encouraged to respect social distancing. They do have a plan in place to keep people at home if it goes to the next level. Not sure what would constitute that.
General – 0 confirmed cases, 1 (Johnson County) quarantined. Hazard pay discussion- NO
IAW Seymour- Cochran:
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Marshall County REMC- Gardiner:
Field Operations – Field operations- 3 men per crew, keeping crews away from each other.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Jay County REMC- Gardiner:
Field Operations – Field operations- 2 men per crew, crews working 4.5 hours per day, staggering start times.
Clerical – Working every other day with front office closed.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Fulton County REMC- Gardiner:
Field Operations – Working as normal.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Heartland REMC- Gardiner:
Field Operations – Working from home, doing outages only.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Kosciusko County REMC- Gardiner:
Field Operations – Staggering start times by 45 mins.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Duke Energy-FIELD WILSON/Generation KOLB:
Generation – Doing social Distancing and same as today. Lock down control rooms.
Field Operations – Business as usual other than the company is violating the CBA by not going by the overtime call out list on after hours call outs. Mechanics and storeroom staff have been split into two groups and are working separate shifts. All serviceman are working from home until an emergency ticket comes in. Meter techs are working from home until tickets come in as well.
General – In the middle of negotiations that have been suspended for the time being. The company has not worked well with the Union addressing concerns and continues to violate the CBA to push their own agenda.
0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Carroll White REMC-WILSON:
Field Operations – Guys are taking trucks home and are supposed to limit their time at the office other than that it is basically business as usual.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Logansport Utility-WILSON:
Field Operations – Group Working 2 days other group works 3 days then flips next week all with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Johnson County REMC-WILSON:
Field Operations – The work groups have been adjusted to staggered start times. The membership has been given additional days off for sickness only if needed. No other changes have been made it is business as usual.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

*One members wife tested positive for Covid-19 at this location*
South Central Indiana REMC-WILSON:  
Field Operations – Split into two groups half are furloughed and still receiving full pay others are at work during normal hours practicing social distancing. They are changing groups that are furloughed every three weeks.  
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO  

LE Myers Shop-JENNINGS:  
Field Operations – Adjusted 4 day schedules so everyone has different day off through the week.  
General – 0 confirmed cases, 1 quarantined. Hazard pay discussion- NO  

Asplundh Tree-JENNINGS:  
Field Operations – Staying in small groups. Trucks have antibacterial sprays and wipes and rubber gloves to use while fueling trucks.  
General – 0 confirmed cases, 1 quarantined. Hazard pay discussion- NO  

Daviess-Martin County REMC-KOLB:  
Field Operations – Keeping three employee’s home with pay, to prevent exposer. Not currently doing any non-essential work.  
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion-NO  

Orange County REMC-KOLB:  
Field Operations – Management has split everyone into three crews. All crews are working but are being kept apart from each other. Management has been working well with our members so far.  
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion-NO  

Southern Indiana Power-KOLB:  
Field Operations – Management has split everyone into three crews. Each crew works one week out of three. The two crews that are off are getting paid forty hours a week and are expected to be available in case of an emergency. The crew that is working that week is covering watch.  
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO  

LU15- 18 + cases, 187 on quarantine. Negotiating smaller work groups, possible 4-10’s. Company concentrating on absenteeism numbers. Rented 300 extra trucks. All 3 Generation stations checking temps, questionnaire as come on property. Agreement on sequestering with one fossil- will pay those at home normal, those on property paid as per CBA for all time at plant. All considered work hours when on site. Other 2 employers not interested in negotiating sequestering agreement. Utility side call center and crane operators hit hard. Company has deemed all work essential. Working on paid on call time agreement. Social distancing not working. ComEd has given out masks. Cut back to 48 hours.  

LU352- Generation keeping crews separated for lunch and breaks. Not comingling crews. Maint and field 1/3 home on straight time pay, rotating. Everyone in separate vehicles. Critical work is biggest issue, maintaining 6ft rule. Clerical and support staff all working from home. No + cases. Company working with LU, starting sequestration discussions.  

LU2304- Line electric side ½ at home on straight time, ½ at work. Same at generation stations. Gas side not doing any unnecessary work, doing other maintenance work not requiring entering home. 80-hour agreement with MG&E related to absences and expanded sick leave. No + cases. Beginning sequestration discussions.
LU109 - No + cases. Company has been decent in allowing time off. Line distribution- alternate site locations. Gas and Electric side all in own trucks. Staggered shifts and set crews. Not going into homes. Power plants in discussion on sequestering. Working on testing temperatures at gates. Overall both companies good to work with. Expanded shifts temporarily to carry over vacations.

- MidAmerican Generation has Maintenance employees on separate schedules “one week on, one week off”, and employees are being paid while at home on their “off” week. For those at the plant working they are following the Company’s social distancing policy
- Generation is working on sequestration plans, and looking at potentially moving Operators to a different schedule. Will be implementing screening at the gate as soon as the Company has the supplies and people in place to administer the screening.
- Cordova Energy Power Plant has implemented a number of policies to separate crews and shifts, as well as keeping plenty of distance in the plant. They have a tentative plan for sequestering, but would still need to work out a few details in event that it becomes necessary.
- MidAmerican Energy electric delivery is on staggered start times, as well as showing up to “alternate reporting sites”. All employees are using separate vehicles. The Members are pushing for “home start”, however we have been unsuccessful in getting the company to implement that.
- MidAmerican Energy gas distribution has now implemented employees using separate vehicles for each person. Staggered start times and set times when each crew will come to the Service Center to retrieve parts for the job. Our field services is only entering houses for emergencies or essential services. The Company is only doing maintenance that avoids turning gas off which would cause an employee to enter customers homes.
- MidAmerican Energy customer operations has their employees directly reporting to their vehicle and are having little to no contact with others.
- All Service Centers are essentially “shut down” and being monitored to keep employees supplied but also avoiding too much gathering or interaction.
- Employees are being given PPE and several tools for sanitizing their hands and tools

LU196 - The majority of our 15 municipalities have been good to work with and have agreements in place with the most of them. Some are all alternating one week on and one week off. Two are working three days on and two days off. One is alternating one week on and two weeks off. All are being paid to stay home, while being available during their normal shift if an emergency comes up. The City of Geneva is using this time to get more out of our guys and are alternating 3, 12-hour shifts and violating the overtime provision of our CBA.

On the construction side, we had our first positive on Monday and have multiple members awaiting test results.

LU145 - Separated crews, staggered for on call. Pulled back on non-essential work. No + cases.

LU510 - UPPCO - Line and S&T at home being paid and only on trouble calls. Clerical working from home. Some stock personnel working.

BLP - 1 operator at MEC at all times/12 hr shifts, 2 linemen out, 8 at home all being paid. 1 electrician and 1 instrument at steam plant, each have own office and restroom, the other
electrician and instrument tech is at home being paid. 1 stock is out. 1 laborer out working at outplants, using own vehicle and being reimbursed, breaking at his home. 1 maintenance person at work 1 at home being paid.

**LU2150** - 2+ cases, 1 power plant, 1 service center. We Energies agreement on 80 hours sick leave that doesn’t count toward other sick leave. Biggest issue is performing non-essential work. Nuclear out of outage, doing very little to address virus during outage.

**LU1147** - WEC Energy group working on sequestration. Non-essential employee is off during this time. Paper mill dams, no response, no plans in place. Paper mills considering all workers essential.

**LU2285** - WEC paying 80 hours sick leave. Short on masks for first responders reporting to gas calls, entering homes. Want to pass out 1 per person for multiple uses, but company wanting them to sign waiver for PPE-never done before. No + cases.

**LU2006** - Covered by 2150 and 2304. No + cases. 6 quarantined.

**LU23** - Xcel Energy has staggered shift agreement and temperature monitoring. Agreement on gas emergencies for entering homes. Working on getting essential work defined. Employees still intermingling. Working on call-in agreement for 3 separate reporting headquarters.

**LU160** - Same as 23. Xcel doesn’t seem to be taking seriously with Line crews. Did move parking spaces further apart.

**LU1503** - We are rotating days working so we don’t have more than 10 employees in the building at the same time. I am presently working back with the line crew. had a heart attack a couple weeks ago and had four stints put in so we are short lineman right now.

**LU352** - LU Administration- April 7th Executive Board will be conducted by conference call. Union Meeting cancelled. Generation- Keeping Operations and maintenance crews separated for lunch and breaks. No comingling of crews. Shift handoffs done by phone. Priority on hygiene and no contact ect. Maintenance crews 2 weeks in, 1 week at home paid at straight time. Field Operations- Most all field crews 2 weeks in, 1 week at home paid at straight time. Some disagreements about what critical work is, due to 6’ separation rule. Staggering start/stop times. Employees driving company vehicles home. Clerical- Most all Customer Service and other IBEW support staff working from home. General- No more than one employee in company vehicle. All on site employees required to complete an Ingham County directed heath questionnaire. Thermometers are unavailable, so employees encouraged to take temperature at home. General Manager has daily communication to employees reinforcing initiatives with IBEW input. Some crew disagreements on what is critical to maintain 6’ separation rule, we have needed to get involved to resolve, case by case.

**IVP Ruhmkorff** - Most governors have stay at home orders through April, some could into May. Peak looks to be 2 weeks away. Continue getting employers to recognize social distancing. Make sure we are at the table.
AT&T hazard pay- Members seen on Facebook and now want it as well. Nothing changed as far as the IO position-do not request. Issue was pushed by CWA which represents a majority of group. The IBEW is completely against withholding services to get hazard pay. There should not be a problem when creating new response teams for extra pay, additional sequestering pay, show up pay, if company approaches us offering extra pay, etc.
Local 9

Last Update (04/09/2020)

Primary Utility Employer
City of Chicago

Other Utility Employers

Local Union Administration -

Field Operations -

City of Naperville
Running one 4 man crew on each of the three 8 hour shifts per day. These crews work 7 days straight at the applicable rates and then are of the following week with their standard 40 hours paid, while another group of lineman work that week. They will continue to operate this way for the next 6 weeks, and then will reevaluate.
No COVID cases at Naperville.

Other entities we represent are all working with only about 5% unemployment at this time.

Electric –

Gas –

Clerical –

General –

COVID Cases –

10 total cases of COVID throughout the entire local, with 1 on a respirator and the rest are on the mend and waiting out their quarantine time.

MOU’s/ LOA’s -
Local 15

Last Update (04/09/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

Cancelled all April Union Meetings.

Business reps working remotely. Setting up for staff to work remotely by Monday.

Generation –

Fossil –

Testing employee temperature(s) at all Fossil stations, if employee comes in sick or come in contact allowing to go home.

Agreement on sequestering with one fossil- will pay those at home normal, those on property paid as per CBA for all time at plant. All considered work hours when on site.

Nuclear –

Nuclear outages-1 week left at Quad Cities, going ok. Fossil company with outage going ok.

Byron station is back up and running, currently in outage with Quad City, and Braidwood outages coming up. Shortened outages, temperature testing and basic questionnaire prior to entering for outage sites. Non outage sites are not temperature testing. Social distancing and staggering start times. If absenteeism increases may alternate/divide up staffing. Potentially sequestering conversations ongoing. Global agreement from ComEd and Exelon for those able to work from home. Receiving daily report from company on number of illness, those quarantined. Initially fossil side ahead of nuclear side, started testing temperatures first. Negotiated Sequestration Agreement at Kincaid if needed to lock down plant. Talk of lockdown on Nuclear side dependent on amount of sickness, no agreement negotiated yet.

All 3 Generation stations checking temps, questionnaire as come on property.

Field Operations –

Worked out agreement on meals for physical folks 1.5 hours extra pay, get meal money stop and grab something. If employees not comfortable riding in same truck, allowing employees to use personal vehicle and get reimbursed. Keeping same crews working together.

Isolating crews, meter dept. start/stop at home. Trying to avoid non-essential work. Can drive personal vehicles to job sites.

Negotiating smaller work groups, possible 4-10’s. Company concentrating on absenteeism numbers. Rented 300 extra trucks.
Clerical –
Agreement for majority of clerical-working from home, including call centers. As many clerical working from home as possible.

General –
No issues as far with Companies. Employers working well with LU. Hazard pay discussion. Other 2 employers not interested in negotiating sequestering agreement. Utility side call center and crane operators hit hard. Company has deemed all work essential. Working on paid on call time agreement. Social distancing not working. ComEd has given out masks. Cut back to 48 hours.

COVID Cases –
18 + cases, 187 on quarantine.

MOU’s/ LOA’s -
Local 19

Last Update (04/09/2020)

Primary Utility Employer

NICOR Gas

Other Utility Employers

WEC Business Services

Local Union Administration-

Contract ratification- Tentative Agreement on contract, Local 19 is using Skype for explanation and converting over to mail ballot for ratification.

Field Operations –

Gas Operations –

Workers report directly to work vehicle, no interacting, need permission to go into reporting center. No inside leak inspections, service replacements, meter exchanges, inside meter move outs, inside compliance work at all, credit cuts, meter rebuilds and inside reads. Trying to limit customer exposure for employees. Responding to leaks with Tier 3 suit with respirator, gloves and boots then dispose.

Working with Southern Company on specialty team with PPE to enter confirmed homes. In Virginia, solicited first responders to go into + homes, setting up proper PPE.

Clerical –

Call center’s have all but 15 employees reporting to work from home now. Those employees that are continuing to report to the call center’s are either because they have no internet or they choose to report to work. All physical reporting to work. Anyone with company computer reporting to home to work. Call center requirement are to have a land line, computer (Apple is not compatible), and high speed internet. Trying to figure out how to separate employees more. Talk of 24-hour shift at Jolliet.

General –

COVID Cases –

2 LU members tested-no results. We now have 1 confirmed COVID-19 case on the physical side. 2 locations with members quarantined with pay.

MOU’s/ LOA’s -

No hazard pay.
Local 31

Last Update (04/09/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

General –

Open dialogue between all employers. Work in progress. MOU with Minnesota Power to employees work from home if have capability.

Generation –

Fossil –

Working with Minnesota Power putting together staffing plans for possible sequestration. Boswell plant ordered 12 four-bedroom trailers, allowing employees to bring trailers on site. Triggering points for sequestration dependent on absenteeism, 10-20% drop and plan would be implemented.

Field Operations –

Most members taking trucks home to respond at start work days and starting to have talks about sequestering plans, currently just a proposal from the company. They also have one WEC company who is the most difficult to deal with. They are still having members uphold their service plan for customers by entering homes and doing maintenance on appliances in fear of customers dropping the plan. Line crews have staggered start times to limit employee interaction at service centers.

Electric Operations –

T&D employees upset at continuance of non-essential work, splitting up crews.

Gas Operations –

Minnesota Energy Resources WEC-biggest issue is entering homes for non-essential Service Choice Program work.

COVID Cases –

MOU’s/ LOA’s – MN Power sent a draft sequestration LOA, we have some issues with it, haven’t agreed to anything at this time.
Local 109

Last Update (04/03/2020)

Primary Utility Employer

MidAmerican Energy

Other Utility Employers

Local Union Administration-

Generation –

Fossil –

Power plants in discussion on sequestering. Working on testing temperatures at gates. Overall both companies good to work with. Expanded shifts to accommodate separation of crews.

• MidAmerican Generation has Maintenance employees on separate schedules “one week on, one week off”, and employees are being paid while at home on their “off” week. For those at the plant working they are following the Company’s social distancing policy
• Generation is working on sequestration plans, and looking at potentially moving Operators to a different schedule. Will be implementing screening at the gate as soon as the Company has the supplies and people in place to administer the screening.
• Cordova Energy Power Plant has implemented a number of policies to separate crews and shifts, as well as keeping plenty of distance in the plant. They have a tentative plan for sequestering, but would still need to work out a few details in event that it becomes necessary.
• MidAmerican Energy electric delivery is on staggered start times, as well as showing up to “alternate reporting sites”. All employees are using separate vehicles. The Members are pushing for “home start”, however we have been unsuccessful in getting the company to implement that.

Field Operations –


Electric –

Gas –

MidAmerican Energy gas distribution has now implemented employees using separate vehicles for each person. Staggered start times and set times when each crew will come to the Service Center to retrieve parts for the job. Our field services is only entering houses for emergencies or essential services. The Company is only doing maintenance that avoids turning gas off which would cause an employee to enter customers homes.

Clerical –
General –

Company has been decent in allowing time off.
- MidAmerican Energy customer operations has their employees directly reporting to their vehicle and are having little to no contact with others.
- All Service Centers are essentially “shut down” and being monitored to keep employees supplied but also avoiding too much gathering or interaction.
- Employees are being given PPE and several tools for sanitizing their hands and tools

COVID Cases –

No + cases.

MOU’s/ LOA’s -
Local 145

Last Update (04/03/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

Field Operations –

Electric –

Separated crews, staggered for on call. Pulled back on non-essential work.

Gas –

Clerical –

General –

COVID Cases –

No + cases

MOU’s/ LOA’s -
Local 160

Last Update (04/09/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

Office staff all reporting. Business Reps working from home, staff at office.

Field Operations -

Covered by LU23&949 at Xcel. Connexus splitting crews in half, staying at home a week paid and swapping out week by week. Rest taking wait and see attitude.

Generation -

Fossil -

Xcel is behind on coal side, talking about adopting same agreement as nuclear side.

Nuclear -

Reached agreement with Excel for both Monticello and Prairie Island (LU949). 4 phase plan with trigger points to go to next phase. Currently in 1st phase-social distancing. 2nd phase-reduced activity, with operations-6 week rotation, maintenance-4 shift rotation. Made arrangement for final lockdown phase by bring in cots, sleeping bags. Control rooms already locked down. Talk of temperature testing. Self-administered temperature test strips being handed out for use at home before coming into work-voluntary at this point. If temperature above 100.4, asking to call in then and report then will be asked a list of questions and decision will be made whether or not to report.

The company has started to rent cars to limit exposure while driving to job sites for our overhead crews.

We have a LOA on temperature testing for our control rooms. Temp must be taken before shift begins, as well as during the shift, and at the completion of the shift.

COVID Cases -

MOU’s/ LOA’s -
Local 193

No Significant Update (04/09/2020)

Utility Employer: City of Springfield

Local Union Administration: LU Administration working primarily from home. Office staff rotating days. Considering mail ballot election. Hall closed to membership and public. Dues can be paid online. Books can be signed with a phone call.

Generation –

Fossil – The utility has not generated power since Feb 22, instead buying natural gas at an incredibly inexpensive cost. The profit margin lies in grid sales though, not from the native load.

Field Operations –

Electric – Most crews siloed with one another to prevent spread, also practicing distancing. Rotating days on the job, otherwise at home.

Clerical –

Most engineers working from home. Some engineer field technicians rotating days.

General –

Extremely tough times. Negotiations supposed to have begun already for a contract that expires Sept 30. Nearly impossible to argue ‘essential’ employees without harming job titles in negotiations. We were expecting 12-13 apprentices hired, but new hires are postponed indefinitely. So, no sales, no progress at work, people getting paid to stay home…. equals poor positioning for us. The idea of lay off has no traction at the moment, however, if this continues for too long, we may have to face that scenario.

COVID Cases – No confirmed cases or quarantines, testing not available

MOU’s/ LOA’s -
Local 196

Last Update (04/09/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

Field Operations –

Electric –

Gas –

Clerical –

General –

The majority of our 15 municipalities have been good to work with and have agreements in place with the most of them. Some are all alternating one week on and one week off. Two are working three days on and two days off. One is alternating one week on and two weeks off. All are being paid to stay home, while being available during their normal shift if an emergency comes up. The City of Geneva is using this time to get more out of our guys and are alternating 3, 12-hour shifts and violating the overtime provision of our CBA.

COVID Cases –

On the construction side, we had our first positive on Monday and have multiple members awaiting test results.

MOU’s/ LOA’s -
Local 352

Last Update (04/09/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

April 7th Executive Board will be conducted by conference call. Union Meeting cancelled. Clerical and support staff all working from home

Generation -

Fossil -

Keeping Operations and maintenance crews separated for lunch and breaks. No comingling of crews. Shift handoffs done by phone. Priority on hygiene and no contact ect. Maintenance crews 2 weeks in, 1 week at home paid at straight time. Erickson Station coal plant went to zero generation – 60 employees at home with full pay.

Field Operations –

Most all field crews 2 weeks in, 1 week at home paid at straight time. Some disagreements about what critical work is, due to 6’ separation rule. Staggering start/stop times. Employees driving company vehicles home.

Electric –

Gas –

Clerical –

Most all Customer Service and other IBEW support staff working from home.

General –

Starting to discuss face shields

Company working with LU, starting sequestration discussions.

No more than one employee in company vehicle. All on site employees required to complete an Ingham County directed heath questionnaire. Thermometers are unavailable, so employees encouraged to take temperature at home. General Manager has daily communication to employees reinforcing initiatives with IBEW input. Some crew disagreements on what is critical to maintain 6’ separation rule, we have needed to get involved to resolve, case by case.

COVID Cases –

No + cases

MOU’s/ LOA’s -
Local 510

Last Update (04/09/2020)

Primary Utility Employer

UPPCO

Other Utility Employers

BLP

Ontonagon REA

Local Union Administration-

Generation –

Fossil –

BLP - 1 operator at MEC at all times/12 hr shifts. 1 electrician and 1 instrument at steam plant, each have own office and restroom, the other electrician and instrument tech is at home being paid. 1 stock is out. 1 laborer out working at outplants, using own vehicle and being reimbursed, breaking at his home. 1 maintenance person at work 1 at home being paid.

Field Operations –

Electric –

UPPCO - Line and S&T at home being paid and only on trouble calls.

BLP - 2 linemen out, 8 at home all being paid

Ontonagon REA - They have 7 Linemen, 2 Tree Trimmers, and 1 Clerical. All home on standby, being paid, trouble work only. Clerical person comes in on Thursdays for billing and mail.

Clerical –

Clerical working from home. Some stock personnel working.

General –

COVID Cases –

MOU’s/ LOA’s -
Local 702
Last Update (04/09/2020)
Primary Utility Employer
Vistra
Other Utility Employers
Local Union Administration-
Generation –
Fossil –
The plant is currently undergoing a $10M+ outage upgrade with many contractors on site from various trades. They are continuing on with all operations at this time. The Company is now requiring single point entry into the plant and they are taking everyone’s temperature as they enter the facility. Anyone with a 100 degrees or higher body temperature are being asked to leave the premises immediately and report to HR. We are only aware of one contractor being asked to leave with a temperature upon arrival at this time (unknown testing).

Field Operations –
Electric –
Gas –
Clerical –
General –
COVID Cases –
Workforce healthy to date.

MOU’s/ LOA’s -

Vistra Newton Power Plant:
We have reached an MOU with the company for plant employee sequestration (Lock In) if necessary. This will provide the terms of employment for our members if the company deems an emergency related to the COVID-19 conditions. It will occur through volunteers first and all employees will be paid 24 hours per day, even while resting. Other members will be forced by classification seniority if there are insufficient volunteers. Members who are not inside the plant will be paid straight time wages for forty hours per week plus all benefits while at home. The parties agree to meet and discuss if the MOU needs to be extended beyond fourteen days. We also signed an MOU for one of the clerical employees to perform work from home at anytime.
she so decides until the COVID-19 event is considered closed. The other clerical member will be paid from home if they are asked to do so during any such sequestration event.
**Local 949**

Last Update (04/09/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-
Reps and staff remotely working, cancelling most unit meetings.

Generation –

*Fossil –*

Otter Tail Power Plants sent all maintenance employees home with pay, using only for callouts. Otter Tail Power and Xcel Energy sending those potentially exposed or with symptoms home for 14 days with pay. Agreement with Xcel Energy has been reached at fossil and gas plants for sequestering employees if needed. RDF plants and peaking plants will continue to run as normal. If COVID-19 is found at any of these facilities, the Company’s plan is to shut them down. RDF plant control rooms locked.

*Nuclear –*

Nuclear agreements in place for pandemic plan which includes sequestering not yet utilizing plan. If sequestered, considered at work the entire time and will be paid as per agreement. Nuclear engineers, planners and non-essential remotely working only coming to plant if needed. After per agreement, one and one-half times (1 ½) for all hours sequestered but not working.

When Operators, Radiation Protection and Chemistry Technicians on LOR training week, sent home with pay. Those that can are working from home. Daily phone conferences with Xcel.

Field Operations –

Xcel distribution business as usual. All power plant control rooms on lockdown and have mandatory temperature testing at all plants. Xcel is not sharing vehicles. Distribution side on-call agreement reached. Sequestered plan in place but not utilizing yet. Most cooperatives have ½ the crews at home and alternating weekly or biweekly.

*Gas Operations –*

Same as LU23 on gas side.

MOU’s/ LOA’s -
Local 953

Last Update (04/09/2020)

Primary Utility Employer Xcel

Other Utility Employers A dozen or more Cooperatives

Local Union Administration-

Rotating LU office staff and reps.

Field Operations – Xcel does not appear to be eager to divide crews and send anyone home. They have staggered start times and reporting locations.

Electric Operations –

Covered by LU23 & 949 at Xcel.

One cooperative with 4-week plan and other 8-week plan, splitting line crews in ½ and sending one half home for 2 weeks with pay. Rotating every 2 weeks. Some cooperatives stepping up. Dairyland starting to stagger start, break and end times. Other places starting to not report into service center, either outside service center, take trucks home or report to substations. More Coops doing the same as above.

Dairyland Power Cooperative (Generation): has split maintenance crews in half, half at home for 2 weeks. Operators- have taken one individual off of each crew and sent home, they are considered a reserve crew. Genoa plant operators rotate every 2 weeks. JPM plant reserve crew will be home for a month.

COVID Cases – One at manufacturing plant, not tested but suspected by doctor to be positive.

MOU’s/ LOA’s – Just forwarded you 4 Xcel LOA’s and 2 DPC.
Local 965
Last Update (04/09/2020)

Primary Utility Employer
- Alliant Energy

Other Utility Employers
- Central Wisconsin Electric Cooperative
- Richland County Electric Cooperative
- Rock County Cooperative
- Adams Columbia Electric Cooperative

Local Union Administration-
Closed office to foot traffic. Offered office admin to work from home.

Generation –

Fossil –

Generation varies. Most of Edgewater plant is home because the plant is offline, reporting back on the 27th. Columbia in Portage has crews split in ½ and working every other week, crew at home not missing pay. Our gas plant has two facilities and the groups are dedicated to each facility and not to cross lines unless there is an emergency. The company has a sequestering team, but we have not been discussing with them in any detail yet. They also have been given laptops to do online training and access to meetings. Our hydro groups are only to work with the specific hydro group they are assigned too rather than float between facilities, but they are showing up every week. Wind has plan to work in specific isolation groups until COVID passes.

(Dispatch group is working with less people and having the other half of the group stay home without loss of pay. This is on a rotation)

Field Operations –

Travel between facilities
- Only if business necessary
- If need arises need to social distance and minimize contact.
- Call ahead if necessary

Field Employees (gas, line and electricians) have all been working in isolated groups and bringing trucks home to start and end their day. During call outs they are only to take calls with those they work with during the day. If anyone needs material from the buildings they are to
make appointments and make as little impact as possible, for example contacting the store keeper and having them put material outside for them to pick up. Everyone is also still supposed to practice social distancing while working together. Some of the recent issues that have been addressed are employee/customer contact due to gas relights. To minimize that exposure Alliant has put all projects on hold that will cause customer interruption and put safety measures in place if they are to enter a customer home. All other construction and maintenance seems to still be going on so long the crew can accomplish the staff it has, this seems to be a sticking point with members as they want to know what is essential work.

Electric Operations –

**Alliant Energy** Line groups are working as smaller crews and only taking calls with crew members they work with during the day, which is an exception to our call-out practice, but day to day work is business as usual. All techs are taking trucks home to start and end their day, including weekends.

Central Wisconsin Cooperative: Crews are all working from home with a truck. They are assigned to a two man crew and only 2 person jobs. If they are to report to the shop for material they are only entering 1 at a time and sanitizing anything they come in contact with. The technical group is working 4 hour staggered start days and the other 4 hours from home and isolating as much as possible with the salaried group is doing the same. If they do develop symptoms they have to use their own available time off (vacation or sick) or request unpaid time off for the moment.

Richland Electric Cooperative: Every lineman has a truck at home and working alone. If they need tools they sanitize in and sanitize out at the building. As of right now if they do get sent home for COVID reasons the GM has gave word it wouldn’t affect the employees PTO and they would extend the families first rights as long as the staffing levels would allow, right now nothing in writing just verbal. [https://www.youtube.com/watch?v=UuIohqberGE](https://www.youtube.com/watch?v=UuIohqberGE) here is a Video of his update today, very interesting if you have time.

Rock Energy: Crews split into two groups and staggering start times to avoid contract. No report on them getting separate COVID-19 time.

Gas Operations –

**Alliant Energy** Gas is on the same call-out process as line and same for trucks home. They have limited all non-essential work that would require members to enter customers home. Also have a document and PPE for those who need to enter homes. Still working on solid plan if customer has COVID and how to handle that.

Gas, Line and Service Field workers
- Isolated by keeping them out of the buildings
  - Call in to have materials picked and ready in the yard
  - Take truck home
    - If rain or lack of work remain at home and will contact them on when/where
- Respond to emergencies
  - Keep distance from coworkers and customers
  - Wear gloves and mask if necessary
  - Get service orders electronically

**Clerical –**

Office, clerical, engineering
- **Most are working** from home if possible
- Separating non essential workers from essential workers
- Social distance workstations if at building
- Avoid contact with customers and other employees
- Facilities stop allowing external visits including most contractors
- Have allowed flexible schedules, use of sick time or vacation to deal with children not at work
- Issue with not having enough licenses to allow computer work at home
- Conference call equipment has become overwhelmed.
- Phone lines are overused stopping some calls.

Dispatch still working at office with limited staff and the others working from home. No talks of sequestering yet for this work group that I’m aware of.

Our Dispatch is still reporting to the dispatch center because the technology is not available. They have reduced the required amount that need to report and assigned some at home work to minimize exposure without loss of pay.

Call Center ½ working at call center the other ½ staying home

All engineers and office employees are working from home as well as our call center on a rotation on who works from home and reports with no loss of base pay.

**General –**

Several processes at Utility
All employees returning from out of country, cruises or certain US regions
- 14 day isolation
  - Cannot have contact with co workers or go to Alliant work areas

Someone reports illness
- Home sick
- If possible related to Corona Virus require negative test for return
- Company expanded health care for no cost Corona Virus testing
- Company Provided 80 hours of COVID sick leave.

Lots of other things going on but these are the highlights. Changes every day.
We were able to get 80 hours paid by the company

call center is now well isolated and 1/2 staying from home not missing pay on a rotation

Anthem Healthcare has said they will cover any COVID test 100%

Alliant is talking about implementing a STD plan for employees who have pre-existing conditions to stay home during pandemic to receive 60% of base pay. Nothing final yet

Continuing discussions with Alliant. Essential/non-essential still issue. Alliant managers working with steward on schedules. Essential vs non-essential continues to be issue. Most difficult situation is entering homes, new procedure going out, assured by President of company that concerns will be addressed.

COVID Cases –

No + cases.

MOU’s/ LOA’s –

None
Local 1393

Last Update (04/09/2020)

Primary Utility Employer

Duke

Issue with Duke Energy not defining essential work. Crew staggered start times, company violating agreement on OT callouts, etc. Still replacing poles tagged for 2 years. Duke offered $1500 stipend to all employees making $30 or less. Gave 5 days with pay for dependent care. Gas side still having issue with going into homes. Customers asked questions regarding potential virus from dispatchers then Senior VP has to approve response to home if having symptoms.

Other Utility Employers

Hendricks Power-FOX: Field Operations – Employees placed in groups and report from home doing same type of work and same group called out together afterhours. General – No issues as far with Company. Employers working well with LU. Starting negotiations April 20, 2020. 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Central Indiana Power-FOX: Field Operations – Working in 2 groups 6 guys each 2 guy’s one truck. One group Works Mon/Tue/Wed Other group Thur/Fri. Then flip flop next week. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

RushShelby Energy-FOX: Field Operations – Group Working 2 days other group works 3 days then flips next week all with pay. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Decatur County REMC-FOX: Field Operations – Group works Mon and Wed other crew works Tue and Thur all with pay. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Connersville Utilities-FOX: Field Operations – All employees home with pay except water plant only one employee and 2 employees at sewer plant. Responding to emergency calls only in field. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Southeastern-FOX: Field Operations – Employees age 50 or over sent home with pay with 1/2 employees work mon/tue other 1/2 work wed/thur then off Friday with pay. Keeping same crews together. General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Vectren Energy-FOX:
Field Operations – Employees home based or given take home truck report to job site doing same type of work but will wear Haz Mat suit on known cases in customer house. Meter Shop employees on split weeks all hours paid.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Whitewater Valley-FOX:
Field Operations – Working on 3- groups each group works one week and then other group works other weeks. Until all groups work at least one week. All with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Bartholomew County REMC-FOX:
Field Operations – Employees at home with pay set up with call crew and if needed they call them 7:30am-4pm but use afterhours crew.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Clark County REMC-Cochran:
Field Operations – Employees placed in groups of 3. Linemen report 1 day per week and alternate between all Linemen. All others stay home and respond in emergency. Linemen on Service Watch stay home and cover after hour’s emergencies.
General – No issues as far with Company. Warehouseman does not feel its right that he has to report 2-3 days a week when Linemen report 1 day a week. All being paid 40 hours per week. 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Henry County REMC- Cochran:
Field Operations – Linemen split up into groups of 2. working with 2 standby groups each on call 48 hours. Emergency work only. All others stay home with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

WIN- Cochran:
Field Operations – Linemen Working 2 man crews with 2 crews per day. Alternating with other Linemen. Group works 3 days one week then 2 days the next week all with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Harrison County REMC:
Field Operations – Linemen split up into groups of 2. Working with 2 standby groups each on call 48 hours. Emergency work only. All others stay home with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

UDWI REMC- Cochran:
Field Operations – 2 Duty Crews per week consisting of 2 Linemen in each crew. Rotate every week. All others stay home with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Hoosier Energy-Cochran:
Generation - Working skeleton crew in plant 12 hour shifts with all other employees at home with pay. Volunteers to work the 12-hour shifts work a 2-week rotation then change. Volunteers solicited by the overtime list.
Field Operations – Line and Substation employees all working at 50% staffing on a 2-week rotation. Those working are working from home if they so choose. Those at home for their 2-week rotation are being paid regular pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

IAW State- Cochran:
Field Operations – All employees still working as normal although no routine work. Employees are separated with an assigned “work buddy” which is the only one they can work with if necessary. Encouraged to respect social distancing. They do have a plan in place to keep people at home if it goes to the next level. Not sure what would constitute that.
General – 0 confirmed cases, 1 (Johnson County) quarantined. Hazard pay discussion- NO

IAW Seymour- Cochran:
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Marshall County REMC- Gardiner:
Field Operations – Field operations- 3 men per crew, keeping crews away from each other.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Jay County REMC- Gardiner:
Field Operations – Field operations- 2 men per crew, crews working 4.5 hours per day, staggering start times.
Clerical – Working every other day with front office closed.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Fulton County REMC- Gardiner:
Field Operations – Working as normal.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Heartland REMC- Gardiner:
Field Operations – Working from home, doing outages only.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Kosciusko County REMC- Gardiner:
Field Operations – Staggering start times by 45 mins.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Duke Energy-FIELD WILSON/Generation KOLB:
Generation – Doing social Distancing and same as today. Lock down control rooms.
Field Operations – Business as usual other than the company is violating the CBA by not going by the overtime call out list on after hours call outs. Mechanics and storeroom staff have been split into two groups and are working separate shifts. All serviceman are working from home
until an emergency ticket comes in. Meter techs are working from home until tickets come in as well.

General – In the middle of negotiations that have been suspended for the time being. The company has not worked well with the Union addressing concerns and continues to violate the CBA to push their own agenda.
0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

**Carroll White REMC-WILSON:**
Field Operations – Guys are taking trucks home and are supposed to limit their time at the office other than that it is basically business as usual.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

**Logansport Utility-WILSON:**
Field Operations – Group Working 2 days other group works 3 days then flips next week all with pay.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

**Johnson County REMC-WILSON:**
Field Operations – The work groups have been adjusted to staggered start times. The membership has been given additional days off for sickness only if needed. No other changes have been made it is business as usual.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO
*One members wife tested positive for Covid-19 at this location*

**South Central Indiana REMC-WILSON:**
Field Operations – Split into two groups half are furloughed and still receiving full pay others are at work during normal hours practicing social distancing. They are changing groups that are furloughed every three weeks.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

**LE Myers Shop-JENNINGS:**
Field Operations – Adjusted 4 day schedules so everyone has different day off through the week.
General – 0 confirmed cases, 1 quarantined. Hazard pay discussion- NO

**Asplundh Tree-JENNINGS:**
Field Operations – Staying in small groups. Trucks have antibacterial sprays and wipes and rubber gloves to use while fueling trucks.
General – 0 confirmed cases, 1 quarantined. Hazard pay discussion- NO

**Daviess-Martin County REMC-KOLB:**
Field Operations – Keeping three employee’s home with pay, to prevent expose. Not currently doing any non-essential work.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion-NO

**Orange County REMC-KOLB:**
Field Operations – Management has split everyone into three crews. All crews are working but are being kept apart from each other. Management has been working well with our members so far.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion-NO

Southern Indiana Power-KOLB:
Field Operations – Management has split everyone into three crews. Each crew works one week out of three. The two crews that are off are getting paid forty hours a week and are expected to be available in case of an emergency. The crew that is working that week is covering watch.
General – 0 confirmed cases, 0 quarantined. Hazard pay discussion- NO

Local Union Administration-
Office closed, entire staff working remotely. No confirmed cases.

Generation –
Fossil –
Nuclear –

Field Operations –
Electric –
Gas –

Clerical –
General –

Duke Energy has agreed to one year agreement at 3.5% increase. So we are voting now.

COVID Cases –

MOU’s/ LOA’s -
Local 2150

Last Update (04/9/2020)

Primary Utility Employer

Other Utility Employers

Local Union Administration-

All clerical staff working from home, Business agents working from home, bookkeeper coming in 1 day/week.

Field Operations –

Field and plant workers frustrated and anxious regarding performing non-essential work, sometimes shoulder to shoulder. Workers want more separation-working on this. 1 person per truck, can use personal vehicles.

Gas Operations –

Gas workers entering homes on emergency basis only, rubber or surgeon gloves were all that was previously issued. Company has issued N95 masks and is in the process of distributing Tyvek suits. Tyvek suits will be reused after being held out of service for 72 hours. If COVID-19 case in home, people in households must commit to leaving room. We Energies looking at a sequestering a couple groups (gas control) four days at a time not allowed to leave.

Generation –

We Energies Coal and Gas Plants – Identifying assignments/tasks that can be postponed. Critical tasks are assessed to limit exposure. More members working from home or spreading out at the plants.

Reviewing safe harbor emergency action plans location by location.

Starting discussion on sequestering plans-50% absenteeism is trigger, expect (not agreed) company to all hours at work paid. Nuclear –

Nuclear is on an outage, working on site, assessment on way in, if temp over 100.5 not allowed into plant.

Point Beach in outage. Checking temps and asking about cough or shortness of breath. Sending home on sick leave if symptomatic (we believe should be paid without charging sick time). Salaried members working from home to the extent they can. Company has Pandemic plan re: sequestering; hard to get anyone to talk because of outage. First 2150 location positive test at gas fired plant today, member of IUOE, not sure of effects on IBEW members there.

Nuclear out of outage, doing very little to address virus during outage.
General –

We Energies not holding attendance related to COVID19 against employees for 14 days. Working from home and flexible hours, ok if voluntary by employee. An 80-hour bank has been established for COVID related absences including childcare and exposure. Only paying full wages for quarantine if occupational exposure. We Energies did have a customer identify as COVID-19 (thought they had it, not sure if confirmed).

Meeting daily with WEC, tough to get answers.

Two members tested + (1 from 2150;1 from 420). Two members not tested but are doctor diagnosed. Multiple members quarantined waiting for test results of a family member. Results go to local health dept. Company has not figured out when employees will be quarantined.

Struggling with essential vs. non-essential work, company giving loose guidelines that it may be ok to work within 6ft at 10-minute intervals. Having issues communication with WEC management though this process.

We Energies is in the process of distributing surgical masks to everyone working on site. Use is currently voluntary.

We Energies agreement on 80 hours sick leave that doesn’t count toward other sick leave. Biggest issue is performing non-essential work.

We have not established pay/benefits parameters for anyone being sequestered per the emergency action plans.

Hazard Pay – Clarity given during conference call on 4/9/2020

COVID Cases –

2+ cases, 1 power plant, 1 service center, 1 Supply Chain

MOU’s/ LOA’s -

Local 2304

Last Update (04/09/2020)

Primary Utility Employer
Madison Gas and Electric

Other Utility Employers

Local Union Administration-

Field Operations –
Electric split into two groups. 1 group stays home (fit for duty during the workday) the other reports to work, business as usual for the most part when crews are at work.

Gas not doing non-essential work, but still doing PSC work that doesn’t require customer contact. No gas workers at home on standby.

Had one situation with a customer positive with COVID, employee called supervisor who did gas leak investigation in full hazmat style suit with respirator.

First responders are not suiting up, not allowing to report from home. Staggering start times for almost everyone and alternate reporting sites, reporting to substations.

MG&E on sending ½ home week at a time on electric side, not on gas side. No lost pay from anyone send home. Working on separating individual crew members and using personal vehicles on a voluntary basis.

Crew trucks trying to stay with same people.

Facilities Management Department also on a 50/50 at work/home shift.

Electric Meter Shop Technicians taking their trucks home and reporting directly to job sites.

Generation –

Fossil –
Power plant talking of sequestering employees. Generation-50/50 (mechanics/electricians) at home, standby or work. Operators currently working normal shifts. Keeping all out of control room except operators.

Talks with company on sequester plan for dispatch and generation starting this week.

Temporary power being installed for possible campers on site.

Clerical –
Dispatch Center locked down, talks of splitting into 4 groups indefinitely working together.
Discussion on sequestering for dispatch office and electric production. Ordering sequester essential equipment.

**General** –

Agreement on additional 80 hours of COVID-19 related absence as well as additional flexibility of existing sick leave to care for loved ones who may be ill, out of school, other reasons.

Struggling to get communication/documentation from MG&E but working on agreements.

**COVID Cases** –

**MOU’s/ LOA’s** -
IBEW® Utility Agreements
COVID-19 Policies and Guidelines
Overtime

IBEW Eleventh District

- IBEW Local Union 1439 and Ameren Missouri – Special Overtime Agreement
Special Overtime Agreement
Between Ameren Missouri and
Local Union No. 1439 I.B.E.W.

This Special Overtime Agreement is entered into between Ameren Missouri, and IBEW, Local 1439.

1. Based on Ameren's business needs and the nature of the work, while the Company is addressing COVID-19, the Company may separate various work groups (i.e. Underground, Relay, Substation, Overhead, Meter and others as required) into multiple overtime groups based on temporary reporting locations (job sites).

2. Overtime will be rotated between these temporary groups within their department. Insofar as practicable, all overtime work shall be distributed equally.

3. All other conditions remain unchanged per other overtime agreements under the Labor Agreement.

4. This Agreement is made on a non-precedent setting basis and is for the duration of actions taken by the Company to address COVID-19. Further, the Company will notify employees when operations are such that this agreement is no longer in effect.

Agreed:

For the Company:

Jay Quattlebaum
Manager, Labor Relations
Ameren Missouri

For the Union:

Jeremy Pou
Business Manager
Local Union No. 1439, I.B.E.W.

3/16/2020
3/16/2020
IBEW® Utility Agreements
COVID-19 Policies and Guidelines
Policy / Plan

**IBEW Third District**

- IBEW Local Union 29 and Brunot Island – Pandemic Event Escalation Plan
- IBEW Local Union 29 and Cheswick – Pandemic Event Escalation Plan
- IBEW Local Union 29 and Energy Harbor – Corporate Pandemic Response Plan
- IBEW Local Union 29 and Energy Harbor – Nuclear Pandemic Response Plan
- IBEW Local Union 97 and PSEG Services Corporation – Fossil COVID-19 Sequestration Plan

**IBEW Fourth District**

- IBEW Local Union 32 and Co-Op – Policies
- IBEW Local Union 70 and Pepeo Holdings – Letter
- IBEW Local Union 317 and Big Sandy RECC – Outside Personnel Action Plan
- IBEW Local Union 317 and Frontier Communications – Operations Guide
- IBEW Local Union 317 and Grayson RECC – Plan for Catastrophic Medical Events
- IBEW Local Union 1701 and Big Rivers Electric – Reporting and Disinfecting Procedure
- IBEW Local Union 1701 and Big Rivers Electric – Endorsement Letter
- IBEW Local Union 1701 and Big Rivers Electric – FFCRA Memorandum

**IBEW Fifth District**

- IBEW Local Union 765 and Tennessee Valley Authority – Nuclear Business Continuity Plan
### IBEW Sixth District

- IBEW Local Union 31 – COVID-19 FAQ’s
- IBEW Local Union 196 and City of Rock Falls – Split Shift Memorandum (Electric)
- IBEW Local Union 196 and City of Rock Falls – Split Shift Memorandum (Sewer)
- IBEW Local Union 196 and City of Rock Falls – Split Shift Memorandum (Street)
- IBEW Local Union 196 and City of Rock Falls – Split Shift Memorandum (Utility)
- IBEW Local Union 196 and City of Rock Falls – Split Shift Memorandum (Water)
- IBEW Local Union 196 and Rockford Mass Transit District – Letter
- IBEW Local Union 965 and Alliant Energy – Entering into Homes
- IBEW Local Union 965 and Alliant Energy – Paid Leave Policy and Cooperative Updates
- IBEW Local Union 965 and Central Wisconsin – FFCRA Memorandum
- Honeywell Salisbury – Advice for Washing for Honeywell Salisbury PPE

### Asplundh

- Asplundh – Coronavirus Safety Policy
- Asplundh – Health Resources

### NextEra Energy

- NextEra Energy – Nuclear FAQs Regarding Antibody Testing
- NextEra Energy – Screening Consent Form and Waiver

### Nuclear Regulatory Commission (NRC)

- NRC – Exemption Letter
- Nuclear Work Hour Rules (NRC Approved)
3/14/20 – Temporary Enforcement Guidance – Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak

4/3/20 – Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic

4/3/20 – Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic

4/8/20 – Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic

4/16/20 – Discretion in Enforcement when Considering an Employer’s Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic

4/24/20 – Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic

5/19/20 – Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

5/19/20 – Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)
Brunot Island Generating Station Pandemic Event Escalation Plan

Rev 2, 3/25/2020

1.0 Definitions:

Level 1: Government Declaration of Non-Essential Business Shutdown, or by GenOn Management decision.

Level 2: Government Declaration for Local Quarantines and an Order for Shelter-In-Place for Non-essential Businesses, or by GenOn management decision.

Level 3: Elevated Local infection rate and/or 1 or more station employees test positive for virus, and or Government Declaration for Essential Businesses to Shelter-In-Place, or by GenOn management decision.

2.0 Staffing Plans:

Level 1: In Reserve: No change from normal station reserve shutdown staffing:

- No vacancies are filled with OT until the operations staff drops below 2 PPT’s, working normal schedule.
- O&M Mgr. works as normal.

Unit Operating: No change from non-coma operations staffing

- Vacancies are filled with OT to maintain 3 PPT’s on shift, working normal schedule.
- O&M Mgr. works as normal.

Level 2: In Reserve:

- 1 PPT working normal schedule, rotate who is on site/home every week.
- O&M Mgr. works from home, comes to site as needed.

Unit Operating: No change from non-coma operations staffing

- Vacancies are filled with OT to maintain 3 PPT’s on shift, working normal schedule.
- O&M Mgr. works as normal.

Level 3: In Reserve:

- Station un-manned

Unit Operating:

- 6 PPT’s and the O&M Mgr. Reside at station.
3.0  Contingency and/or Modifications

Every potential scenario cannot be fully contemplated in advance. Plant management may be required to modify the plan depending on the particular circumstances at hand, potentially more or less aggressive than that laid out above. All employees are asked to be patient, considerate and cognizant of the need to make potentially disruptive and unpleasant modifications to work schedules given the essential nature of our business. Do not hesitate to call me at any hour with questions, concerns or suggestions.

Kevin P. Panzino
Kevin.Panzino@genon.com
724-640-0818 cell
1.0 Definitions:

Level 1: Government Declaration of Non-Essential Business Shutdown, or by GenOn Management decision.

Level 2: Government Declaration for Local Quarantines and an Order for Shelter-In-Place for Non-essential Businesses, or by GenOn management decision.

Level 3: Elevated Local infection rate and/or 1 or more station employees test positive for virus, and or Government Declaration for Essential Businesses to Shelter-In-Place, or by GenOn management decision.

2.0 Staffing Plans:

Level 1: In Reserve: No change from normal station reserve shutdown staffing:

- No operations vacancies are filled with OT until the operations staff drops below 1 CRO, 2 PPO’s and 1 SS per Shift.
- Chemists working as normal.
- Coal Yard/material handling, and maintenance normal schedule, however no vacancies are filled regardless of number out.
- Maintenance supervisor working normal schedule.
- Environmental/Safety Mgr., planning, clerk, and Engineer will work from home.

Unit Operating: No change from non-coma operations staffing:

- No operations vacancies are filled with OT until the operations staff drops below 2 CRO, 3 PPO’s and 1 SS per Shift.
- Chemists working as normal.
- Coal yard/material handling vacancies are filled to maintain 4 working normal schedule.
- Maintenance normal schedule, however no vacancies are filled regardless of number out.
- Maintenance supervisor working normal schedule.
- Environmental/Safety Mgr., planning, clerk, and Engineer will work from home, but will come in as needed
Level 2:

In Reserve:

- Reduce operations to 1 CRO, 2 PPO’s and 1 SS per Shift, working normal schedule, rotate who is on site/home every week.
- 1 Chemist, normal schedule, rotate who is on site/home every week.
- Reduce coal yard/material handing to 2, working normal work schedule, rotate who is on site/home every week.
- Reduce Maintenance to 2 Mech, 2 E/I, working normal schedule, rotate who is on site/home every week.
- Maintenance supervisor working normal schedule.
- Storeroom attendant works from home 4 days per week, and in-plant 1 day per week.
- Environmental/Safety Mgr., planning, clerk, and Engineer will work from home.
- Plant Mgr., Ops Mgr., Maint Mgr. will rotate 1 on site, 2 at home.

Unit Operating:

- Maintain operations at only 2 CRO, 3 PPO’s, and 1 SS per shift, working normal schedule. Rotate who is on site/home every week.
- 1 Chemist, normal schedule, rotate who is on site/home every week.
- Coal yard/material handing staffed at 4, working normal schedule, rotate who is on site/home every week.
- Maintenance staffed at 4 mechanics & 3 E/I, working normal schedule, rotating who is on site/home every week.
- Maintenance supervisor working normal schedule.
- Storeroom attendant works from home 4 days per week, in-plant 1 day per week.
- Environmental/Safety Mgr., planning, clerk, and Engineer will work from home, but will come in as needed.
- Plant Mgr., Ops Mgr., Maint Mgr will rotate 2 on site, 1 at home.
Level 3: In Reserve:

- Reduce operations to 1 CRO, 2 PPO per shift, working normal schedule, rotate who is on site/home every week.
- 1 Chemist, normal schedule, rotate who is on site/home every week.
- All other staff offsite, will come in if needed.

Unit Operating:

- Maintain operations at only 2 CRO, 3 PPO per shift, working normal schedule, rotate who is on site/home every week.
- 1 Chemist, normal schedule, rotate who is on site/home every week.
- Coal yard/Material handing maintained at 4, working normal schedule, rotate who is on site/home every week.
- No maintenance techs or storeroom attendant on site, will call out if needed.
- Ops Manager, Maint Mgr., Plant Mgr., 2 SS’s and maint. supervisor will reside at station.
- Environmental/Safety, and engineer, will come in as needed.

If local infection rate is very high and situation becomes critical:

- 3 CRO’s, 8 PPO’s, 4 material handlers, 2 Mech and 2 E/I will also reside at station.

3.0 Contingency and/or Modifications

Every potential scenario cannot be fully contemplated in advance. Plant management may be required to modify the plan depending on the particular circumstances at hand, potentially more or less aggressive than that laid out above. All employees are asked to be patient, considerate and cognizant of the need to make potentially disruptive and unpleasant modifications to work schedules given the essential nature of our business. Do not hesitate to call me at any hour with questions, concerns or suggestions.

Kevin P. Panzino
Kevin.Panzino@genon.com
724-640-0818 cell
Energy Harbor
Pandemic Health Emergency Response Plan

Approved by:
Darin Benyak 3/27/2020

Rev 2
# Table of Contents

1.0 Purpose .................................................. 1  
2.0 Background ............................................... 1  
3.0 Roles / Responsibilities ............................... 2  
4.0 Activation / Implementation ........................... 4  
5.0 Planning Assumptions ................................... 4  
6.0 Business Continuity Management ..................... 6  
7.0 Interfacing Critical Infrastructure Sectors ........... 6  
8.0 Health Emergency Planning Stages .................... 7  
9.0 Preventive Management Strategy ...................... 10  

Attachments  
1 – Commonly Used Pandemic Terminology .................. 13  
2 – Health Emergency Planning Stages ..................... 15  
3 – Corporate Pandemic Actions ............................ 16  
4 – Communication Plan .................................... 26  
5 – Preventive Health Care Guidance ....................... 28  
6 – Self-Screening Guidance ............................... 30  
7 – Suspected Pandemic Case Flowchart .................... 32  
8 – Human Resources Frequently Asked Questions (FAQs) .. 34  
9 – Sample Letter on International Travel ................ 37  
10 – Example Incident Response Checklists ................ 38  

Nuclear Generation Pandemic Health Emergency Response Plan  (separate document)  
Fossil Generation Pandemic Health Emergency Response Plan  (separate document)
1.0 PURPOSE

The Energy Harbor Pandemic Health Emergency Response Plan (Corporate Plan) serves as the Corporate Pandemic Plan to guide actions related to a pandemic illness. The purpose of the Corporate Plan is to:

- maintain essential functions despite sustained absenteeism;
- provide for the health and welfare of employees;
- prepare for and mitigate any adverse impacts of any health-related emergencies including a possible pandemic; and,
- provide adequate communications on pandemic preparedness and response activities to all employees and their families as it relates to health emergencies.

2.0 BACKGROUND

A pandemic occurs when an infectious disease causes a global outbreak of serious illness. Pandemic-related terminology can be found in Attachment 1. Because there may be little natural immunity to the disease, it may spread easily from person to person, and have a higher mortality rate than a seasonal flu. Health professionals are concerned that the continued spread of a highly pathogenic virus could represent a significant threat to human health if it spreads easily between humans.

Concerns about a human pandemic can occur under any of the following conditions:

- The infectious disease is especially virulent.
- It can be transmitted between animals and, in some circumstances, to humans.
- Transmission to humans occurs through contact with infected animals.
- Transmission occurs through human-to-human contact.

2.1 Health Guidance

Both domestic and international industries look to the World Health Organization (WHO) for pandemic guidance. The WHO provides information globally via internet on various pandemic developments. Also, important information on U.S. pandemic developments is provided by the Centers for Disease Control and Prevention (CDC).
2.2 Pandemic Threat

The threat of a contagious disease or other health emergency to business continuity needs to be carefully considered. It is different from most other threats for the following reasons:

- Worldwide Impact

A pandemic disease could circle the globe rapidly and cause millions to become ill, seriously straining healthcare systems and affecting the ability of government and the private sector to provide essential services. Outbreaks could occur simultaneously throughout much of the nation, preventing reallocation of human and material resources.

- Duration

A pandemic would likely severely disrupt operations for six-to-eight weeks. Some level of fear would spread through the population prior to the actual outbreak and the actual "sickness" period would be a full week for many individuals. This would then be multiplied as the illness worked its way through the population. A virus could mutate leading to multiple cycles or waves of illness and absenteeism.

- Mortality

The predicted mortality rates can vary significantly. Even a low-end mortality rate would cause severe disruption for employees who lose family members and friends. Influenza mortality rates are usually much higher in young children, the elderly and individuals weakened by other illnesses such as tuberculosis, diabetes, cancer and HIV. However, the variability of mortality is difficult to predict in a pandemic disease.

When a pandemic occurs, the optimum defense is to protect as many healthy employees as possible until immunization against the disease can be developed or until the transmission of the disease subsides.

3.0 ROLES / RESPONSIBILITIES

This Plan provides Corporate roles and responsibilities. Refer to the plans for Energy Harbor Nuclear and Energy Harbor Generation for responsibilities applicable to the nuclear and fossil business units.

3.1 President and Chief Executive Officer, Energy Harbor

Responsible for activating and deactivating the Corporate Plan

Has final determination of entry to Stage D of the plan
Act as the Corporate Incident Commander

3.2 **Leadership Council**
Act on behalf of the President and Chief Executive Officer in his absence
Lead Business Unit implementation of pandemic-related activities

3.3 **Corporate Pandemic Plan Manager (PPM)**
Maintain, coordinate, test, train and ensuring readiness to execute the Corporate Plan
Communicate the plan status to the President and Chief Executive Officer and the Leadership Council
Maintain overall command and control of the Corporate Plan and related activities during a pandemic event
Oversee, monitor and report on the Corporate response activities
Ensures supplies, equipment, and other resources are available to support the Corporate response activities

3.4 **Chief Information Officer**
Ensure IT infrastructure is in place to support the number of employees expected to work remotely

3.5 **Vice President – Government Affairs**
Establish and maintain a Communications Plan to keep employees informed on pandemic-related matters

3.6 **Human Resources Director**
Interface with the President and Chief Executive Officer and the Leadership Council to address the needs of employees and their families that have been affected by the pandemic event
Ensure employee absences are tracked and daily statuses are provided
Secure professional services to address emotional and psychological concerns resulting from the pandemic event
Ensure adequate records are maintained to support a post-pandemic review
3.7 **Chief Financial Officer**

Perform assessments regarding the extent and duration of financial needs during a pandemic event

Document the financial impact of the event, if determined to be significant enough to track

3.8 **Employees and Contractors**

Follow proper hygiene and healthy lifestyle to minimize the chances of getting an infectious disease

Report illness or potential exposure to an infectious disease

Support implementation of pandemic-related activities

4.0 **ACTIVATION / IMPLEMENTATION**

The authority to implement the Corporate Plan stages and related actions lies solely with the Energy Harbor President/Chief Executive Officer (CEO) or his designee. In accordance with standards found in the National Incident Management Systems (NIMS), the President/CEO will be the Corporate Incident Commander. If the President is unavailable for any reason, then the responsibility of activating the plan can be performed by any member of the Leadership Council.

Upon activation of each stage of the Plan, the PPMs for Corporate, Nuclear, and Fossil will be notified to begin implementation of the applicable section of their plans.

4.1 **Health Alerts**

Health alerts from the WHO, CDC, Department of Homeland Security (DHS) and state departments of health will be monitored and communicated to the President/CEO or designee.

4.2 **Validation of Alert**

Based on the Health Emergency Planning Stages (Attachment 2), once the appropriate alert has been confirmed, the President and Chief Executive Officer or designee will engage the Leadership Council to make the decision to validate the health emergency and/or alert and determine a course of action which could include activating the Pandemic Health Emergency Response Plan.
5.0 PLANNING ASSUMPTIONS

The following assumptions are meant to provide situational planning parameters and business continuity planning for a pandemic:

1. The timing of the outbreak of a pandemic remains uncertain.

2. Once human-to-human transmission of an infectious disease begins, the disease could spread worldwide within three to eight weeks.

3. Infection rates could exceed 25 percent in an affected population and infected employees may be very ill for up to two weeks or more if complications occur. Time periods away from work will depend on family situation and recovery.

4. There may be multiple waves of the pandemic, each lasting six to eight weeks.

5. Absenteeism rates for employees could approach a peak of 40 percent over several weeks.

6. Experience with past pandemics has led the U.S. Department of Health and Human Services to conclude mortality rates among infected persons could approach two percent of the general population.

7. Persons who contract the disease are not expected to contract it a second time due to the development of immunity. However, if the disease mutates substantially, there may be recurrences in individuals who were previously ill.

8. Personnel and business processes will need to be managed differently to maintain essential business functions and to minimize the spread of the disease.

9. Not enough vaccine will be available for the entire population. There may be no vaccine in the early stages and then limited quantities for select population subsets.

10. Preventive courses of antiviral medicine are the preferred strategy.

11. Accurate and timely information distribution to employees, labor organizations and government will be imperative.

12. Nuclear and Fossil power plants have existing plans for continued operations with limited staff. This guideline is a complement to those plans.

13. Current Human Resources policies will remain in effect and are flexible enough to support a health emergency.

14. Economic impact of the pandemic will affect all business sectors and services will be limited.
6.0 BUSINESS CONTINUITY MANAGEMENT

Business Continuity Management (BCM) provides for the development of strategies and courses of action which allows all business units to execute their processes at an alternate location if the current site is compromised. BCM was used in the development of Energy Harbor’s pandemic strategy.

The BCM approach is comprised of the following elements:

Risk Assessment – identifying and prioritizing threats and failure scenarios vulnerable to Energy Harbor.


Strategy Design and Implementation – focuses on the mitigation of threats, risks, exposures and impacts to a satisfactory level.

Plan Documentation – documenting response, recovery and restoration procedures to enable effective business continuity operations.

Testing – validating and continuously improving business continuity strategies and plans.

Training and Awareness – increasing knowledge regarding business continuity operations, both in terms of response/recovery team members, as well as employees in general.

Compliance Monitoring and Audit – establishing compliance with internal and third-party business continuity standards.

7.0 INTERFACING CRITICAL INFRASTRUCTURE SECTORS

The U.S. government has identified 13 Critical Infrastructure and four Key Resource sectors. Pandemic response plans should be coordinated with the appropriate interfaces in these sectors. Other sectors may also be needed depending on local conditions.

7.1 Critical Infrastructure

This supports the production of essential goods and services, interconnectness and operability, public safety and security for a strong national defense and thriving economy, including:

- Chemical and hazardous materials – deliveries of hydrogen, nitrogen, hydrazine, ammonia and other required chemicals
- Banking and Finance – private-sector firms and financial trade associations
Energy Harbor Pandemic Health Emergency Response Plan

- Emergency Services – fire, rescue, emergency medical service and law enforcement
- Energy – electric power and grid stability, oil and natural gas if required
- Food and Agriculture – distribution of goods and services
- Information Technology – cyber security
- Postal and Shipping – daily deliveries of vital components and supplies
- Public health – state and local health departments, hospital and health clinics
- Telecommunications – telephone and internet
- Transportation – movement of supplies
- Water – for human consumption and operation of plant systems
- Government – continuity of systems
- Defense Industrial Base – protect nation’s critical infrastructures

7.2 Key Resources

Facilities, sites and groups of people whose destruction or ability to operate properly could cause large-scale injury, death or destruction of property and/or profoundly damage our national prestige and confidence, which includes:

- Government Facilities
- Dams
- Commercial Facilities
- Nuclear Power Plants

8.0 HEALTH EMERGENCY PLANNING STAGES

The Health Emergency Planning Stages (Attachment 2) describe the actions to prepare for a pending pandemic. An overview of these stages is described below. Corporate actions at each planning stage are contained on Attachment 3.

A series of checklists have been developed for use during a pandemic event. It is expected that these checklists will need to be altered based on the specifics of an outbreak to ensure the most appropriate response. Attachment 10 contains examples of these checklists.
8.1 Annual Preparatory Actions

Influenza viruses can cause a mild to severe respiratory illness. Seasonal flu activity can begin as early as October and last until as late as May. The Centers for Disease Control and Prevention (CDC) estimates that the flu was associated with nearly 49 million illnesses, more than 22 million medical visits, nearly one million hospitalizations, and nearly 80,000 deaths in the U.S. It is important to take steps annually to encourage seasonal vaccinations and inform employees on the actions to take to prevent the spread of flu.

8.2 Stage A

This stage is entered when human infection has begun with a disease outside of the U.S. The disease can be a new strain or recurrence of a known illness with a higher rate of infection. Monitoring of available information on confirmed outbreaks from the World Health Organization (WHO) and the CDC begin and continue throughout the subsequent stages. Communication with employees focuses on the illness, means to prevent its spread, and existing pandemic plans. The need for international travel restrictions is also considered for company travel. While there may not a direct impact to employees or the company at this stage, there may be indirect impacts such as disruption of goods and services from international suppliers. Consideration is given to ordering supplies, equipment, or other resources that may be needed if the conditions worsen.

8.3 Stage B

Confirmed clusters of the infectious disease outside of the U.S. results in escalation to Stage B. Human-to-human transmission is the likely driver to the spread of the illness. Available information on the illness as well as actions to be taken by employees and the company is published. Travel restrictions are re-evaluated and further actions taken if appropriate which will also consider recommendations for employees to disclose their personal international travel plans. Information Technology (IT) begins to prepare the company network for many remote users in case a “work from home” policy is instituted. The company will pursue medication to address the illness, if available.

8.4 Stage C

Once an illness reaches the U.S., it will be difficult to prevent its entry into the areas near company locations. Escalation to Stage C occurs when the illness spreads and clusters of the outbreak are present in states outside of those where company facilities are located. Critical positions are identified and minimum staffing plans are established for continuity of business. Plans are also prepared for essential services considering the potential impact of the outbreak, such as mail delivery and important commodities and supplies. Non-essential travel should be limited.
8.5 Stage D

Widespread infection in states where company facilities are located triggers Stage D. Entry into Stage D requires the authority of the Chief Executive Officer. A policy is established to allow employees with functions that can be performed at home to work remotely. Infection control measures are established at each company facility. Self-screening and social distancing are implemented, and alternatives are sought to group meetings. Use of common areas such as conference rooms, lunch areas, and break areas is limited. Visitors to company facilities are restricted to those essential for continuity of business. If the company was able to obtain medicine to address the illness, distribution commences. Employee assistance is made available for employees and their family members who may be sick. Travel between company facilities should be limited.

8.6 Stage E

Upon confirmed transmission inside a company facility or among employees at the facility, Stage E is entered. Stage E is evaluated and entered based on conditions at individual company sites or facilities and not companywide. The affected facility’s operations are limited to critical business functions and concentrated infection control measures are implemented. The applicable governmental agencies are notified of the situation. Employees that are considered a medium or high exposure risk, based on CDC criteria provided for the specific virus, may be directed to remain at home for the incubation period to ensure they are not infected.

8.7 Stage F

Stage F is the recovery period where the Company returns to normal operations and prepares for the next wave, if necessary. Deactivation of the Corporate Plan is the set of processes to re-establish normal operations and staffing levels to normal conditions following the downgrade of pandemic alert stage and subsequent termination decision.

The authority to deactivate the plan and subsequent stages lies solely with the President and Chief Executive Officer or his designee. If the president is unavailable for any reason, then the responsibility of deactivating the plan can be performed by any member of the Leadership Council.

A pandemic is not like most natural and manmade disasters, it could linger for more than a year with multiple outbreaks. Overcoming effects from employees and their families’ illnesses and/or death could be a significant challenge. Below are some items that are considered during Stage F:

- Prepare for the next pandemic waves, if necessary
- Lift building restrictions and remove signage
Energy Harbor Pandemic Health Emergency Response Plan

- Address impacts from influenza-related illness and deaths
- Forecast costs and time to recover
- Widespread fear and grief will potentially cause long-term psychological trauma
- Assess and mitigate impacts of plant shutdown
- Communicate with customers, suppliers, and government recovery teams on potential challenges resulting from delayed plant restarts
- Maintain public and media relations

9.0 PREVENTIVE MANAGEMENT STRATEGY

Energy Harbor will implement a proactive Preventive approach to mitigate the impact of an infectious disease on its workforce. The program will consider the distribution of antiviral medication to all employees, households and critical contractors if available. Any available medication will be administered in a timely fashion to prevent the onset of illness in our employees.

The program will consist of the following components:

1. **Acquisition** – It is assumed that any prescription medication to combat the infectious disease can only be purchased by pharmacies, wholesalers or physicians.

2. **Storage** – The medication, if available, can be stored and distributed by a third party or stored the medication at company facilities.

3. **Health Screenings** – Since medication will require a prescription, all recipients must meet with a physician. Health screenings for all employees (and households) will be provided at a company location or at a local network physician’s office. All health-screening programs include:
   - Communication – Pre and Post Program
   - Registration – Online registration/scheduling with eligibility verification
   - Education – Complete education on the infectious disease for all participants
   - Reporting – Customizable participation reports

4. **Distribution** – Distribution will be completed through a mail-order pharmacy. The medication can be distributed immediately or held until a later date.
5. **Prescription Renewal** – Unfilled prescriptions typically expire after six months to one year. If the medicine is distributed immediately, a prescription renewal process will need to be completed.

### 9.1 Health Screening Programs

#### 9.1.1 On-Site Programs

The on-site program, facilitated by an online/phone/fax registration system, involves physicians, along with an administrative support staff to screen each employee for contraindications to receiving medication. These programs will take place at company facilities.

#### 9.1.2 Program Enrollment/Eligibility

All eligible participants are instructed to register for the program (select a date/time) and complete their paperwork prior to the program. The paperwork consists of a prescription-related information, HIPAA Privacy notice, and a health history form. All registration information is entered in a database to facilitate reporting. Employee information can be verified against an eligibility file upon registration.

The screening assessment includes the verification of all required forms, a review of the program participant’s health history by a physician, the answering of any questions regarding medication or the infectious disease, and the writing of a prescription for the medication if medically cleared.

The medication will be distributed at a later date, via a mail-order pharmacy or on-site distribution plan.

#### 9.1.3 Off-Site Programs

Prescription programs can also be implemented at alternate sites other than company facilities. Off-site programs may occur for:

- employees who miss their program
- newly hired employees
- employees who are not located close to an on-site program

The selected physician company vendor can coordinate off-site programs at network offices.
9.2 On-Site Antiviral Dissemination Program Details

9.2.1 Registration

Employees will receive an email with a description of the program. The employee will be directed to a specific website or given phone number to register through the physician company vendor, along with guidance on completing the registration.
Antivirals: medications that act against the influenza virus, not vaccine.

Avian Influenza: also referred to as the bird flu, is a disease of birds (ducks, chickens, turkeys). Between 2003 and 2006 H5N1 avian influenza virus has infected millions of birds. Primarily, it is a disease of birds, a small number of people have also been infected after having close contact with birds.

Consumables: Minimum supplies needed immediately for the site over the course and duration of an eight-week pandemic period.

CDC: Centers for Disease Control and Prevention is the governmental lead responsible for the planning and response to pandemic influenzas

Efficacy: an index of the potency of a drug or disease treatment. Efficacy is the measure of the impact of a treatment, i.e., vaccine, under trial conditions (as opposed to the effectiveness which is its impact within the population).

Epidemic: an illness affecting or tending to affect an atypically large number of individuals within a population, community, or region at the same time

Epidemic period: the time span of an epidemic.

Exposure: coming into contact with the cause of, or possessing a characteristic that is a determinant of, a particular health problem.

Human-to-human transmission: refers to the ability of an infectious disease to be passed from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa) and some can be transmitted from human-to-human.

Infection control: a broad term used to describe a number of measures designed to detect, prevent and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, and use of personal protective equipment (PPE), prophylaxis, isolation and quarantine.

Infectious disease: an infectious disease or communicable disease is caused by the entrance of organisms (i.e. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted or passed by direct contact with an infected individual, their discharges (i.e. breath) or with an item touched by them.

Isolation: when sick people are asked to remain in one place (i.e., home, hospital) away from the other public until they are no longer infectious.

Influenza: an acute highly contagious respiratory virus disease that is characterized by sudden onset, fever, prostration, severe aches and pains, and progressive inflammation of the respiratory mucous membrane.
Pandemic: disease outbreak occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

Personal Protective Equipment (PPE): Basic necessities required to support the plan’s protective measures (i.e. masks, sanitizers and thermometer).

Prophylaxis: is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual to prevent illness before or after being exposed to an individual with an infectious disease.

Respiratory etiquette: good coughing or sneezing manners, is a one way of minimizing the spread of the viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the mouth when coughing, sneezing or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing or blowing their nose and then put the used tissue into the trash.

Recovery: Period when the Pandemic threat has subsided and activities are being conducted to return the station to a normal state of operation.

Seasonal influenza: commonly referred to as the flu, is an infectious disease. In the U.S., it usually occurs between December and March. The virus has the ability to change easily; however, there is enough similarity in the virus that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason, people are encouraged to get a flu shot each year.

Self-Screening: Process used by an individual at work and at home to monitor personal health by watching for early symptoms of a virus and or elevated body temperature.

Social distancing: is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Social distancing refers to the avoidance of gatherings with many people.

Trigger/Triggered: The term used to initiate or activate the appropriate plan section or set of activities.

Vaccination: a suspension of killed or attenuated organisms administered for prevention or treatment of infectious diseases.

Virulence: the measure of severity of a disease, expressed as the proportion of people with the disease who become extremely ill or die.

WHO: World Health Organization is responsible for monitoring global pandemic activities and communication the current pandemic phase and monitoring activities.
### Attachment 2, Health Emergency Planning Stages

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PANDEMIC ALERT PERIOD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An infectious disease has been detected and has infected humans overseas.</td>
<td>0 New domestic animal outbreak</td>
<td>3 Human infection(s) with a new subtype, but no human-to-human spread, or at the most rare instances of spread to a close contact.</td>
</tr>
<tr>
<td>A Confirmed outbreaks outside of the U.S.</td>
<td>1 Suspected human overseas outbreak</td>
<td>4 Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the infectious disease is not well adapted to humans.</td>
</tr>
<tr>
<td></td>
<td>2 Confirmed human outbreak overseas</td>
<td>5 Larger cluster(s) but human-to-human spread still localized, suggesting that the infectious disease is becoming better adapted to humans but not yet transmissible.</td>
</tr>
<tr>
<td><strong>PANDEMIC PERIOD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Confirmed clusters outside of the U.S.</td>
<td>3 Widespread human outbreaks in multiple locations overseas</td>
<td></td>
</tr>
<tr>
<td>C Confirmed clusters within the U.S. but outside of states where company facilities are located</td>
<td>4 First human case in North America</td>
<td></td>
</tr>
<tr>
<td>D Confirmed spread throughout the U.S., inside of states where company facilities are located</td>
<td>5 Spread throughout U.S.</td>
<td></td>
</tr>
<tr>
<td>E Confirmed cases inside a company facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Recovery and preparation for subsequent waves</td>
<td>6 Recovery and preparation for subsequent waves</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pandemic Phase: increased and sustained transmission in general population.
## Actions to be completed annually by July 15

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review/Update Corporate Plan</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>2. Encourage seasonal vaccinations through company-wide communications</td>
<td>HR Director Communications</td>
<td></td>
</tr>
<tr>
<td>3. Prepare pandemic information booklet to be made available to all employees</td>
<td>Corporate PPM Communications</td>
<td></td>
</tr>
<tr>
<td>4. Provide employee education for infection control measures, including a family plan</td>
<td>HR Director Communications</td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage A
Confirmed outbreaks outside of U.S.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monitor CDC and WHO websites for spread of the infectious disease and vaccine information periodically</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>2. Monitor travel health alerts and travel restrictions periodically</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>3. Update Leadership Council on the status of the outbreak and availability of a vaccine periodically</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>4. Develop a Communications Plan using the guidance in the Corporate Plan, Attachment 4</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>5. Publish pandemic-related topics in company-wide communications periodically</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>6. Consider establishing international travel restrictions for company business and discourage international travel for personal reasons; if an employee traveled to a location with a confirmed outbreak, utilize the Daily Screening Checklist to determine if access to company facilities should be restricted.</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>7. Identify and order supplies, equipment, and resources that may be required, including:</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>• Personal protective equipment (PPE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consumables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sanitation/sterilization equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cleaning supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ensure a PPM is identified for each corporate facility</td>
<td>Corporate PPM</td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage B
Confirmed clusters outside of U.S.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monitor CDC and WHO websites for spread of the infectious disease and vaccine information periodically</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>2. Monitor travel health alerts and travel restrictions periodically</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>3. Update Leadership Council on the status of the outbreak and availability of a vaccine periodically</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>4. Publish pandemic-related topics in company-wide communications periodically; include details on proper hygiene and development of a family plan</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>5. Establish international travel restrictions for company business and discourage international travel for personal reasons; if an employee traveled to a location with a confirmed outbreak, utilize the Daily Screening Checklist to determine if access to company facilities should be restricted.</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>6. Develop a method for reporting and tracking employee illnesses</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>7. Develop a protocol for handling employees who may have symptoms of the pandemic illness or have been exposed to an individual with symptoms of the pandemic illness (Corporate Plan, Attachment 7, provides a sample protocol)</td>
<td>Health Services HR</td>
<td></td>
</tr>
<tr>
<td>8. Develop a vaccination strategy if a vaccine is expected to be available (Corporate Plan, section 9.0 provides guidance)</td>
<td>Health Services</td>
<td></td>
</tr>
<tr>
<td>9. Consider procuring the items identified in Stage A (action 7)</td>
<td>Supply Chain</td>
<td></td>
</tr>
<tr>
<td>10. Assess the frequency that corporate facilities are cleaned to minimize the spread of disease and adjust as appropriate</td>
<td>Corporate PPM</td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage B
**Confirmed clusters outside of U.S.**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Develop strategies for functions performed by Corporate; include alternatives and contingency actions, if the functions cease to be performed</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>12. Develop a “work at home” policy during a pandemic outbreak</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>13. Confirm IT capabilities for many remote users in case a “work at home” policy is initiated</td>
<td>Chief Information Officer</td>
<td></td>
</tr>
<tr>
<td>14. Reevaluate IT Help Desk staffing and schedule</td>
<td>Chief Information Officer</td>
<td></td>
</tr>
<tr>
<td>15. Develop a means (e.g., webpage accessible on the internet) to communicate with employees in case a “work at home” policy is initiated</td>
<td>Chief Information Officer</td>
<td></td>
</tr>
<tr>
<td>16. Develop an Employee Information Hotline to convey information to employees in case a “work at home” policy is initiated</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Owner</td>
<td>Completion Date</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1. Monitor CDC and WHO websites for spread of the infectious disease</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>and vaccine information periodically; include state health districts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with confirmed cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Update Leadership Council on the status of the outbreak</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>and availability of a vaccine periodically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Direct employees to implement infection control measures using</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>the Corporate Plan, Attachment 5, as guidance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hand hygiene and respiratory etiquette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Social distancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Workplace cleaning and sanitization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Direct employees to begin Self-Screening (Corporate Plan,</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>Attachment 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Publish pandemic-related topics in company-wide communications</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>periodically; include details on infection control measures,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-screening, and illness reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Implement the reporting and tracking system for employee</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>illnesses identified in Stage B (action 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Implement the protocol for handling employees who may have</td>
<td>Health Services HR</td>
<td></td>
</tr>
<tr>
<td>symptoms of the pandemic illness or have been exposed to an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>individual with symptoms of the pandemic illness identified in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage B (action 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Expand travel restrictions to non-essential company business</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>travel within the U.S. and discourage any travel for personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reasons; if an employee traveled to a location with a confirmed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outbreak, utilize the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Owner</td>
<td>Completion Date</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Daily Screening Checklist to determine if access to company facilities should be restricted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ensure non-essential visitors (e.g., tour groups) are restricted from company facilities</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>10. Procure the items identified in Stage A (action 7), if not previously obtained</td>
<td>Supply Chain</td>
<td></td>
</tr>
<tr>
<td>11. For each company facility, ensure a roster of critical positions and minimum staffing plan is developed</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>12. Establish a method to track pandemic-related charges, including materials and supplies</td>
<td>Chief Financial Officer</td>
<td></td>
</tr>
<tr>
<td>13. Consider implementing the strategies for functions performed by Corporate identified in Stage B (action 12)</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>14. Implement the vaccination strategy if a vaccine is available</td>
<td>Health Services</td>
<td></td>
</tr>
<tr>
<td>15. Consider implementing the “work at home” policy identified in Stage B (action 13) and the means to communicate with employees at home identified in Stage B (action 16)</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>16. Activate the Employee Information Hotline identified in Stage B (action 17)</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Owner</td>
<td>Completion Date</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1. Monitor CDC and WHO websites for spread of the infectious disease and vaccine information periodically; include state health districts with confirmed cases</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>2. Update Leadership Council on the status of the outbreak and availability of a vaccine daily</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>3. Publish pandemic-related topics in company-wide communications periodically; include details on the “work at home policy” and the vaccine strategy</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>4. Implement the “work at home” policy identified in Stage B (action 13) and the means to communicate with employees at home identified in Stage B (action 16)</td>
<td>Leadership Council / Communications</td>
<td></td>
</tr>
<tr>
<td>5. Implement infection control measures as required for the specific virus</td>
<td>All employees</td>
<td></td>
</tr>
<tr>
<td>6. Utilize the Daily Screening Checklist, as well as the Incident Response Checklist to guide response to employees with symptoms or potential exposure</td>
<td>All employees</td>
<td></td>
</tr>
<tr>
<td>7. Implement the method to communicate with employees identified in Stage B (action 16)</td>
<td>Chief Information Officer</td>
<td></td>
</tr>
<tr>
<td>8. Expand travel restrictions to require approval by a member of Leadership Council and discourage travel for any personal reasons; if an employee traveled to a location with a confirmed outbreak, utilize the Daily Screening Checklist to determine if access to company facilities should be restricted.</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>9. Evaluate the supply of items procured in Stage C (action 10) and re-order items, as necessary</td>
<td>Supply Chain</td>
<td></td>
</tr>
<tr>
<td>10. Assess financial impact of the pandemic and implement appropriate contingencies</td>
<td>Chief Financial Officer</td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage D
Widespread infection inside of states where company facilities are located

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Limit the use of common areas such as conference rooms, lunch areas, and break areas</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>12. Increase the frequency of sanitizing company facilities</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>13. Implement teleconferences in lieu of face-to-face meetings</td>
<td>All employees</td>
<td></td>
</tr>
<tr>
<td>14. Screen all employees entering a company facility utilizing the Daily Screening Checklist</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>15. Post signs at company facilities to restrict all visitors from entering the facility</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>16. Ensure facilities are locked down to prevent inadvertent access</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>17. Implement strategies for functions performed by Corporate or alternatives and contingency actions, if the functions cease to be performed</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>18. Ensure employees who report off ill are tracked and reported to Leadership Council</td>
<td>HR Director</td>
<td></td>
</tr>
<tr>
<td>19. For each company facility, consider implementation of the minimum staffing plan</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>20. Validate key suppliers continue to provide services</td>
<td>Supply Chain</td>
<td></td>
</tr>
<tr>
<td>21. Initiate actions to help employees who become involved with the pandemic</td>
<td>HR Director</td>
<td></td>
</tr>
<tr>
<td>22. Provide additional professional assistance to address emotional/psychological needs</td>
<td>HR Director</td>
<td></td>
</tr>
</tbody>
</table>
# Health Emergency Planning Stage E

Confirmed transmission within a company facility

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Upon entry to Stage E, if not already completed:</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>- Limit activity at that location to critical business functions only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If required, implement the minimum staffing plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Implement concentrated infection control measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Notify state and local authorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Restrict access to company facilities for employees not passing the criteria listed on the Daily Screening Checklist for the time required by the specific virus</td>
<td>Health Services HR Director</td>
<td></td>
</tr>
<tr>
<td>3. If employee absences challenge the ability to implement critical business functions at any company facility, implement the minimum staffing plan</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>4. Update Leadership Council on the status of the outbreak and availability of a vaccine daily</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>5. Publish pandemic-related updates daily in company-wide communications</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>6. If the minimum staffing plan was implemented, evaluate returning individuals to the facility in a controlled manner when deemed safe to do so using the following criteria:</td>
<td>Leadership Council</td>
<td></td>
</tr>
<tr>
<td>- A new case of the pandemic illness has not occurred in minimum staff personnel for a duration reflecting the incubation period of the illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Individuals returning to the company facility are screened prior to entry and confirmed to be healthy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage F
Recovery and/or Preparation for subsequent Stages

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Update Leadership Council on the status of the outbreak and availability of a vaccine daily</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>2. Publish pandemic-related updates daily in company-wide communications</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>3. Continue to monitor for reoccurrence or another wave</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>4. Work with appropriate departments to see if company response efforts are in a position to assist emergency responders at the local, county, state and federal level with their emergency response efforts</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>5. Arrange to return to normal operations or for the next subsequent wave</td>
<td>Corporate PPM</td>
<td></td>
</tr>
<tr>
<td>6. Establish employee health screening for returning staff</td>
<td>Health Services</td>
<td></td>
</tr>
<tr>
<td>7. Notify employees of return to work normal process</td>
<td>HR Director</td>
<td></td>
</tr>
<tr>
<td>8. Work with local law enforcement agencies to support recovery plan activities</td>
<td>VP Government Affairs</td>
<td></td>
</tr>
</tbody>
</table>
Stage A – Confirmed outbreaks outside the U.S.

- As flu season approaches, encourage flu vaccinations, especially if company decides to provide free-of-charge

Stage B – Confirmed clusters outside of the U.S.

- Draft memo/fact sheet to senior management detailing company-wide pandemic planning status
- Remind employees about proper hygiene and emergency preparedness steps they and their families can take
- Work with appropriate departments to create employee communication material, focusing on infection control information and a family plan in case of infection

Stage C – Confirmed clusters within the U.S., but outside of states where company facilities are located

- Provide weekly, or more often as needed, status reports to employees and management via all internal communications vehicles
- Work with appropriate departments to help activate and promote employee information hotline
- Begin preparing comprehensive pandemic procedures and information booklet to be made available to all employees

Stage D – Confirmed spread throughout the U.S., inside of states where company facilities are located

- Continue to provide weekly, or more often as needed, status reports to employees and management via all internal communications vehicles
- Prepare news statements and work with local media to reassure external stakeholders that the company is taking all the appropriate steps to maintain adequate supply of power in the event of a pandemic
- Print and distribute to all employees the information booklet
- Work with appropriate departments to help promote employee information hotline
Stage E – Confirmed case within a company facility

- Provide daily, or possibly hourly, status reports to employees and management via all internal communications vehicles
- Focus will be explaining mandatory infection control measures; alerting employees of the work-from-home plans being implemented
- Use voicemail, email or other personal communications devices to inform critical employees how and where antiviral courses will be administered
- Prepare new statements and work with local media to reassure external stakeholders that the company is taking the appropriate steps to maintain an adequate supply of power
- Work with appropriate departments to help promote employee information hotline

Stage F – Recovery and Preparation for subsequent waves

- Provide daily, or possibly hourly, status reports to employees and management via all internal communications
- Communicate the current status of company-wide recovery efforts and how additional outbreaks might affect operations. Particular attention must be given to how any additional antiviral doses will be administered and to who
- Use voicemail, email or other personal communications devices to inform all employees about emergency response status – with particular attention to critical employee
- Prepare news statements and work with local media to reassure external stakeholders know company is taking all the appropriate steps to maintain adequate supply of power
- Work with appropriate departments to see if company response efforts are in a position to assist emergency responders at the local, county, state and federal level with their emergency response efforts
- Work with appropriate departments to help promote employee information hotline
OVERVIEW

The purpose of this guide is to help reduce the impact of an infectious disease on you and your co-workers. This information is based on OSHA guidelines for infection control and industrial hygiene practices. As an actual pandemic unfolds and more is known about the characteristics of the disease, additional guidelines will be made available.

TRANSMISSION

An infectious disease often leads to a respiratory illness. It is typically spread through large droplets that directly contact the nose, mouth and eyes. These droplets are produced when infected people cough, sneeze or talk, sending the infectious droplets and very small sprays (aerosols) into the nearby air and into contact with other people. Transmission is likely to occur for persons in close contact, meaning less than six (6) feet.

REDUCE THE RISK OF EXPOSURE

Some basic hygiene precautions in the workplace include:

- **Stay home if you are ill.**
  Limit the spread of the disease to others. You are highly contagious to coworkers if you come to work ill.

- **Wash your hands frequently throughout the day with soap and water or with a hand sanitizer if there is no soap and water available.**
  Wash before you eat, after a cough or sneeze, before cooking or preparing food, in and around the bathroom, or clean up after others.

- **Avoid touching your mouth, nose and eyes.**
  Respiratory illnesses are spread through infected droplets and these are part of the respiratory system.

- **Cover your cough and sneeze, then wash your hands.**
  A single sneeze can produce 40,000 droplets. A cough or sneeze can travel 3-6 feet, so covering your mouth or nose reduces the chance of transmission.

- **Avoid close contact with coworkers if possible. Maintain a separation of 3-6 feet.**
  Maintaining a distance of 3-6 feet has been shown to reduce the chance of getting a respiratory illness.

- **Keep your work surfaces, telephone, computer equipment and office equipment clean.**
The virus cannot cause infection unless you transport it to your mouth by your hands. Specific cleaning and disinfecting instructions may be virus specific.

- **Cleaning** refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

- **Disinfecting** works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection. Chemicals used range from solutions with at least 70% alcohol, diluted bleach solutions, or most EPA registered household disinfectants.

- **Minimize situations where groups of people are crowded together, such as meetings.**
  Meeting, etc., are typical places where respiratory disease can be transmitted by a cough or sneeze.

- **Remember that maintaining a healthy lifestyle including good nutrition, exercise and not smoking are key to a good immune system and reducing the chances of getting an infectious disease.**
Energy Harbor Pandemic Health Emergency Response Plan

Attachment 6, Self-Screening Guidance

OVERVIEW

The purpose of this guide is to help reduce the impact of an infectious disease on you and your co-workers. Although no one cannot predict exactly what symptoms will be prevalent, this guide will provide a basic approach until more event specific guidance can be developed for your personal use. The CDC and state health departments will provide instructions for the specific pandemic.

SELF-ASSESSMENT

The following are symptoms typical of an infectious disease:

- Fever 38°C/100.4°F
- Headache
- Fatigue and weakness
- Harsh cough
- Sore throat
- Muscle aches

If you have one or more of the above, you have developed signs/symptoms of suspected illness. Take the following actions:

1. Do not go to work or if you are at work, go home.
2. Contact Health Services.
3. Begin taking antiviral medication as soon as possible. (Obtain through your doctor or Health Services.)
4. Remain off work for 5-10 days (or period designated by Health Services or your doctor) until resolution of your symptoms.

RISK OF EXPOSURE

The following places or events are situations when illness can be spread.

- Close contact with a person with a confirmed case of the infectious illness.
- Travel (plane, airports, train, buses, etc).

Rev 2
Attachment 6, Self-Screening Guidance

- Any public indoor gathering, sports or entertainment events where the illness has been confirmed.

If you have risk of definitive exposure, but do not have symptoms, do the following:

1. Do not go to work or if you are at work, go home.

2. Contact Health Services.

3. Begin taking antiviral medication as soon as possible. (Obtain through your doctor or Health Services.)

4. Return to work after taking antiviral medication for 72 hours after symptoms have ceased and without the use of fever reducing medication.
Attachment 7, Suspected Pandemic Case Flowchart

Employee has a pandemic concern

Symptoms of pandemic illness?

Yes

No

Confirmed by Health Services or Doctor?

Yes

No

Report to Health Services for Screening

Direct exposure?

Yes

No

Quarantine at home for 14 days

Refer to Pay Policy

Health Services requires quarantine?

Yes

No

Self-screen daily and continue to work

Follow normal absence management policy

Illness unrelated to pandemic?

Yes

No

Time off requested?

Yes

No

Contact Supervisor with concern for further guidance
<table>
<thead>
<tr>
<th>Direct Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A member of the employee’s household has a confirmed case of the coronavirus</td>
</tr>
<tr>
<td>☐ The employee was within six feet of an individual with a confirmed case of the</td>
</tr>
<tr>
<td>coronavirus for 10 minutes or longer</td>
</tr>
<tr>
<td>☐ The employee shared the same unsanitized workspace (i.e., touched common</td>
</tr>
<tr>
<td>items and equipment) as an individual with a confirmed case of the coronavirus</td>
</tr>
<tr>
<td>☐ The employee had direct contact with secretions from an individual with a</td>
</tr>
<tr>
<td>confirmed case of the coronavirus (e.g., cough, kiss, shared utensils)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A member of the employee’s household was directly exposed to an individual</td>
</tr>
<tr>
<td>with a confirmed case of the coronavirus, but has no symptoms of the</td>
</tr>
<tr>
<td>coronavirus</td>
</tr>
<tr>
<td>☐ The employee was in proximity of an individual with a confirmed case of the</td>
</tr>
<tr>
<td>coronavirus, but at no time was within six feet of the individual nor shared</td>
</tr>
<tr>
<td>the same workspace OR the workspace was sanitized</td>
</tr>
</tbody>
</table>
1. **Can management mandate a flexible work schedule?**

It will depend on whether an employee is in a bargaining or non-bargaining unit and whether the business unit adopts a flexible work arrangement. The Company must maintain essential business functions at all times and especially during emergency situations.

If an employee is in a **bargaining** unit, the business unit must successfully negotiate a flexible work schedule program with the union prior to implementation. Bargaining unit employees may participate in a flexible work schedule program only under the terms provided in a negotiated agreement.

2. **If my supervisor tells me not to report to work during a pandemic, will I still be paid?**

If the CEO activates the Pandemic Health Emergency Response Plan then Human Resources will enforce a paid leave of absence policy for all employees.

3. **I want to work from home to protect myself against the virus. What options do I have?**

Flexible Work Arrangements allow for the “social distancing” of employees and will ensure that work continues to be completed during a health crisis. The options can include: Flextime, Compressed Work Week and Telecommuting (i.e., working from home). A supervisor may require an employee to perform work considered necessary or required. If an employee refuses to work from home, he or she may be required to use personal leave.

4. **Can I refuse to go home if I have symptoms or become sick?**

For the safety of other employees, if you’re experiencing flu-like symptoms then go home immediately and seek medical advice from a licensed health care professional.

5. **If I go home sick with the flu, will I have to use my vacation time?**

Any employee that leaves work ill will be considered an excused absence.

6. **If I’m afraid of catching the flu and don’t want to come to work, what can I do?**

An employee who is healthy may request to work a flexible work arrangement. However, an employee has a right to take sick leave, subject to supervisory approval.

7. **If I get sick with the flu and cannot take all the required vacation leave earned during the calendar year, will I lose my vacation time?**
8. If I'm sent home or voluntarily stay home during a pandemic, will this affect my bonus?

Employees must work a minimum of 512 hours of productive time. There are reductions if an employee is absent 61 days or more. Plan revisions may be made during a pandemic emergency.

9. A family member has the flu and I must care for him. What are my options?

An employee may use up to 12 weeks (480 hours) of FMLA sick leave to care for a family member who develops a serious health condition. The employee also may request to receive vacation sharing through the Catastrophic Assistance & Relief for Employees (CARE) program. Finally, an employee may want to take an unpaid leave under the Family and Medical Leave Act (FMLA) and take a total of up to 12 weeks (480 hours) of leave without pay to provide care for a spouse, son or daughter, or parent with a serious health condition.

10. My child's school has been closed because of the pandemic. My child is not sick, but I cannot find a babysitter. What can I do?

In some situations, flexible work arrangements are options with supervisory approval to ensure that work continues to be completed during a pandemic health crisis. A supervisor may require an employee perform work considered necessary or required. If an employee refuses to work from home, he or she may be required to use personal leave.

11. I am in the bargaining unit, if I am sent home will I be considered laid off?

All bargaining unit employees, will be treated the same as non-bargaining unit employees. If the CEO activates Stage E of the Pandemic Health Emergency Response Plan, Human Resources will enforce a paid leave of absence policy for all employees.

Business Units may offer Flexible Work Arrangements to ensure continuity of business during a health crisis. A supervisor may require an employee to perform work considered necessary or required. If an employee refuses to work from home, he or she may be required to use personal leave.

12. If I'm working from home and become injured during my working hours, will I be covered under Workers' Compensation?

Workers' Compensation benefits are available to employees and their families if an employee is injured.
13. If I’m asked to work during the pandemic and I contract the flu while at work, will I be covered by Workers’ Compensation?

If an employee or the family of an employee believes illness or on-the-job death resulted from a work-related incident, they will be able to file a Workers’ Compensation claim. However, the Department of Labor makes determinations on entitlement to workers’ compensation and each case is judged on its own merits.

14. Will I receive hazard pay if I go into work while others are being sent home?

There is no authority to pay hazardous duty pay for potential exposure to a pandemic event.

15. Can management direct me to work on a Saturday or Sunday if my normal work schedule is Monday through Friday?

Changes in an employees work schedule are within the discretion of the Company as long as the changes are consistent with law, regulations and any negotiated agreement.
Dear Employees:

We are actively monitoring the status of the coronavirus that was first detected in Wuhan City, China. The virus has been detected in 32 locations internationally, including cases in the U.S. Our plans for virus outbreaks are robust and have been in place since 2006. We are implementing some of the early steps of the plan proactively related to international travel, as follows:

Company travel outside the U.S. is restricted until further notice.

- If you have company travel outside of the U.S. scheduled, contact your supervisor. Although physical travel is prohibited, alternatives can be considered, such as interacting by phone or video, and reviewing documents and materials remotely.

Personal travel outside the U.S. is discouraged.

- If you have personal travel outside of the U.S. scheduled, contact your supervisor before departure.
- Employees will not be prohibited from their personal travel plans outside the U.S.; however, you must notify your supervisor prior to such travel, including your travel method (e.g., airline, cruise ship), travel route, and planned destinations.
- Your supervisor will contact Human Resources to determine the actions that you will be required to take prior to returning to work:
  - The actions will be based on your travel route and the latest recommendations of the Centers for Disease Control and Prevention, World Health Organization, local health departments, and company medical professionals, and may include:
    - A specified period of self-quarantining where you will not be allowed to return to work; and,
    - A screening and certification from a medical professional.
- Upon your return to the U.S. and prior to your return to work, contact your supervisor and you will be provided with a list of actions and documentation required before you may enter any company location.
- Failure to follow the directions provided by your supervisor may result in disciplinary action, up to and including termination of employment.

These are prudent steps to reduce the health risk to all employees from international travel. We will closely monitor the latest status of the coronavirus and take further steps if warranted in accordance with our pandemic plans. Thank you for adherence to this guidance.
Attachment 10, Example Incident Response Checklists
Incident Response Checklist

This checklist is to be used when an individual has been confirmed to have the pandemic virus or is likely to have the virus.

☐ GATHER relevant information using the Pandemic Interview Checklist.

☐ ISOLATE work areas, equipment, and other items identified on the Pandemic Interview Checklist.

☐ QUARANTINE the area for as long as possible, up to 14 days, prior to cleaning and sanitization. This may not be possible in all cases.

☐ NOTIFY response resources.

  ☐ Health Services
  ☐ Human Resources
  ☐ Site Leadership Team
  ☐ Site Pandemic Plan Manager
  ☐ Corporate Pandemic Plan Manager

☐ COMMUNICATE to affected workers the following information, as a minimum:

  ☐ An employee (do not name the employee) has exhibited symptoms of illness but has not tested positive for the virus.

  OR

  ☐ An employee (do not name the employee) has exhibited symptoms of illness and has tested positive for the virus.

  ☐ Actions to take if any affected worker is feeling ill.

  ☐ Who to contact for further updates.

  ☐ ASK what concerns they have and RESOLVE the concerns or ELEVATE them to the Pandemic Plan Manager or Human Resources.

☐ DOCUMENT your actions, including everyone you contacted.

☐ USE the Cleaning and Sanitization Checklist to clean the work areas, equipment, and other items identified on the Pandemic Interview Checklist.

  If possible, cleaning and sanitization should be delayed to allow time for the virus to die prior to additional human contact.

☐ CONTACT all onsite and offsite personnel who may have had contact with the individual using the information from the Pandemic Interview Checklist.

  Contact should be done using the phone. If in person, maintain a social distance of 6 feet. The purpose of the contact is to determine if other individuals have symptoms that need to be addressed by Energy Harbor or individual's employer.

☐ COMPLETE Absence Report and Follow-up Interview Form 517 and forward the form to local Human Resources.

☐ USE the Return to Work Checklist when the individual has recovered from the illness.
## Pandemic Interview Checklist

### 1. Interviewer Information (Interviewer completes)

<table>
<thead>
<tr>
<th>A. Interviewer Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Interview Date</td>
<td></td>
</tr>
<tr>
<td>C. Interviewer Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

**D. How did you interview the individual?**

- [ ] In-Person
- [ ] Over Phone
- [ ] Intermediary / provide name and contact information below

### 2. Worker Information (Information from worker or contact)

<table>
<thead>
<tr>
<th>A. Individual's Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Individual’s Phone Number</td>
<td></td>
</tr>
<tr>
<td>C. Energy Harbor Employee?</td>
<td>[ ] Yes [ ] No / provide Employer below</td>
</tr>
</tbody>
</table>

| D. Individual's Supervisor |  |
| E. When did symptoms begin? | Date: |

**F. Have you, by test or medical examination, been diagnosed with the pandemic virus?**

- [ ] Yes / provide results or date [ ] No when results due below

**G. Are you under the care of a physician?**

- [ ] Yes / provide physician’s name and phone number below [ ] No

**H. What Energy Harbor facilities have you been in during the last 14 days? Include lunch and break areas, meetings, training, or coffee.**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location within facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2. Worker Information (Information from worker or contact) - continued

#### I. What Energy Harbor employees or supplemental workers have you been in contact with during the last 14 days?

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### J. Did you use a company vehicle?

☐ Yes / provide vehicle no.  ☐ No and description below

#### K. Did you use any common material, tools, or PPE?

☐ Yes / provide details  ☐ No below

#### L. Is there other relevant information that can prevent the spread of the pandemic virus?

☐ Yes / provide details  ☐ No below
Cleaning and Sanitization Checklist

This guidance provides recommendations for general cleaning and disinfection of areas in the work environment. Frequent cleaning of surfaces touched in the workplace should be performed. Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but by removing them decreases the number available to spread infection. Cleaning is important for disinfection to be successful. Disinfecting refers to using chemicals to kill the germs on surfaces and reduce risk of spreading the infection.

**REQUIRED MATERIALS**

☐ **OBTAIN** the appropriate cleaning agents and disinfectants:

  ☐ Commercial cleaning solution; otherwise, mild soap and water are acceptable.

  ☐ Disinfectant approved for the specific virus identified, if available; otherwise, a solution of bleach and water is acceptable if appropriate for the surface being cleaned.

    ☐ Mix 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.

  ☐ Disinfectants should not be utilized for cleaning unless the label indicates the product is suitable for such use.

☐ **OBTAIN** required PPE:

  ☐ Hard hat and hearing protection, as normally required.

  ☐ PPE required for specific cleaning and disinfecting chemicals selected above.

  ☐ Medical nitrile or latex gloves.

  ☐ Tyvek suits or disposable coveralls if available; otherwise, long sleeve clothing, extended gloves, or sleevelets / oversleeves.

  ☐ If cleaning an area occupied by a person suspected of or confirmed with the virus, contact Health Services for additional PPE that may be required.

**CLEANING AND DISINFECTING**

☐ **DON** required PPE. As a minimum, use of general cleaning agents require donning nitrile gloves and eye protection.

☐ **IF** surfaces are visibly dirty, **THEN CLEAN** the surfaces prior to disinfection.

☐ **DISINFECT** the surfaces using the “spray-wipe-spray” or “wipe-discard-wipe” technique.

  - For a liquid disinfectant: **SPRAY** the surface with the disinfectant and **WIPE** it using a disposable towel (“spray-wipe”), **THEN SPRAY** again to disinfect the surface.

  - For disposable disinfectant wipes: **WIPE** the surface and **DISCARD** the wipe (“wipe-discard”), **THEN WIPE** again to disinfect the surface.
### Verbal Screening

Ask Verbal Screening questions 1 - 3 while at least 6 feet away from the individual.

1. **Have you traveled outside of the U.S. in the last 30 days?**  
   - **IF YES, THEN ANSWER** the following questions:
     - **a.** Where did you visit? Response: ________________
       - **IF** location is CDC Level 3 Travel Health Notice, **THEN GO TO STEP 5.**
     - **b.** How did you travel? Response: ________________
       - **IF** travel was by airplane or cruise ship, **THEN GO TO STEP 5.**

2. **In the past 30 days, have you had physical contact with, or helped care for, someone suspected of having or confirmed to have coronavirus (COVID-19)?**  
   - **IF YES, THEN GO TO STEP 5.**

3. **Do you have a fever, cough, or shortness of breath that is not related to a pre-existing health condition?**  
   - **IF YES, THEN GO TO STEP 5.**

**IF questions 1-3 are NO, THEN APPROACH** the individual and **PERFORM STEP 4.**

4. **CHECK** the individual's temperature. Is it:
   - **≥ 100.4 °F** if measured on a medical thermometer
   - **OR**
   - **≥102.0°F** as measured by a Fluke 561 Infrared Thermometer from a distance of 3 to 6 inches from the forehead?  
   - **IF YES, THEN GO TO STEP 5.**

5. **Further screening is required.**
   - **DON PPE** if appropriate and, if available, **PROVIDE** a mask for the individual.
   - **DOCUMENT** the individual's responses above and **PROVIDE** to Health Services.
   - **INSTRUCT** the individual to report to Health Services for completion of Page 2 of the screening. Direct the individual to go directly to Health Services and maintain a distance of 6 feet from all personnel as you transition.
   - **SANITIZE** areas that the individual may have touched.
**Health Screening**

REVIEW the individual's responses to the Verbal Screening.

IF the Verbal Screening was NOT performed, THEN REFER to Page 1.

1. **CHECK** the individual's temperature with a medical thermometer.  
   Is it ≥ 100.4 °F?  
   □ YES □ NO

2. Does the individual have a cough that is not related to a pre-existing health condition?  
   □ YES □ NO
   Does the individual have shortness of breath not related to a pre-existing condition?  
   □ YES □ NO
   LISTEN to the individual's chest. Abnormal sounds present?  
   □ YES □ NO

3. Have you had close contact with a person with symptomatic laboratory-confirmed COVID-19?  
   □ YES □ NO
   Have you been on an aircraft seated within 6 feet (within 2 seats in each direction) of a traveler with symptomatic laboratory-confirmed COVID-19?  
   □ YES □ NO
   Have you been living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting (such as home) to a person with symptomatic laboratory-confirmed COVID-19?  
   □ YES □ NO

4. IF any response above is YES and the potential exists that the symptoms may be associated with the coronavirus, THEN PERFORM the following:
   a. **DIRECT** the individual to see a physician for further diagnosis and treatment.
   b. **INFORM** the individual that they must return to Health Services with a doctor's note that clears them of any illness BEFORE entering a company facility.
   c. **NOTIFY** the Access Authorization Supervisor to restrict the individual's plant access.
   d. **SANITIZE** areas that the individual may have touched.

Individual's Name (print): ___________________________ SSN: XXX-XX- ________

Screener's Name (print): ___________________________ Date: ___________________________
Attachment 10, Example Incident Response Checklists
Return to Work Checklist

This checklist is used to assist in decision making regarding personnel returning to work following a quarantine period or illness. The ability of personnel to obtain a physician's note may be limited during a pandemic. Guidance may need to be adjusted based on the individual pandemic virus' characteristics or guidance issued by the state Health Departments or CDC.

<table>
<thead>
<tr>
<th>Health Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you directed to quarantine due to the pandemic but had no symptoms or illness?</td>
</tr>
<tr>
<td>□ YES □ NO</td>
</tr>
<tr>
<td><strong>IF YES, THEN GO TO Section A – Quarantine.</strong></td>
</tr>
</tbody>
</table>

| 2. Have you been confirmed by a test or medical examination, to have the pandemic virus? |
| □ YES □ NO |
| **IF YES, THEN GO TO Section B – Pandemic Virus.** |

| 3. Have you been confirmed to have another illness (e.g., Influenza A, pre-existing condition such as asthma) other than the pandemic virus? |
| □ YES □ NO |
| **IF YES, THEN GO TO Section C – Other Illnesses.** |

**IF NO, THEN REQUEST** more detail to determine which Section below should be entered. **IF symptoms described resemble the pandemic virus, THEN GO TO Section B – Pandemic Virus; otherwise GO TO Section C – Other Illnesses.**

<table>
<thead>
<tr>
<th>Section A – Quarantine</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. If you were directed to quarantine, have you been quarantined for your specified time?</td>
</tr>
<tr>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

| 5. If you were directed by a physician to self-quarantine, have the conditions for returning to work been met (specified length of quarantine or other criteria)? |
| □ YES □ N/A □ NO |

**IF all Section A responses are YES or N/A, THEN DIRECT** the individual to report to the applicable Health Center for screening (use Verbal Screening checklist for company locations without a Health Center)

**IF any Section A response is NO, THEN INFORM** the individual that a return to work is NOT authorized until all conditions have been met.

<table>
<thead>
<tr>
<th>Section B – Pandemic Virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Have at least 7 days elapsed since the onset of symptoms, if symptoms were present?</td>
</tr>
<tr>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

| 7. Have at least 3 days elapsed since your symptoms subsided, if symptoms were present? |
| □ YES □ NO |
### Section B – Additional Criteria

8. If a physician has provided additional criteria for return to work (e.g., quarantine duration greater than 14 days), have these criteria been met?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>N/A</th>
<th>NO</th>
</tr>
</thead>
</table>

IF all Section B responses are YES or N/A, THEN DIRECT the individual to report to the applicable Health Center for screening (use Verbal Screening checklist for company locations without a Health Center).

IF any Section B response is NO, THEN INFORM the individual that a return to work is NOT authorized until all conditions have been met.

### Section C – Other Illness

9. Have at least 3 days elapsed since your symptoms subsided, if symptoms were present?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

IF the Section C response is YES, THEN DIRECT the individual to report to the applicable Health Center for screening (use Verbal Screening checklist for company locations without a Health Center).

IF the Section C response is NO, THEN INFORM the individual that a return to work is NOT authorized until the condition has been met.
Nuclear Generation
Pandemic Health Emergency
Response Plan
# Table of Contents

1.0 Introduction  
   1.1 Background  
   1.2 Goal  
   1.3 Mission  
   1.4 Plan  

2.0 Planning Standards  
   2.1 Definition Section  
   2.2 Roles and Responsibilities  
   2.3 Health Emergency Planning Stages  
   2.4 Pandemic Site Day-to-Day Operations  
   3.0 Refueling Outage  
   4.0 Recovery – Stage F  
   5.0 Attachments  
      1 – Nuclear Pandemic Actions  
      2 – Pandemic Core Shift Staffing
INTRODUCTION

Business continuity planning requires preparing for the full range of threats facing the many human and operational assets of the corporation. The nuclear industry can be challenged by new threats with familiar characteristics along with innovative threats of unusual dimensions.

A pandemic global outbreak in which infection rates exceed baseline levels, causing serious illness and death worldwide, drives the need to develop a strategic business continuity plan. There is probability that a pandemic will occur at some point in the future. The timing and impact will depend on many factors that are difficult to predict. Therefore, proactive pre-planning and preparation will ensure a vigilant defense strategy is in place.

The Energy Harbor Pandemic Health Emergency Response Plan (Corporate Plan) was developed to provide guidance for the entire company. This plan applies to Fossil Generation and is implemented in conjunction with the Corporate Plan. Although this plan was developed for pandemic purposes, it can also be useful in other national emergency situations.

1.1 Background


- Pandemic Assumptions

Planning assumptions were developed utilizing NEI 06-03 guidance document. It is estimated that if a pandemic occurred today, there could be severe health, social and financial repercussions in the U.S. The following assumptions were used:

- Six-to-eight week impact period
- Maximum 40% absenteeism
- Units are base load – will remain at 100% power at all times
- Energy Harbor will likely reduce fossil generation
- NRC is going into pandemic planning with reduced or eliminated inspections for 6-8 weeks
- No relaxation of security requirements
- Emergency Response Organization response for minimum responders will not be relaxed
- Worldwide involvement will be within 3-8 weeks
- There may be up to three waves of the pandemic each lasting 6-8 weeks
- Schools will be closed
- VPN will be able to support 2000 concurrent users for employees working from home
- HR policies are developed
- Site Emergency Response Section Managers will serve as the Site Pandemic Plan Managers (Site PPM)

When a pandemic occurs, the optimum defense is to protect as many healthy employees as possible until immunization against the virus can be developed or until the viral transmission subsides. The company has elected to control viral spread through effective prevention measures, communications, education, behavioral health practices, Personal Protective Equipment (PPE) and facility health screening controls.

It is important to provide families of essential workers with special attention, such as home support information or medical advice. Organizing workforce rotations and succession staffing for extended duration events ensures that the sites have an appropriate workforce during this time.

1.2 Goal

The goal of this plan is to maintain continued safe and reliable operations, by managing our employee resources. This goal ensures uninterrupted power delivery and maintaining grid stability. Energy Harbor is committed to supporting the social and economic infrastructure in the event of a national crisis. This commitment relies upon a plan that ensures availability and reliability of qualified staff. The fleet pandemic plan is intended to minimize disease transmission at site facilities, to secure and screen employees.

1.3 Mission

Create a strategic succession staffing operational-based plan for nuclear sites that:
- Ensures availability and reliability of qualified staff
- Provides up-to-date communications to employees and their household
- Minimizes infectious disease transmission at sites and employees’ homes
- Provides a plan for family support to employees

1.4 Plan

The Pandemic Plan was designed and developed based on worst-case pandemic planning assumptions. The plan can be scaled back to address
2.0 PLANNING STANDARDS

2.1 Definitions

**Pandemic Core Staffing** – Composed of four Super Crews of onsite essential personnel that provide twenty-four hours, day-to-day operation of the site and offsite non-essential personnel.

**Site Pandemic Plan Manager (PPM)** – This is a functional plan position, filled by the site Emergency Response Manager that establishes, maintains, prepares the Site readiness for plan activation and coordinates recovery.

**Site Consumables** – Minimum supplies needed immediately for the site over the course and duration of an eight-week pandemic period.

**Succession Staffing** – Planning strategy that produces additional staff to critical positions thereby assuring more individuals are available on-shift than minimum required shift numbers.

2.2 Roles and Responsibilities

This section outlines the basic responsibilities for plan maintenance and implementation.

2.2.1 **Site Pandemic Plan Manager** – *(Site Emergency Response Manager)*

The Site PPM is responsible for the site’s pandemic plan by maintaining, coordinating, testing, training and ensuring site readiness from pre-activation through the actual plan execution. The Site PPM is also responsible for communicating the plan status to the Site Leadership Team (SLT) and the Site Vice President.

- Maintain overall command and control of the procedures and requested support of activities during the pandemic response, with support of the site management team as directed

- Responsible for ensuring site-specific response procedures and checklists are current

- Oversee, monitor and report on the site’s response activities
2.2.2 Employees and Contractors

Supervisors will be notified of any symptoms or exposure by any employee or contractor. This information should be documented.

2.2.3 Fleet Licensing and Regulatory Compliance

Responsible for coordinating with site regulatory compliance personnel and supporting the site in interpretation of Technical Specifications, UFSAR and obtaining relief from regulatory requirements as might be needed.

2.2.4 Site Business Services

Make assessments regarding the extent and duration of financial needs.

2.2.5 Site Engineering

Provides technical support to Recovery Operations.

2.2.6 Site Human Resources

Site Human Resources serves a key role during a pandemic event. Their responsibilities include:

- Interfaces with the SLT and coordinates addressing the needs of employees and their families that have been affected by the event.
- Track and provide daily status on employee absences.
- Secure professional services to address emotional and psychological concerns resulting from the event
- Maintain adequate records to support a post pandemic review

2.2.7 Site Materials Purchasing and Contracts (MP&C)

Responsible for coordinating with the sites relative to procurement of supplies, equipment and other resources necessary to address prevention/recovery actions.

2.2.8 Site Security

Security responsibilities include:

- Act as a liaison with local law enforcement agencies to support prevention/recovery activities
- Works with HR to enforce workers that become sick are sent home
Serve as a contact for mobile medical units – if needed

2.2.9 Super Crew Functional Leads

The department managers are assigned to support functional crews during Section 2.4.2, Pandemic Site Stage E through Section 4.0 Recovery, Stage F.

2.2.10 Super Crew Staff Members

Functional super crew members are assigned to fill the critical positions on the A, B, C and D crews.

2.2.11 Site Regulatory Affairs Supervisor (Remote Support)

The Site Regulatory Affairs Supervisor is assigned to work remotely and maintain oversight of the regulatory relief process.

2.2.12 Site Recovery Organization

The SLT and site Managers form the Site Recovery Organization as assigned and are responsible for returning the site to normal staffing and operations.

2.2.13 Remote Support Staff

Some site personnel will be designated to work remotely to mitigate the spread of a virus and ensure some personnel are available when needed. Those personnel are referred to as Remote Support Staff.

2.2.14 Stand-By-Staff

The balance of staff not assigned to a Super Crew or the Remote Support Staff.

2.3 Health Emergency Planning Stages

The Health Emergency Planning Stages are defined in the Corporate Plan, Attachment 2. Actions being taken by Corporate at each stage are described in the Corporate Plan, Attachment 3, and are not duplicated in this plan. Example checklists used to provide specific guidance are contained in the Corporate Plan, Attachment 10. The overview provided below summarizes the Nuclear Generation actions to prepare for a pending pandemic and specific actions at each stage are contained on Attachment 1 of this plan.

2.3.1 Annual Preparatory Actions

Influenza viruses can cause a mild to severe respiratory illness. Seasonal flu activity can begin as early as October and last until as late as May. The Centers for Disease Control and Prevention (CDC) estimates that the flu was associated with nearly 49 million illnesses, more than 22 million medical visits, nearly one million hospitalizations, and nearly 80,000 deaths in the U.S. It is important to
take steps annually to encourage seasonal vaccinations and inform employees on the actions to take to prevent the spread of flu.

2.3.2 Stage A

This stage is entered when human infection has begun with a disease outside of the U.S. The disease can be a new strain or recurrence of a known illness with a higher rate of infection. Monitoring of available information on confirmed outbreaks from the World Health Organization (WHO) and the CDC begin and continue throughout the subsequent stages. Communication with employees focuses on the illness, means to prevent its spread, and existing pandemic plans. The need for international travel restrictions is also considered for company travel. While there may not be a direct impact on employees or the company at this stage, there may be indirect impacts such as disruption of goods and services from international suppliers. Consideration is given to ordering supplies, equipment, or other resources that may be needed if the conditions worsen.

2.3.2 Stage B

Confirmed clusters of the infectious disease outside of the U.S. results in escalation to Stage B. Human-to-human transmission is the likely driver to the spread of the illness. Available information on the illness as well as actions to be taken by employees and the company is published. Travel restrictions are reevaluated and further actions taken if appropriate which will also consider recommendations for employees to disclose their personal international travel plans. Information Technology (IT) begins to prepare the company network for many remote users in case a “work from home” policy is instituted. The company will pursue medication to address the illness, if available.

2.3.3 Stage C

Once an illness reaches the U.S., it will be difficult to prevent its entry into the areas near company locations. Escalation to Stage C occurs when the illness spreads and clusters of the outbreak are present in any state outside of those where company facilities are located. Critical positions are identified and minimum staffing plans are established for continuity of business. Plans are also prepared for essential services in light of the outbreak, such as mail delivery and important commodities and supplies. Non-essential travel should be limited.

As the event progresses, in anticipation of entry into Stage D, the sites should assess and be prepared to answer questions identified by the NRC in RIS 2010-04. The NRC requested licensees voluntarily update the NRC with answers to the following questions:

1. Does the licensee anticipate operational challenges at the facility or in the conduct of activities in the next 48 hours in the following areas as a result of the pandemic?
2. Does the licensee anticipate the need to request regulatory action as a result of the pandemic in the next 48 hours?

Fleet Licensing and Site Regulatory Compliance should coordinate communications regarding these questions.

2.3.4 Stage D

Widespread infection in states where company facilities are located triggers Stage D. Entry into Stage D is significant in that the actions taken break from preparatory in nature and are more impactful to daily operations, all with the goal of minimizing the spread of the virus to ensure EHN plants can continue to operate safely and reliably.

In this stage actions such as social distancing protection measures, screening of site personnel, engaging in preparatory discussions with the regulator, finalizing rosters for Super Crew staffing, stockpiling necessary supplies, elimination of use of common areas, social distancing, and distribution of some PPE will be implemented. The authority to implement Stage D lies with the Chief Executive Officer and is done companywide. Upon receiving confirmation entry into Stage D is directed, the CNO will convene with the ELT to make a formal decision regarding actions required and discuss criteria to enter stage E, if required.

Upon entering Stage D it should be anticipated that full activation of Super Crews and entrance into Stage E will be required in a short period of time. Actions should be prioritized appropriately.

The Pandemic Plan staffing strategy is based on the creation of Super Crews that will maintain safe and reliable operations. The organization staffing numbers are sufficient to maintain pandemic core staffing over the course of pandemic waves. The designated staffing supports two independent teams with four shift crews that will rotate and cover the duration of the pandemic waves. These four crews and Remote Support Staff are scheduled based on normal crew selection scheduling processes. Additionally, Remote Support Staffing and other Stand-by-Staff provide supplemental support to these crews. Refer to Attachment 2 for Super Crew staffing details for each Energy Harbor Nuclear Site.

2.3.5 Stage E

This stage marks full activation of the pandemic plan actions at Energy Harbor Nuclear facilities. Upon confirmed transmission inside a company facility or among employees at a facility, Stage E is entered. Stage E is evaluated and entered based on conditions at individual company sites or facilities and not companywide.

The SLT, in consultation with the CNO, will determine when entry into Stage E is warranted. The purpose of this activation section is to transition the site into a minimum staffing mode of operation and provide additional isolation for the
operating crews. This likely entails bringing one Super Crew onsite, removing all other unnecessary site personnel, performing last minute logistics and providing an activation status to the DSO and the NRC.

2.4 Pandemic Site Day-To-Day Operations

2.4.1 Record Keeping

1. Extensive recordkeeping is an important part of a pandemic event. Particular attention should be paid to personnel reporting for work, personnel reporting sickness and physician evaluations, projection of future needs, need to deviate from any approved procedures or business practices and temporary relief from any regulatory requirements.

2. Although not an emergency plan event, Web EOC can be utilized to track the event. Web EOC offers customizable logs that can be monitored by all key positions and management personnel and is recoverable for historical records. OneNote offers capabilities that can be beneficial for a pandemic event as well. Use shift logs for plant operations in accordance with current practices.

2.4.2 Daily Health Screening

1. All on-shift personnel are responsible to continuously self-screen and report any symptoms detected to the Shift Manager, on-shift Health Screener or Site PPM.

2. Health Screeners will be in place and perform screening for on-coming Super Crew and other individuals deemed necessary to have site access.

3. If monitoring and/or screening indicate positive for symptoms, take reasonable steps to isolate the individual and contact Medical Services for further evaluation and additional instructions.

2.4.3 Employee Call-Out

It should be anticipated that Remote Support Staff or Stand-by Personnel will be required to supplement or support the Super Crews.

1. When notified that Stand-by Personnel are needed to supplement a Super Crew (e.g. an employee cannot report to work) the applicable Super Crew lead will coordinate with the Site PPM and Medical Services to call standby or relief personnel.

2. Health Screeners will ensure call out personnel are screened prior to accessing the site.
3. If site access is restricted, ensure security is made aware of personnel being called to the site.

It should also be anticipated that employees will become unavailable or unfit for duty and not able to fill required ERO positions at a higher frequency than normal. Where possible, abbreviated qualification processes may be utilized to ensure all positions can be properly filled.

2.4.4 Supplies

Shortages in normally required supplies should be anticipated. Interruptions in production of materials and components as well as shipping could occur depending on the extent of the pandemic. As a result, consider purchasing increased amounts when available. Supply Chain personnel should provide a status report daily during the activation phase. Deviation from normal purchasing practices may be necessary to ensure needed supplies are on hand.

2.4.5 Staffing

Core staffing is based on the minimum on shift ERO staffing requirements, the minimum Technical Specification requirements, and a determination of what minimum functions are necessary to continue safe full power operations. The Super Crew staff rotation is based on the 12-hour shift rotation of the A&C Crew as Team 1, with Team 2 consisting of the B&D Crew. Full team or crew rotation is dependent on the availability of adequate health employees. Sites should be expected to report out to the Fleet daily regarding staffing levels during the activation phase.

The Site Super Crew staffing numbers for each department is intended to provide a departmental director and sufficient staff to maintain minimal maintenance, repairs, testing and site operations. Additionally, staffing supports Fire Protection, Site Security and Emergency Response Organizations. Super Crew staffing is not intended to address the needs of a site in a refueling outage.

2.4.6 Security

Site Security must be able to implement their physical security plans while implementing some additional measures during the pandemic. Additional measures include screening and, in some cases, denying deliveries and personnel arriving at the site unless specifically authorized and screened.

Security is expected to continue such activities as access control, investigations, patrols and surveillance activities. Coordination with public health, site medical staff and Site Management will be necessary, as the Fitness for Duty (FFD) criteria will need to be expanded to incorporate wellness and availability issues. First Responders will continue to respond to medical emergencies as they occur in the workplace. If personnel numbers are adversely impacted, decisions will be
made on whether to suspend routine security tasks, such as limiting badging and visits except for essential activities.

3.0 Refueling Outage

Due to the varied nature of an outbreak, specific step by step instructions cannot be specified for refueling outages. A list of actions to consider is included below. The leadership team should evaluate these actions based on the specific circumstances of the pandemic event and implement the actions to the maximum extent practical. The goal is to minimize outage activities, delay entering an outage or expedite exiting outage activities and subsequent unit restart, while minimizing the spread of a virus to site personnel.

- Minimize the number of off-site personnel.
- Defer work required by regulatory requirements after a licensing review unless needed for continued operation.
- Establish refueling contractors as critical staff.
- Quarantine outage workers prior to allowing them on site. The quarantine period should be based on the actual incubation period.
- Review outage plans with local public health officials.
- For forced outages consider implications of off-site workers on spread of the contagion.
- Consider coasting if the load demand will allow.

4.0 RECOVERY (Stage F)

4.1 Return to Normal Operations

Plan Deactivation

Once it becomes clear that a pandemic event has entered the deceleration stage, meaning the number of cases in the Energy Harbor region is consistently decreasing, deactivation of the actions implemented in Stage F can be considered. No specific threshold for this decision is specified as the varied nature of the virus and potential of multiple waves could impact whether deactivation is warranted. The Site Vice President in consultation with the ELT has the responsibility for determining when it is appropriate to enter into the recovery stage for the sites.
The following actions should be evaluated by the leadership team for return to normal operations:

- Securing of the Super Crew rotation
- NRC Communications
- All employees return to work
- Regulatory Relief Order Termination
- Regulatory Deferred Action Resumption
- Supply Chain returns to normal ordering process for consumables
- Securing of Employee Health Screening
- State and Local Communications
- Allow use of common areas
- Return to normal meeting schedules
- Consolidation of all records / documentation for post event critique

5.0 ATTACHMENTS

1. Nuclear Pandemic Actions

2. Pandemic Core Shift Staffing Estimates for Onsite Personnel – 12 Hour Shift
### Actions to be completed annually by July 15

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify Pandemic Core Staffing and update roster of critical positions.</td>
<td>Companywide</td>
<td></td>
</tr>
<tr>
<td>2. Encourage seasonal influenza vaccinations</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>3. Provide employee education for infection control measures, including a family plan</td>
<td>HR Communications</td>
<td></td>
</tr>
<tr>
<td>4. Coordinate procurement of supplies, equipment and other resources necessary to increase scope of cleaning, if necessary. Determine if additional contractors are needed for facility cleaning to minimize disease spread.</td>
<td>Supply Chain Facilities</td>
<td></td>
</tr>
<tr>
<td>5. Prepare communications templates, booklets etc. to be made available to all employees.</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>6. Develop a list of supplies, equipment and other resources necessary to support continued operation during a pandemic.</td>
<td>Maintenance Engineering RP / Chemistry Operations</td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Owner</td>
<td>Completion Date</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1. Perform surveillance monitoring – check CDC and WHO websites for virus progression and vaccine information</td>
<td>Fleet EP Medical Services</td>
<td></td>
</tr>
<tr>
<td>2. Periodic communication to Senior Management re: status of virus and vaccines</td>
<td>Fleet EP</td>
<td></td>
</tr>
<tr>
<td>3. Travel Policy – Energy Harbor personnel traveling to countries or areas in the U.S. impacted shall inform supervisors prior to travel and upon return prior to reporting back to work</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>4. Monitor travel health alerts and ensure these levels are communicated to leadership.</td>
<td>Fleet EP</td>
<td></td>
</tr>
<tr>
<td>5. Prepare for and test increased number of concurrent VPN connections to facilitate employees working remotely</td>
<td>IT</td>
<td></td>
</tr>
<tr>
<td>6. Review and prepare messaging for employees, including pertinent pandemic stories using news flashes, Sharepoint etc.</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>7. Review necessary consumables and supplier information to place orders proactively as necessary. Interruptions in production and shipping should be expected should the event reach later stages.</td>
<td>Maintenance Engineering RP / Chemistry Operations Supply Chain</td>
<td></td>
</tr>
</tbody>
</table>
## Health Emergency Planning Stage B
**Confirmed clusters outside of U.S.**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consider increasing monitoring of event progression, number and location of cases, etc.</td>
<td>Fleet EP</td>
<td></td>
</tr>
<tr>
<td>2. Identify and purchase supplies and medications that will be stockpiled.</td>
<td>Supply Chain Medical Services</td>
<td></td>
</tr>
<tr>
<td>3. Establish internal surveillance (employee self-screening) for possible infection</td>
<td>Medical Services</td>
<td></td>
</tr>
<tr>
<td>4. Develop a prioritized list of personnel for receipt of vaccines and antiviral medication when they become available.</td>
<td>Sr. Management Corporate HR Medical Services</td>
<td></td>
</tr>
<tr>
<td>5. Implement Pandemic Travel Policy – avoid any unnecessary travel. If personal travel takes an employee to an area with confirmed cases, that employee shall inform his/her supervisor prior to travel.</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>6. Provide increased communications to educate employees regarding proper hygiene and prevention steps they and their families can take.</td>
<td>Communications Medical Services</td>
<td></td>
</tr>
<tr>
<td>7. Consider conducting table-top drills as necessary</td>
<td>Site Emergency Response</td>
<td></td>
</tr>
<tr>
<td>8. Evaluate refueling outages to determine the efficacy of extending the fuel cycle by reducing power levels</td>
<td>Nuclear Fuels</td>
<td></td>
</tr>
</tbody>
</table>
## Health Emergency Planning Stage C
Confirmed clusters within the U.S., but outside of states where company facilities are located

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide weekly status updates to Sr. Management</td>
<td>Fleet EP Communications</td>
<td></td>
</tr>
<tr>
<td>2. Increase surveillance monitoring within health districts of affected states weekly</td>
<td>Fleet EP</td>
<td></td>
</tr>
<tr>
<td>3. Stockpile supplies and medications</td>
<td>Supply Chain Health Services</td>
<td></td>
</tr>
<tr>
<td>4. Provide frequent status reports to employees and Sr. Management through all communication platforms</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>5. Work with appropriate departments to help activate Employee Information Hotline</td>
<td>Communications HR</td>
<td></td>
</tr>
<tr>
<td>6. Implement infection control measures</td>
<td>All Sites</td>
<td></td>
</tr>
<tr>
<td>- Hand hygiene and respiratory etiquette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Social distancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Workplace cleaning and sanitization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identify the need to interface with NRC. Be prepared to answer questions in section 2.3.3. per RIS 2010-04.</td>
<td>Fleet Licensing/Reg Compliance</td>
<td></td>
</tr>
<tr>
<td>8. Notify site personnel that tours and visits to the sites are cancelled</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>9. Ensure all department managers staffing contact information is up to date and distributed to the management team</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>10. Determine what non-essential business will be cancelled or postponed as appropriate</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>11. Evaluate temporary changes to site access to prevent the spread of the virus</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>12. Review activities performed by offsite Laboratory for continuance testing/analysis</td>
<td>Maintenance</td>
<td></td>
</tr>
</tbody>
</table>
# Health Emergency Planning Stage C

Confirmed clusters within the U.S., but outside of states where company facilities are located

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(water, lubricating oil, fuel oil, insulating oil, etc.); Measuring &amp; Test Equipment (M&amp;TE) services; M&amp;TE pickup/delivery; Fire-Safety Services, Dedication Testing, Material Identification, Failure Investigation and regulatory sample collection (e.g., NPDES).</td>
<td>Chemistry Engineering</td>
<td></td>
</tr>
<tr>
<td>13. Consider implementation of a modified sick leave policy</td>
<td>HR</td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage D
Widespread infection inside of states where company facilities are located

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily status updates to Senior Management</td>
<td>Fleet EP Communications</td>
<td></td>
</tr>
<tr>
<td>2. Limit use of common areas-cafeterias, break rooms, etc</td>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td>- Reduces cleaning and sanitization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Effective infection control measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Enforce building and common area restrictions</td>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>4. Implement teleconferences in lieu of face-to-face meetings</td>
<td>Companywide</td>
<td></td>
</tr>
<tr>
<td>5. Restrict all company travel unless necessary</td>
<td>ELT / SLT</td>
<td></td>
</tr>
<tr>
<td>6. Restrict visitors at all facilities</td>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>7. Review activities performed by offsite Laboratory for continuance</td>
<td>Maintenance</td>
<td></td>
</tr>
<tr>
<td>- testing/analysis (water, lubricating oil, fuel oil, insulating oil,</td>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>etc.); Measuring &amp; Test Equipment (M&amp;TE) services; M&amp;TE pickup/delivery; Fire-Safety Services; Dedication Testing, Material Identification, Failure Investigation and regulatory sample collection (e.g., NPDES).</td>
<td>Engineering</td>
<td></td>
</tr>
<tr>
<td>8. Screen employees visiting different Energy Harbor facilities</td>
<td>Medical Services</td>
<td></td>
</tr>
<tr>
<td>9. Track employees who report off ill</td>
<td>HR</td>
<td>Medical Services</td>
</tr>
<tr>
<td>10. Develop messages to employees and any media information via news statements</td>
<td>ELT</td>
<td>Communications</td>
</tr>
<tr>
<td>11. Notify NRC of site preparations and potential need for regulatory relief. Be prepared to answer questions in section 2.3.3. per RIS 2010-04.</td>
<td>Fleet Licensing / Reg Compliance</td>
<td></td>
</tr>
</tbody>
</table>
### Health Emergency Planning Stage D
Widespread infection inside of states where company facilities are located

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Ensure the sites establish a storage area for PPE delivery and staging to allow controlled distribution during plan activation.</td>
<td>Supply Chain</td>
<td></td>
</tr>
<tr>
<td>13. Consider implementing 12-hour shift rotation for critical employees</td>
<td>All Sites</td>
<td></td>
</tr>
<tr>
<td>14. Monitor and track inventory levels of key supplies and validate that key suppliers are continuing to provide services</td>
<td>Supply Chain</td>
<td></td>
</tr>
<tr>
<td>15. Work with local media to ensure customers know company is taking all appropriate steps to maintain adequate supply of power</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>16. Ensure employees implement self-screening</td>
<td>HR Medical Services</td>
<td></td>
</tr>
<tr>
<td>17. Establish rosters of remote support staff and the super crews. Those employees not assigned to remote support staff and super crews are considered stand-by personnel. Stand-by staff and remote support are assigned to support the on-site shift team and considered available for call out duty. All employees will be considered to support ERO responsibilities.</td>
<td>Site Management</td>
<td></td>
</tr>
<tr>
<td>18. When PPE is distributed, consider directing select employees to take designated PPE home with them to support call out if necessary.</td>
<td>Site Management</td>
<td></td>
</tr>
<tr>
<td>19. Maintain records of employees that have contracted the virus. During subsequent pandemic waves these employees may now have immunity. Employees with immunity or who have received vaccination are preferred super crew team candidates.</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>20. Begin health screener training</td>
<td>Medical Services</td>
<td></td>
</tr>
</tbody>
</table>
## Health Emergency Planning Stage E
Confirmed transmission within a company facility

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide daily, or more frequent as desired, status reports to employees and senior management via all Energy Harbor internal communications methods</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>2. Continue daily status updates as needed to ELT and SLT</td>
<td>Communication Site PPM Security</td>
<td></td>
</tr>
<tr>
<td>3. Document all pandemic related illnesses</td>
<td>Medical Services</td>
<td></td>
</tr>
<tr>
<td>4. Implement flexible work arrangements</td>
<td>Companywide IT</td>
<td></td>
</tr>
<tr>
<td>5. Alert employees to the implementation of the flexible work arrangement plan</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>6. Restrict access to company facilities for employees not passing the criteria listed on the Daily Screening Checklist and follow the Incident Response Checklist and Return to Work Checklist as directed</td>
<td>HR Medical Services</td>
<td></td>
</tr>
<tr>
<td>7. Implement inoculation, if possible, of key positions first, followed by all remaining staff</td>
<td>HR Medical Services</td>
<td></td>
</tr>
<tr>
<td>8. Activate support network</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>• Employee Assistance Program (EAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Work with EAP provider to provide remote access for employees</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>10. Report absence statistics during morning status calls</td>
<td>HR</td>
<td></td>
</tr>
<tr>
<td>11. Daily communications to employees and their households via internet and Employee Hotline</td>
<td>Communications IT HR</td>
<td></td>
</tr>
</tbody>
</table>
## Health Emergency Planning Stage E
Confirmed transmission within a company facility

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Work with local law enforcement agencies to support plan implantation as necessary</td>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>13. Ensure employees are provided clear communication regarding how and where antiviral medicine will be administered</td>
<td>Communications HR</td>
<td></td>
</tr>
<tr>
<td>14. When deemed appropriate, implement the Super Crew shift coverage</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>15. When Super Crews are onsite, release the balance of staff as appropriate</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>16. Ensure security is notified that the pandemic mode of operation has been entered and added ingress/egress procedures are implemented</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>17. Establish health screeners to control site access. Health screening for visitors who must enter the site is established in accordance with the Daily Screening Checklist</td>
<td>Medical Services Security</td>
<td></td>
</tr>
<tr>
<td>18. Notify NRC of site actions and potential need for regulatory relief. Be prepared to answer questions in section 2.3.3. per RIS 2010-04.</td>
<td>Fleet Licensing / Reg Compliance</td>
<td></td>
</tr>
<tr>
<td>19. If Super Crews were implemented, evaluate returning individuals to the site in a controlled manner when deemed safe to do so using the following criteria:</td>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>• A new case of the pandemic illness has not occurred in minimum staff personnel for a duration reflecting the incubation period of the illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individuals returning to the company facility are screened prior to entry and confirmed to be healthy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ASSUMPTIONS:

- The intent of the Super Crew rotation is to provide for the minimum reasonable staff to operate the sites safely at full power for an extended period. Super Crew rotation does not account for a unit in a refueling outage.

- Crews are established with the intent to provide separation from all non-essential personnel as well as separation between the crews, all with the focus of minimizing virus transmission.

- Non-essential personnel who can perform their duties remotely via VPN should be directed to do so to minimize chances of transmission to required operations personnel.

- 4 crews would be established, A, B, C & D

- Crews A & C will work 3 days on 12 hour shifts, then take 2 days off. They will then come back and work 2 days on 12 hours shifts, then take 3 days off. Crews B & D would work the opposite schedule.

- Team E is a full stand-by team used for partial or complete team relief.

- Crews should be instructed to take all reasonable measures to isolate themselves from potential transmission of the virus while not on site.

- The Super Crew rotation may be implemented and secured multiple times during Stage E based on the spread of the virus in waves.

- Any regulatory relief requires approval by the NRC.
### Attachment 2, Pandemic Core Shift Staffing Estimates
or Onsite Personnel – 12 Hour Shift

<table>
<thead>
<tr>
<th>Group</th>
<th>Beaver Valley</th>
<th>Davis-Besse</th>
<th>Perry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Operations</td>
<td>Safeguards – Staffing in accordance with Security Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security – E Plan</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Chemistry</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Radiation Protection</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Mechanical Maintenance</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Electrical Maintenance</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Maintenance Services</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>FIN</td>
<td>5 (days only)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I &amp; C</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Engineering</td>
<td>2 (days only)</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Work Management</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Oversight</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>QC</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Warehouse/Supply Chain</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Document Control</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Records</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Medical (days only)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Planning and Support</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Access Authorization</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total for 12 Hour Shift Plan</td>
<td>58</td>
<td>61</td>
<td>39</td>
</tr>
</tbody>
</table>
**Team A, B, C & D**

**Team E – Stand-by Team**

<table>
<thead>
<tr>
<th>Dayshift Team A</th>
<th>Work 3 Days</th>
<th>2 Days Off</th>
<th>Work 2 Days</th>
<th>3 Days Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightshift Team B</td>
<td>Work 3 Days</td>
<td>2 Days Off</td>
<td>Work 2 Days</td>
<td>3 Days Off</td>
</tr>
<tr>
<td>Dayshift Team C</td>
<td>Work 2 Days</td>
<td>2 Days Off</td>
<td>Work 3 Days</td>
<td>3 Days Off</td>
</tr>
<tr>
<td>Nightshift Team D</td>
<td>Work 2 Days</td>
<td>2 Days Off</td>
<td>Work 3 Days</td>
<td>3 Days Off</td>
</tr>
</tbody>
</table>
March 24, 2020

Mr. Ted Skerpon, President
IBEW Local 97
713 Erie Boulevard West
Syracuse, NY 13204

Fossil COVID-19 Sequestration Plan

Dear Mr. Skerpon:

As part of PSEG’s business continuity efforts relating to COVID-19, the Company and the Union have agreed to temporary operational modifications as follows:

- The Company will solicit volunteers from the Bethlehem Energy Center station to be sequestered, on two (2) week rotations.
- The Company will determine the number of individuals it deems necessary to sequester for the two (2) week rotation. Once determined, the Company will inform the Union the identified headcount per classification and by shift (day and night).
- The Company will select qualified volunteers by classification in seniority order to fill the needed work assignments.
- Once selected to be sequestered, volunteers will be scheduled to work 16hrs, followed by 8hrs of rest time. Employees must remain onsite during the entire period of sequestration, including rest time.
- Volunteers who are not selected to be sequestered will be compensated at their hourly rate of pay for 8 hours/day, 40 hours/week.
- Compensation for work hours will be as follows, with the exception of Holidays, which will be paid pursuant to the parties’ collective bargaining agreement:

<table>
<thead>
<tr>
<th>Day</th>
<th>7a-3p</th>
<th>3p-11p</th>
<th>11p-7a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>8 hrs reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8 hrs reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8 hrs reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Thursday</td>
<td>8 hrs reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Friday</td>
<td>8 hrs reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Saturday</td>
<td>8 @ 1.5x</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Sunday</td>
<td>8 @ 2.0x</td>
<td>8 @ 2.0x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
</tbody>
</table>
COVID-19 Compensation for Weekly Sequestering

<table>
<thead>
<tr>
<th>Night</th>
<th>11p-7a</th>
<th>7a-3p</th>
<th>3p-11p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>8 hours reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8 hours reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8 hours reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Thursday</td>
<td>8 hours reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Friday</td>
<td>8 hours reg</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Saturday</td>
<td>8 @ 1.5x</td>
<td>8 @ 1.5x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
<tr>
<td>Sunday</td>
<td>8 @ 2.0x</td>
<td>8 @ 2.0x</td>
<td>8 Sleep @ 1.5x</td>
</tr>
</tbody>
</table>

- The Company will provide sleeping accommodations and meals at the site.
- To the extent that the Company determines that additional volunteers are needed to fill a rotation, it will select from the pool of excess volunteers. In the event that there are not enough excess volunteers, the Company will ask for additional volunteers.

These measures will remain in place during the business continuity activation period, which is determined by the SVP Fossil Operations, and are not intended to set a precedent for the future or intended to permanently modify the terms and conditions of the Collective Bargaining Agreement.

Respectfully,

Noel Cabrera
Manager – Labor Relations
Co-Op’s policy below:

March 12, 2020: Closed the community room after hearing the warning of gatherings of over 50 people.

March 17, 2020: Closed the front lobby to protect employees and members of the Co-Op. Also implemented health and safety guidelines.

March 23, 2020: Implemented working 2 days on/off cycle, splitting the employees into two teams. This will minimize the potential risk of a 14-day quarantine for the full workforce. The overall goal is to keep employee’s health a main priority and maintain day to day business. This will be in effect the full month of April 2020.
To Civil Authorities: The bearer has responsibilities for the operation of the Pepco Holdings utilities electric or gas facilities. Your assistance in permitting the bearer to perform their duties on behalf of the Pepco Holdings utilities is appreciated.

March 23, 2020

Atlantic City Electric Company ("ACE"), Delmarva Power & Light ("DPL") and Potomac Electric Power Company ("Pepco") (all subsidiaries of Pepco Holdings LLC, collectively the "Pepco Holdings utilities")¹ are utility companies that provide gas or electric utility services to customers in New Jersey, Delaware, Maryland or the District of Columbia. Due to the evolving COVID-19 pandemic, state Governors and other elected officials have ordered business closings, curfews, or stay at home orders in areas in which the Pepco Holdings utilities operate (or in which employees and contractors reside), as well as in adjacent areas². Exceptions for life sustaining or essential services have been provided. ACE, DPL and Pepco's work must continue in order to provide safe and reliable electric and natural gas service to its customers during this crisis.

By extension, affiliates, companies and contractors that provide materials and services to the Pepco Holdings utilities are an essential part of Pepco Holdings' provision of utility service. The work of these affiliates, companies and contractors is essential and therefore must also continue to enable Pepco Holdings to continue to serve its customers.

We understand that governmental officials, including law enforcement, may question your ability to continue working. Please present this letter and your work identification.

Sincerely,

[Signature]

John T. Anthony
Chief Operating Officer

¹ The Pepco Holdings utilities are subsidiaries of Exelon Corporation, whose employees also provide essential support services to the Pepco Holdings utilities.

² For example, in New Jersey, Governor Murphy issued Executive Order No. 107 on March 21, 2020, directing New Jersey residents to remain at home with certain exceptions which include utility workers. In Delaware, a similar order was issued on March 22, 2020. In Pennsylvania, utility businesses provide life sustaining services and may continue to operate, pursuant to Governor Wolf's Executive Order dated March 19, 2020.
BIG SANDY RECC
COVID 19 OUTSIDE PERSONNEL ACTION PLAN

No Big Sandy Trucks shall travel out of the Big Sandy service area, without permission of a Staff member.

- **SERVICEMEN –**

  1) No servicemen will enter the main office. Servicemen will receive and send information to the Main office by computer only. Drive thru can be used to exchange essential paperwork if necessary.

- **CONSTRUCTION CREWS and OPERATIONS PERSONNEL –**

  2) No Construction Crew or Operations Employees will enter the main office. Information will be transmitted to Main Office by computer only. Drive thru can be used to exchange essential paperwork if necessary.

- **SAFETY MEETINGS –**

  1) All Safety Meetings have been suspended. Plans are in place to work with KAEC to prepare power point presentations to be sent monthly to personnel electronically until this crisis ends.
  2) Morning stretches are to be done individually.

- **ALL OPERATIONS PERSONNEL –**

  1) All personnel shall attempt to limit face to face interaction with members and the general public. Attempt to maintain 6 feet distance.

  2) All personnel shall attempt to maintain social distance from each other as much as practicable.

  3) All equipment used shall be sanitized daily.

  4) All personnel shall adhere to strict personal hygiene (hand washing, etc.).

  5) All personnel shall adhere to the CDC recommendations. See attached.

  6) No visitors, salespersons, etc., will be admitted to Big Sandy RECC Offices.
All Operations Personnel

**Phase I**
Staggered Work hours
½ Personnel shall report at 7:00 AM and Alternate to reporting at 8:00 AM the next week.
Early group quits at 4:30PM Late group quits at 5:30PM See attached schedule.

<table>
<thead>
<tr>
<th>Start Time:</th>
<th>Start Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td>7:00AM Week 1</td>
<td>8:00 AM Week 1</td>
</tr>
<tr>
<td>Quit Time 4:30PM</td>
<td>Quit Time 5:30</td>
</tr>
</tbody>
</table>

Bill Jarrell
Joseph Sammons
Mike Caudill
Tyler Patrick
John Harrison
Doug Holbrook
Dustin
Bobby
Paul
Nathan
Justin
Arch

Steve Ward
Nathan Goble
Brodie Mullins
James Thompson
Dwayne
Chris B.
Chris P.
Lisa
Betty

This schedule is designed to help limit exposure of our employees. You will receive your regular days’ pay.
Everyone’s regular shift is 7:00AM to 5:30PM so if you are required to work during this time you will only receive regular pay.

**Phase II**
Staggered Work Weeks due to multiple and increasing confirmed cases of COVID 19 in our service territory.
One group of personnel will work one week and second group of personnel will work the next week.
Each group of employees will stay at home for a week, and must be on stand-by if needed.
Each employee must check-in with Staff.
This schedule is designed to help limit exposure of our employees. You will receive your regular days’ pay.
Everyone’s regular shift is 7:00AM to 5:30PM M-T so if you are required to work during this time you will only receive regular pay.
Group A
Bill Jarrell
Joseph Sammons
Mike Caudill
Tyler Patrick
John Harrison
Doug Holbrook
Dustin
Bobby
Paul
Nathan

Group B
Justin
Steve Ward
Nathan Goble
Brodie Mullins
James Thompson
Dwayne
Chris B.
Chris P.
Lisa
Betty

Arch Bayes will be scheduled as needed.

Phase III
Activated during a severe outbreak of COVID 19 in our service territory.
Right-of-way work will be temporarily shut down except for emergency work.
All Operations employees will work from home. Employees will check-in 2 times
each day from home. Employees will be on stand-by and will be dispatched as
needed by Staff. Outages and power problems will be the focus and limited work
at the direction of the Staff.
This schedule is designed to help limit exposure of our employees. You will
receive your regular days’ pay.
Everyone’s regular shift is 7:00AM to 5:30PM M-T so if you are required to work
during this time you will only receive regular pay.
Know How it Spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
  - 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.

Take steps to protect yourself

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a **hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact

- Avoid close contact with people who are sick
- Put distance between yourself and other people if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.

Take steps to protect others

Stay home if you’re sick

- Stay home if you are sick, except to get medical care. Learn what to do if you are sick.
COVID-19 Operations Guide

Overview .................................................................................................................. 2
Introduction ............................................................................................................. 2
Company .................................................................................................................. 3
Operations Team ..................................................................................................... 3
Home Dispatch ....................................................................................................... 3
Customer ................................................................................................................ 4
  Servicing Hospitals & Nursing Homes ................................................................. 4
Employee .................................................................................................................. 5
  Assignment ........................................................................................................... 5
  Dispatch ............................................................................................................... 5
  Central Office Precautions .................................................................................. 5
  Technician Guidance at Customer Premise ......................................................... 5
  Technician Repair Process .................................................................................. 6
  Technician Warm Install Process ....................................................................... 6
Safety / Personal Protective Equipment (PPE) ...................................................... 9
  Safety & PPE Guidelines ..................................................................................... 9
  Hand Sanitizer, Wipes and Gloves .................................................................. 11
Revisions .................................................................................................................. 13
  Revisions ............................................................................................................. 13
Overview

Introduction

Amid the challenges we are all facing, the Operations teams continue to inspire while working hard & safe to bring critical services to our customers.

This document will provide direction and answers to frequently asked questions for the Operations team.

We all look forward to this situation ending soon so we can resume our normal lives. Until then, be safe, wash your hands frequently and stay informed on how COVID-19 is impacting you by reading the URGENT UPDATE: COVID-19 emails.
Operations Team

Our Call, TSO, Assignment and Dispatch centers are practicing Workplace Distancing by increasing the spacing between the workers and spreading-out over multiple floors of their buildings.

Office personnel are working from home when/where possible. Increased facility cleaning and sanitization schedules are in-place with established Sanitation Stations. We worked very quickly to enable remote system availability so many of our teams can work from home.

Canceled meetings and huddles in lieu of email, text, phone, video and teleconferencing. Initiated discussion with every customer that calls to determine risk. Implemented repair/order protocols and home dispatch. Established continued communication to provide frequent updates.

Home Dispatch

Home Dispatch is available in some areas. If you are interested in this option, see your Local Manager to get all the details and they will get you ‘in the system’ as a temporarily approved Home Dispatch candidate. Be sure everything is submitted and approved before you start your day from home.
Customer Servicing Hospitals & Nursing Homes

- The ticket will have the name of the Local Contact for that Property. When you call ahead to let the customer know you are en route, ask for the contact and tell him/her that you will need them to provide you with the Personal Protective Equipment they require their own employees to wear, before you can enter. If the contact is not who is going to meet you then you need to have the name of who will provide the Personal Protective Equipment and facility access. When the Personal Protective Equipment is provided, the technician will enter and complete the work.
- If not provided, the technician will complete the work to a safe point of demarcation and call their supervisor.
Employee

Assignment

Dispatch

Central Office Precautions

As we practice workplace and social distancing in our facilities, there is an opportunity to reduce employee traffic at the Central Office locations.

- If a non-Central Office Field Technician needs to perform work at a Central Office, we are asking that Field Technician – before automatically going there – to call into that Central Office or, if unmanned, reach out to the Central Office Technician(s) that are usually in that location.
- Find out if the CO Tech is at that location, near it, or might be traveling to it soon and if they are, when they might arrive.
- If a CO Tech is en route or can get their timely, that CO tech should work the part of the ticket that requires the CO visit, preventing the Field Tech from having to go there.
- If there is not a CO Tech at the location or en route, then the Field Technician will need to go to the CO to finish the job.
- Technicians should avoid going to local Central Offices to eat lunch or take their breaks.
- If you must enter a Central Office, please wash your hands well for 20 seconds with soap and water.

Technician Guidance at Customer Premise

- Frontier is considered a critical infrastructure provider and we need to continue completing our work in a safe manner.
- If your job indicates a COVID-19 alert or if customer identifies a risk at time of call ahead you are required to perform work to the outside, and never have direct contact with the customer or enter premise beyond garage.
- For all other jobs as an added measure, when you ring a bell or knock on a door, step back at least 6 feet or more while you await the customer to answer. As you talk and work on the service, keep 6 feet distance from people in the home.
- During installation and repair processes we are authorizing the following temporary processes to provide customer service and track these jobs, so we can return and permanently complete after the COVID-19 crisis has ended.
Technician Repair Process

Test and verify working services to demarcation point, either outside of premise or an inside demark where you do not have direct contact with the customer, such as a garage or terminal room.

- If the customer accepts a temporary wiring or device placement, use the Post Job Checklist during the completion flow in MTP to report the temporary facilities. This will ensure we track the temporary wiring and contact the customer to follow up with permanent wiring when the premise is safe/clear.
- If inside access is needed, premise is unsafe, or customer refuses to assist with restoring services, notify the customer to call back when the home is clear/safe to enter. Complete the job with following clearing codes:
  - Fault: 76_CUSTOMER
  - Cause: 76_CUSTOMER
  - Plant Item:
    - 0998_COVID19_PROTOCOL-CUST-RPT (To be used if customer does not want technician to enter premise)
    - 0997_COVID19_PROTOCOL-TECH-RPT (To be used if technician finds a premise impacted by Covid-19)
  - Action: 14 CANT CLEAR_COVID19_PROTOCOL
- Use clear and descriptive closeout remarks to aid follow up conversation when customer calls back

Technician Warm Install Process

Below is a summary of the guidelines that should be followed:

<table>
<thead>
<tr>
<th>Service / Product Type</th>
<th>Action</th>
</tr>
</thead>
</table>
| Copper DSL, Vantage and Voice | • Confirm Dial Tone and/or Sync at the demarcation point/NID  
  • If customer has **existing wiring/jack** in place; Provide the customer the RG kit to connect to existing jack  
  • If customer has **no inside wiring/jack** that can be used; Create temporary patch cord to be used from demark to RG (with enough slack for RG placement indoors) and transfer RG/temporary wire to customer (through door or window) to place inside premise.  
  • Connect wirelessly to the RG from outside the premise and **Verify sync**  
    - Walk customer through Walled Garden and **Confirm** customer has full access to the broadband service (surf)  
  • Note that bonded services will sync on a single pair if inside wiring/jack is only wired for single |
<table>
<thead>
<tr>
<th>FiOS and Fiber to Home</th>
</tr>
</thead>
</table>
| • If ONT is present or can be installed outside premise/inside demark where you do not have direct contact with the customer (i.e. garage or terminal room); Place NVG468MQ RG on Ethernet in garage in a location to maximize signal coverage  
  • If customer inside home Wi-Fi signal is weak or not acceptable  
    ▪ Offer an AM525 Wi-Fi extender and back feed via existing coaxial cable if feasible to support data  
    ▪ Offer 100M/100M lower speed using MoCA WAN (MEB1100 to NVG468MQ) – requires call to Offline  
• For voice, connect inside wire at ONT and place test calls  
• For Vantage fiber VOIP, have customer connect phone to RG and place test calls  
• Activate STB in garage or provide STBs/HDMI/Coaxial cabling to customer to connect inside premise  
• Use the Post Job Checklist during the completion flow in MTP to report the temporary facilities. This will ensure we track the temporary wiring and contact the customer to follow up with permanent wiring when the premise is safe/clear.  
• If service order cannot be completed using above steps refer the job to the following reason: |
| pair services (may be an option if customer does not want temp wiring)  
  • Remember, this will result in the customer receiving 50% of the speed they ordered: You NEED to notify the customer of this and that it will be remedied when we return to complete the job.  
• Use the Post Job Checklist during the completion flow in MTP to report the temporary facilities. This will ensure we track the temporary wiring and contact the customer to follow up with permanent wiring when the premise is safe/clear. |
o COVID19_PROTOCOL_CUST_REPT (To be used if customer does not want technician to enter premise)
o COVID19_PROTOCOL_TECH_REPT (To be used if technician finds a premise impacted by Covid-19)

Click the following link or attachment below to view the complete Warm Install Process:

COVID-19 Warm Install Options

Warm Install Options.pdf
Safety / Personal Protective Equipment (PPE)

Safety & PPE Guidelines

This is what you need to do to be Safe, based on guidance from the CDC, and Public Health Officials. We know that you have probably heard this before but thought it would be good to give you the most important points for getting through this National Emergency.

As a critical infrastructure according to the Department of Homeland Security, we play an important role in our Nation’s recovery from COVID-19, and your Safety is very important in that response.

These points are focused on our Technical Workforce that may go onto Customer Premises.

If you have any questions about Safety, please contact your Regional EHS Manager.

- Denise Chwiej – 570-631-5352 – NY, PA
- Dan Farrell – 317-984-2585 - IA, IL, IN, MI, MN, NE, WI
- Gary McConihay – 304-347-0002 – AL, GA, MS, NC, OH, SC, TN, VA, WV
- Bill Poirier – 727-441-4413 – FL
- Tim Prade – 805-208-6534 – CA, AZ, MT, NM, NV, OR, UT, WA
- Mary Tomey-Streeto – 203-771-3090 – CT
- Floyd Williams – 817 – 270-3698 - TX
- Lynne Monaco – 585-777-7537 - VP

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEEP AT LEAST 6 FEET AWAY FROM THE CUSTOMER.</td>
<td>Why do this?</td>
</tr>
<tr>
<td></td>
<td>• The CDC has determined that COVID-19 spreads mainly through person to person contact at close range, through the transmission of droplets.</td>
</tr>
<tr>
<td></td>
<td>• The CDC has defined this as being within 6 feet of a person, or if you come within direct contact with the bodily fluids of an individual, with COVID-19.</td>
</tr>
<tr>
<td></td>
<td>• This is the same guidance that the CDC has provided to First Responders.</td>
</tr>
<tr>
<td></td>
<td>How should Frontier Technicians follow this Guidance at a customer premises?</td>
</tr>
<tr>
<td></td>
<td>• Frontier is considered a critical infrastructure provider and we</td>
</tr>
</tbody>
</table>
need to continue completing our work in a safe manner.

- Look at your Order Ticket. If your ticket indicates a COVID-19 alert, you are required to only perform work to the NID, and never have direct contact with the customer.
- As an added measure, when you ring a bell or knock on a door, step back at least 6 feet or more while you await the customer to answer.
- Talk to the customer from that distance. Ask if anyone in the household is sick or has the COVID-19 symptoms (fever, cough, shortness of breath). If yes, do not enter and call your supervisor.
- If they say no household member is ill or symptomatic, then you advise them for their safety and yours, that you must keep a safe distance of 6 ft. or more from all household members while you are performing work on their premises.
- If a customer is uncooperative, then call your Supervisor.
- We are finalizing additional installation and repair processes. These processes will allow you to temporarily complete work and track so we can return after the COVID-19 crisis has ended. Expect this within the next day or two.

WASH YOUR HANDS FREQUENTLY

- Avoid touching common surfaces in the household.
- Do not touch your face.
- The CDC says that using ordinary soap and water at any temperature for 20 seconds is best for killing the COVID-19 virus. They indicate that
| Hand Sanitizer, Wipes and Gloves | COVID-19 crisis safety materials are in very short supply across the country and our ability to secure materials for distribution is hampered by the CDC directing all supplies to critical healthcare providers first. |

- Hand sanitizer should be used when soap and water are not available.
  - Upon exiting from the customer's premises, wash your hands with soap and water for 20 seconds, ensuring that you are scrubbing every part of your hand.

- **PPE**
  - CDC Guidance indicates that medical providers and those who are sick should be using the N95 respirators.
  - The N95 Respirators are in short supply and are being directed for use in the medical facilities, nursing homes, and by first responders, who come in direct contact with those affected by COVID-19.
  - Frontier has a very limited supply of N95 respirators. Technicians will be issued an N95 respirator if they are going there is an emergency that requires immediate action.
  - Procurement continues to focus on locating supplies, but many are currently being directed to the medical community.
  - The logistics team has built a tool to allow ordering for each area to ration PPE across our footprint.
  - Procurement has purchased bars of soap, water jugs and vinyl gloves for use in the field and Directors have placed orders, they are in route.
  - We are continuing to try to locate other PPE including hand sanitizer, face shields, alternative masks, as well as a longer-term pipeline for scarce supplies.
• **UPDATE:** We have been able to secure additional sources for disposable vinyl gloves and hand sanitizer. Directors are ordering through the PPE process and will distribute, so we can ration some to all work centers. The CDC still recommends washing your hands with soap and water for 20 seconds as the best cleaning option for your hands, so please continue to wash your hands, even if you use gloves.
Revisions

The following revisions have been made to this document from the time of posting.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Change Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/27/20</td>
<td>Updated Warm Install Process &amp; Repair Process sections per B Pero - LV</td>
</tr>
<tr>
<td>3/26/20</td>
<td>Added Regional EHS contact names in ‘Safety &amp; PPE Guidelines’ section per B Pero - LV</td>
</tr>
<tr>
<td>3/25/20</td>
<td>Initial creation -LV</td>
</tr>
</tbody>
</table>
GRAYSON R.E.C.C.’S PLAN FOR CATASTROPHIC MEDICAL EVENTS

Stage 1 Recognize the threat
Monitor directives from the state & federal governments
Sick employees are encouraged to stay home

Stage 2 Inform employees and offer masks, gloves, etc.
Clean office door handles, handrails and other areas within the office with bleach wipes and use disinfectant spray throughout the office several times a day.

Stage 3 Close office areas to public. Move meetings to phone conference and curtail all meetings and travel.
Conduct necessary business via phone, drive-thru and night drop box.

Stage 4 Staff will be on call 24/7.
Close the office except for a skeleton crew of workers.
Suspend all services except for power outages and payments.
Have phone call availability for members to call in service requests that will be completed when we are back to full force and utilize CRC.

When/If our Governor calls for a Shelter-in-place, all employees must have Company ID & license to be on the road if you are travelling to work.

Maintenance will work from home and be on call for outages only

Construction one crew will work and the other crew will be at home (on call)
Donnie will work every day, sanitizing all trucks, doghouse and office

Everyone is required to sanitize their work station and surrounding areas several times a day.
Roger/Willis will work every day
Jonathan will finish today. He will not work for the next few weeks.

Staff will work as needed and on call 24/7

Metering Steve/Scott will work one week at home, one week at the office, alternating.

Engineering Scott/Joe will work one week/one week at home, alternating.

Accounting Joanie/Marsha and Cait/Sue will work one week at a time to maintain one in each area.

Member Services Sherry, Tina, Becca, Janet & Angie—work with 2 in that department one week at a time.

Everyone’s pay will continue, the only change is that you will either be working from home (on-call) or sitting at your desk.
Non-Exempt Temporary COVID-19 Emergency Operations Pay Guidelines

Effective April 1, 2020

1. **Employee Illness**: Employees sent home by management or HR for fever or flu-like symptoms or who call in sick with fever or flu-like symptoms will continue to be paid their regular pay without having to use company-provided paid time off programs (Vacation/PTO, etc.) for up to 3 days. Employees who are experiencing symptoms of COVID-19 and seeking a medical diagnosis are eligible for up to 7 additional working days of paid leave (for a total of 10 days, up to 80 hours) before using any other time off benefit. Employees will not receive overtime pay during their absence. If the absence goes beyond 10 days (or 80 hours), the employee will utilize the applicable company provided paid time off programs such as STD or sick leave and provide a doctor’s note upon return to work. When calling in, the employee must report the illness to his or her manager and send an email to VistraTravelerSafety@vistraenergy.com for further direction. If the employee is sent home, the manager or HR will provide further direction.

2. **Employee Believes They Have Been Exposed to COVID-19 or Employee is Under Quarantine**: If an employee is under government-ordered quarantine, has been advised by a health care provider to self-quarantine, or believes he or she has been exposed to someone with a confirmed case of COVID-19, the employee must report this information to his or her manager and send an email to VistraTravelerSafety@vistraenergy.com for guidance on returning to work. If the employee is under quarantine or directed by the company to remain at home and cannot work from home, the employee will continue to be paid his or her regularly scheduled hours at a straight-time rate without the use of company provided paid time off programs for up to 10 working days (up to 80 hours). If the employee has been advised by a health care provider to self-quarantine and the quarantine period extends beyond 10 working days or 80 hours, the employee will utilize the applicable company-provided paid time off program such as STD or sick leave.

3. **Employee Must Stay Home to Care for the Employee’s Son, Daughter or Other Individual**: Employees who cannot work from home and must stay home to care for: (1) an individual who is under quarantine or who is experiencing symptoms of COVID-19 and seeking a medical diagnosis or (2) a son or daughter whose school or daycare is closed due to COVID-19 precautions will be paid their regularly scheduled hours at a straight-time rate without the use of any other paid time off benefit for up to 10 working days and up to 80 hours. After exhausting this first 10-day (or 80-hour) period, employees who cannot work from home and have a bona fide need to stay home to care for their child whose school or daycare provider is closed due to COVID-19 precautions are eligible for additional paid leave benefits (2/3 of regular pay up to $200 per day) for up to 10 additional weeks. Employees may, but will not be required to, supplement their time off with other applicable company-provided time off benefits.

This is a fluid situation, and we will continue to monitor the situation and make the necessary adjustments.
What to do when an employee calls in to report absence due to COVID-19

All information received must be treated in extreme confidence. Gather the information below while you have the employee on the phone. Do not tell anyone other than your Facility Manager and Human Resources that an employee has reported COVID-19 issues. HR will take care of notifying the Health Department on behalf of Big Rivers.

1. Ask the employee:

Are you sick or is it someone else you have come in close contact with?

If someone else, YES NO

Do they have fever? ☐ ☐
Do they have cough? ☐ ☐
Do they have shortness of breath? ☐ ☐
Are they scheduled to be tested for COVID-19? ☐ ☐
Have they been tested for COVID-19? ☐ ☐
Have they received results? ☐ ☐
Have they tested positive for COVID-19? ☐ ☐

Refer to Appendix A for Work Reporting Expectations given the reported information.

If the employee, YES NO

Do you have fever? ☐ ☐
Do you have cough? ☐ ☐
Do you have shortness of breath? ☐ ☐
Are you scheduled to be tested for COVID-19? ☐ ☐
Have you been tested for COVID-19? ☐ ☐
Have you received results? ☐ ☐
Were you positive for COVID-19? ☐ ☐

If they have not been tested for COVID-19 or tested negative for COVID-19, refer to Appendix A for Work Reporting Expectations.

If they have been tested and have not received results or were positive for COVID-19, please continue to ask the questions below.
2. Can you please provide me with contact information for you and a family member so we can maintain contact with you, if needed, during the next few weeks?

Obtain primary (employee) and secondary (spouse, child, close family member, etc.) contact information from the employee so the company can maintain contact, on an as needed basis. Accept all forms of communication the employee is willing to provide; this includes cell phones, home phones, and email addresses of anyone who may be able to provide specific employee information if we need it and the employee is not available. (Form to be developed by HR)

3. Ask the infected employee:

*Please tell me all coworkers, vendors, contractors, and areas within the facility that you recall coming in close contact with during the last 14 days. We need to know the areas that must be cleaned and sanitized, as well as inform the employees who should be encouraged to get tested and/or self-quarantine. We will not tell others that you have tested positive for COVID-19…but we do have to let them know that they may have been exposed.*

TAKE GOOD NOTES. When done gathering as much information as possible, tell them,

*Lisa Garrett or someone else from HR will follow up with you within the next hour. Please try to answer their call. In the meantime, please continue to think of any additional people or places within the company you have been in the last 14 days.*

4. Convey the following work reporting expectations:

*You need to self-quarantine and follow the instructions of your doctor. If you have not yet notified your doctor, please do so immediately or notify the local health department for further direction. You are unable to report to work for at least 14 days after your first exposure, go at least 72 hours without a fever, and wait at least 7 days until after your symptoms first started. You will also need to get a doctor’s statement to return to work. Don’t forget, HR will be calling you. Please take care of yourself.*

5. Immediately contact your facility manager and Lisa Garrett at 270-993-1590 on a 3-way call (Lindsay Durbin at 270-993-1594 if you can’t reach Lisa) to convey information gathered from infected employee.

**SUPERVISOR’S ROLE FROM THIS POINT FORWARD IS TO BE AVAILABLE TO ANSWER QUESTIONS OR CONCERNS FROM FACILITY MANAGER OR HR. DO NOT SHARE ANY INFORMATION WITH OTHERS. FACILITY MANAGER AND HR WILL ENSURE ALL FURTHER TASKS AND NOTIFICATIONS ARE MADE.**
6. HR representative will complete the Physical Contact Form using the information you provide and the information gathered when they contact the employee immediately following your call. HR will assign the Physical Contact Form a confidential, sequential case number to be used in all future correspondence.

7. HR representative will notify Corporate Safety Manager Troy Stovall of all identified work areas that need to be secured and sanitized. Corporate Safety Manager will be responsible for tracking and managing this activity. Corporate Safety Manager will coordinate with Individual Safety Professional at impacted location to coordinate use of ERT Team members or outside cleaning contractors to perform cleaning and sanitization per the guidelines shown in Appendix B.

8. HR representative will contact local Health Department to make notification and will follow directives from Health Department as appropriate.

   Henderson County Health Department  (270) 826-3951
   Ohio County Health Department  (270) 298-3663
   Webster County Health Department  (270) 639-9315
   Green River Area Health Department  (270) 686-7747

9. Facility manager will make appropriate notification to the vendor with mandatory suspension from our job site for a minimum of 14 days after a known exposure and provided no COVID-19 symptoms develop.

10. Human Resources will work with facility staff to contact the employees identified by infected employee. (Person who is the primary person receiving the information may delegate this task to another member of the HR or Benefits Department without providing the name of the person diagnosed with COVID-19 to maintain confidentiality, only the case number will be used.)

    The representative making contact will only use the Case Number of the infected employee. The name of the infected employee, department, job title, shift, etc. will not be disclosed for purposes of making the call. Advise them that an employee has been physically present at their work location and in close proximity to them and has tested and/or suspected positive for COVID-19, and out of an abundance of caution, we are requiring they do not report to work for a least 14 days, to self-quarantine, and work remotely, if possible.

    HR will refer to Columns 5 and 6 of Appendix A for instructions to the employee if they are not experiencing symptoms and if they start experiencing symptoms. Encourage them to reach out to their health care provider if they have questions. If they do test positive, they must notify their supervisor immediately so we can start the process of obtaining information from them starting back at Step 1.
11. HR will inform all employees through an email communication (also posted on board at plants and ET&S and notify supervisors to communicate directly)

EMAIL VERBIAGE:

An employee has tested positive for COVID-19 at _______ facility. The affected areas will be restricted, closed and/or designated with red caution tape until deep cleaning and sanitization can be conducted per instructions from the Centers for Disease Control (CDC).

As critical energy infrastructure needed to continue to support our families and community, we must focus to ensure the delivery of reliable power to the grid. We ask that you try to remain calm and patient with others as we navigate through the process. We continue to focus on keeping you as safe as possible.

Please remember, the CDC reports that 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 main way the virus spreads.

Good personal hygiene has never been more important than now. Please remember:

- Wash your hands frequently with warm, soapy water for at least 20 seconds.
- Cover your mouth with tissues whenever you sneeze or cough, and discard used tissues in the trash.
- Avoid people who are sick with respiratory symptoms.
- Clean frequently touched surfaces.
- Practice social distancing (avoid in-person meetings, don’t congregate with others, try to keep 6 feet between you and others at all times, etc.)

As a reminder to everyone, discrimination or harassment of individuals that are suspected to have tested positive for, or been exposed to, COVID-19 is strictly prohibited.

Contact your supervisor with additional questions or concerns you may have so we can continue to stay abreast of issues as they arise.
# Big Rivers Electric Corporation
## COVID-19 Reporting and Disinfecting Procedure
**Issued: 3/23/2020**

### APPENDIX A

#### Work Reporting Expectations during COVID-19 Pandemic (Effective 3/18/20-04/04/20)*

<table>
<thead>
<tr>
<th>Employee Status</th>
<th>Fever, Cough or Shortness of Breath</th>
<th>Close Contact*** with Someone with Cough or Shortness of Breath Symptoms</th>
<th>Close Contact with Someone with Fever and Cough or Shortness of Breath Symptoms</th>
<th>Close Contact with CONFIRMED COVID-19 Patient</th>
<th>IF YOU ARE DIAGNOSED WITH COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Restrictions</td>
<td><strong>Notify supervisor</strong> Unable to work until free of fever (100.4°F or greater using an oral thermometer), 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) Sick leave if work from home not possible</td>
<td>No Work Restrictions Practice social distancing Work from Home if possible</td>
<td>Notify Supervisor Practice social distancing Self-monitor** for symptoms (fever, cough, shortness of breath) May return to work after that person no longer has fever for 72 hours or is confirmed negative for COVID-19. Sick Leave if Work from Home not possible</td>
<td>Unable to report to work for 14 days after known exposure Notify Supervisor Self-monitor for symptoms (fever, cough, shortness of breath)</td>
<td>Self Quarantine Notify Supervisor and Local Health Department or Your Physician Unable to report to work for 14 days after known exposure AND no fever for at least 72 hours without the use of fever-reducing or other symptom-altering medicines AND at least 7 days have passed since your symptoms first appeared Sick Leave if Work from Home not possible</td>
</tr>
<tr>
<td>Return to Work</td>
<td>No Doctor Statement Needed to Return to Work</td>
<td>N/A</td>
<td>No Doctor Statement Needed to Return to Work</td>
<td>No Doctor Statement Needed to Return to Work</td>
<td>No Doctor Statement Needed to Return to Work</td>
</tr>
</tbody>
</table>

---

*This document will be updated as necessary, or as laws necessitate, to maintain employee safety and meet ongoing business needs.

** Self-monitor: Take temperature twice a day and remain alert for respiratory symptoms and notify appropriate healthcare provider if fever or respiratory symptoms develop.

***Close Contact:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time, close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

If you return from travel outside the continental United States, you will be required to self-quarantine for at least 14 days, using additional vacation or unpaid leave, even if you don't have symptoms of Coronavirus.

The return to work policy will be waived for Generation Bargaining Employees from now until April 4 for COVID-19 related absences.

The Absence Control Policy is suspended until April 4 for transmission and generation bargaining employees.

---

**REMEMBER: MAINTAIN 6 FEET BETWEEN YOU AND OTHER EMPLOYEES AT ALL TIMES UNLESS A SPECIFIC JOB MANDATES THAT YOU WORK IN CLOSER PROXIMITY.**
APPENDIX B

Specifications for cleaning and disinfecting potential and known COVID-19 Coronavirus contamination:

Cleaning: To remove contaminants from a surface.

Disinfecting: To kill pathogens from a surface.

To clean areas in order to prevent contamination from the COVID-19 virus; it is recommended to use Clorox or Lysol wipes OR Purell, Clorox, or Lysol sprays. Both wipes and sprays should be used per manufacturer’s recommendations/directions.

The Center for Disease Control (CDC), recommends the following chemicals be used for disinfecting areas known/suspected to be contaminated by the COVID-19 virus:

- **Bleach:** 5 tablespoons (1/3 cup) bleach per one gallon of cold water or 4 teaspoons bleach per quart of water
- **Rubbing Alcohol:** Must be a minimum of 70% concentration, staying on surface at least 30 seconds before dried with a cloth
- **Hydrogen Peroxide:** No dilution necessary, apply directly to surface

*It is recommended that each of these chemicals be applied using a spray bottle.*

PPE required during clean-up process:

- Eye/face protection
- Protective apron or surgical gown (aprons provided in typical Blood Borne Pathogen kits, Tyvek suit)
- Hand protection (disposable rubber or nitrile gloves)
- Surgical, dust mask or N95

**Waste disposal recommended by the CDC:**

Cleaning/disinfecting waste regarding COVID-19 are non-regulated and may be disposed of as follows:

Place all used disposable gloves, facemasks, and other disposable contaminated items in a lined container before disposing of them with other general waste. Clean your hands with soap and water immediately after handling these items. Soap and water must be used if hands are visibly dirty.

Thompson Industrial Contact Info: 800-849-8040
910-612-5468
cwise@thompsonind.com
thompsonindustrialservices.com

Heritage Crystal Clean Contact Info: 812-202-0188
Disinfecting Your Facility if Someone is Sick

- Close off areas used by the sick person.
- Open outside doors and windows to increase air circulation in the area. Wait 24 hours (or as long as possible) before you clean or disinfect.

- Clean and disinfect all areas used by the sick person, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.

When cleaning

- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

- Wash your hands often with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with an ill person.
  - Hand sanitizer if soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- Additional key times to wash hands include:
  - After blowing one’s nose, coughing, or sneezing.
  - After using the restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).
For managers

- Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.
- Develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, when PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200[1]).

How to clean and disinfect

**Wear disposable gloves to clean and disinfect.**

Clean

- Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:
- Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Use diluted household bleach solutions if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleaner.

To make a bleach solution, mix:
- 5 tablespoons (1/3rd cup) bleach per gallon of water
OR
- 4 teaspoons bleach per quart of water

- Alcohol solutions with at least 70% alcohol.
- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:
- Keeping the surface wet for several minutes to ensure germs are killed.
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Most EPA-registered household disinfectants should be effective.
Big Rivers Electric Corporation
COVID-19 Reporting and Disinfecting Procedure
Issued: 3/23/2020

Soft surfaces
For soft surfaces such as carpeted floor, rugs, and drapes
- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
OR
- Disinfect with an EPA-registered household disinfectant. [EPA-approved disinfectants](https://www.epa.gov/pesticide-registration/registration-index) meet EPA’s criteria for use against COVID-19.

Electronics
For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines
- Consider putting a wipeable cover on electronics.
- Follow manufacturer’s instructions for cleaning and disinfecting.
- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Laundry
For clothing, towels, linens and other items
- Wear disposable gloves.
- Wash hands with soap and water as soon as you remove the gloves.
- Do not shake dirty laundry.
- Launder items according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people’s items.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
International Brotherhood of Electrical Workers

LONNIE R. STEPHENSON
INTERNATIONAL PRESIDENT

KENNETH W. COOPER
INTERNATIONAL SECRETARY

NATHAN M. KNOTT
BUSINESS MANAGER & FINANCIAL SECRETARY
I.B.E.W. LOCAL 1701
2911 W. PARRISH AVENUE • OWENSBORO, KENTUCKY 42301 • TELEPHONE (270) 684-3058 • FAX (270) 684-4255

March 17, 2020

In the interest of the mutual well-being of all IBEW Local 1701 members and all the employees at Big Rivers, we would like to convey our endorsement of the measures Big Rivers is currently implementing during the COVID-19 issues that we are all facing. The Company and the Union have been in contact and plan to stay in contact to take care of our members while ensuring the people of western Kentucky have the power they need. This is unchartered territory for everyone involved and it is vital the health and safety of all employees is the top priority. One of our major concerns with this policy was whether the members will be paid for the qualifying events and that has been take care of per the policy. If you are sick, follow the policy, stay home, and think of your Union Brothers and Sisters and their families. Furthermore, we have agreed that individual temperature checks on all employees and contractors entering the plants and ET&S are in the best interest of everyone involved.

Fraternally,

Tim West
Chief Steward

Nathan Knott
Business Manager

Tommy Howard
Chief Steward
To: All Bargaining Employees  
From: Lindsay Durbin  
Date: March 31, 2020  
Subject: Families First Coronavirus Response Act

As people everywhere struggle to adjust to the rapid changes caused by the COVID-19 outbreak, the financial impact on businesses and employees has been a primary concern. To address the severe impact of COVID-19 on people’s lives, on March 18, 2020, President Trump signed into law sweeping COVID-19 relief titled the Families First Coronavirus Relief Act (FFCRA). The Act contains, among other things, new laws governing health insurance, the Family and Medical Leave Act (FMLA), and paid sick leave, each of which are explained below.

Health Insurance

Big Rivers Health Plan has waived all cost-sharing requirements such as deductibles, copayments, and coinsurance for the following:

- The costs of a test to detect or diagnose the virus that causes COVID-19; or
- Health care provider visits, including Live Health Online visits and other telehealth visits, urgent care and emergency room visits that result in an order for or administration of a test to detect or diagnose the virus that causes COVID-19.

Paid Sick Leave

Effective April 1, 2020, all Big Rivers employees are immediately eligible for up to 80 additional hours of paid sick leave. These additional hours and use will be tracked separately in Oracle with COVID-19 time codes that are being developed. Once you begin taking paid sick leave for one or more of these qualifying reasons, you must continue to take paid sick leave each day until you either (1) use the full amount of paid sick leave or (2) no longer have a qualifying reason for taking paid sick leave. This limit is imposed because if you are sick or possibly sick with COVID-19, or caring for an individual who is sick or possibly sick with COVID-19, the intent of FFCRA is to provide such paid sick leave as necessary to keep you from spreading the virus to others. This 80 hours of sick leave is available for the following reasons:

1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.

2. The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.

4. The employee is caring for an individual who is subject to an order as described in Item 1 or has been advised as described in Item 2.

5. The employee is caring for their son or daughter if the school or place of care of the son or daughter has been closed, or the childcare provider of the son or daughter is unavailable, due to COVID-19 precautions.

6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor.

Duration of Leave and Calculation of Pay:

- Reasons 1-3: Employees are eligible for up to 80 hours of leave at their regular rate of pay. Bargaining employees are eligible to receive reimbursement for all scheduled hours for the two week period, up to 80 hours with no 24-hour waiting period required for Bargaining Generation Employees. Specifically, employees are eligible to receive reimbursement each day for his/her scheduled hours (however, no overtime premiums will be paid on any hours, pursuant to the DOL guidance).

- Reasons 4 & 6: Employees are eligible for up to 80 hours of leave at two-thirds their regular rate of pay, up to $200 per day and $2,000 aggregate.

- Reason 5: Employees are eligible for up to 2 weeks of leave paid at two-thirds their regular rate of pay, up to $200 per day and $2,000 in aggregate. Bargaining employees are eligible to request the sell back of available vacation and personal day leave balances to make up the difference between their rate of pay and the maximum allowed by this act, if desired.

Expanded FMLA

Beginning April 1, 2020, Big Rivers' employees that have been employed for at least 30 days may be eligible for up to an additional 10 weeks of continuous expanded family and medical leave at two-thirds the employee's regular rate of pay, up to a maximum of $200 per day. This will be made available when an employee is unable to work due to a bona fide need for leave to care for a son or daughter whose school or childcare provider is closed or unavailable for reasons related to COVID-19 (Reason 5 above).

Documentation Required

The FFCRA requires documentation for both the employee and the employer. According to the Department of Labor, you must provide to Big Rivers documentation in support of the reasons for your paid sick leave. These documents may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 or
written documentation by a health care provider advising you to self-quarantine due to concerns related to COVID-19.

You must also provide to Big Rivers documentation in support of any expanded family and medical leave taken to care for your child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19-related reasons. For example, this requirement may be satisfied with a notice of closure or unavailability from your child’s school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an authorized employee or official of the school, place of care, or child care provider. Big Rivers must retain this notice or documentation in support of expanded family and medical leave.

Please also note that all existing certification requirements under the FMLA remain in effect if you are taking leave for one of the existing qualifying reasons under the FMLA. For example, if you are taking leave beyond the two weeks of emergency paid sick leave because your medical condition for COVID-19-related reasons rises to the level of a serious health condition, you must continue to provide medical certifications under the FMLA.
<table>
<thead>
<tr>
<th>Nuclear Business Continuity Plan</th>
<th>NPG-SPP-35.001 Rev. 0001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality Related</strong></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td><strong>SPP Lead</strong></td>
<td>Walter H. Lee III</td>
</tr>
<tr>
<td><strong>Validated By</strong></td>
<td>Zach Baze</td>
</tr>
<tr>
<td><strong>Validation Date</strong></td>
<td>03-18-2020</td>
</tr>
<tr>
<td><strong>Review Frequency</strong></td>
<td>4 years</td>
</tr>
<tr>
<td><strong>Effective Date</strong></td>
<td>03-18-2020</td>
</tr>
</tbody>
</table>

**Level of Use:** Reference Use

**Prepared by:** Josh Perrel

**Approved by:**

Tim Rausch

03-18-2020

Tim Rausch, Chief Nuclear Office
<table>
<thead>
<tr>
<th>Revision or Change Number</th>
<th>Effective Date</th>
<th>Affected Page Numbers</th>
<th>Description of Revision/Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10/24/13</td>
<td>ALL</td>
<td>Initial issue; Replaces TVAN COOP R2 issued 01/10/2010.</td>
</tr>
<tr>
<td>1</td>
<td>03/18/2020</td>
<td>ALL</td>
<td>Complete revision based on new guidance in TVA-SPP-35.420. Revision bars are not shown for this revision. Added Source Note for NRC Commitment 114096303. (CR 1427250) With this revision, the Security Sensitive designation of this procedure has been removed.</td>
</tr>
</tbody>
</table>
# Table of Contents

1.0 PURPOSE ......................................................................................................................................... 4

2.0 SCOPE ............................................................................................................................................... 4

3.0 PROCESS ........................................................................................................................................... 4

  3.1 Roles and Responsibilities .............................................................................................................. 4

  3.2 Program Elements .......................................................................................................................... 5

    3.2.2 Notification and Activation .................................................................................................... 6

    3.2.3 Orders of Succession ................................................................................................................ 7

    3.2.4 Accounting for Personnel ....................................................................................................... 8

4.0 RECORDS ......................................................................................................................................... 8

  4.1 QA Records ..................................................................................................................................... 8

  4.2 Non-QA Records ............................................................................................................................. 8

5.0 DEFINITIONS ................................................................................................................................... 8

6.0 REFERENCES .................................................................................................................................... 9

  6.1 Requirements Documents ............................................................................................................... 9

  6.2 Developmental References ............................................................................................................ 9

Attachment 1: Business Essential Functions ......................................................................................... 10

Attachment 2: Continuity Essential Onsite Staffing Guidance .......................................................... 11

Attachment 3: Considerations for Individuals Being Sequestered .................................................... 13

Attachment 4: Business Essential Supplies and Contracts ............................................................... 14

Source Notes ....................................................................................................................................... 16
1.0 PURPOSE

The Nuclear Business Continuity Program enables TVA Nuclear to perform Business Essential Functions in advance of or in response to any disruption or emergency.

2.0 SCOPE

This process is intended to provide the framework for response to events that have the potential to challenge or have presented an actual challenge to fulfilling Business Essential Functions.

This process addresses the functions provided by the personnel and physical assets located at Browns Ferry Nuclear Plant (BFN), Sequoyah Nuclear Plant (SQN), Watts Bar Nuclear Plant (WBN), Central In-Processing (CIP), and Corporate Office Complex.

This process addresses events that are outside the scope of the Radiological Emergency Plan required by 10 CFR 50. For a declared emergency at a nuclear plant, the Radiological Emergency Plan is implemented in conjunction with this Business Continuity Plan.

3.0 PROCESS

3.1 Roles and Responsibilities

Chief Nuclear Officer (CNO)
- Responsible for activating the Nuclear Business Continuity Plan.
- Communicates Nuclear activities with Business Continuity Plan personnel before, during, and after a Business Continuity Plan activation.
- Provides oversight of Nuclear Business Continuity activities.

Site Vice President
- Decision-maker for nuclear site.
- Informs the Business Continuity Manager of site accountability status every 12 hours.

Director, Emergency Preparedness
- Functions as the Nuclear organization’s Continuity Planner.
- Notifies Supply Chain that the Business Continuity Plan has been implemented.
- Ensures that Business Essential Supplies are procured and delivered to the sites.

Business Continuity Manager
The TVA Business Continuity Manager roles and responsibilities are described in TVA-SPP-35.420. The TVA Business Continuity Manager is also defined by TVA-SPP-35.420.
3.1 Roles and Responsibilities (continued)

Business Continuity Support Team

The Business Continuity Support Team roles and responsibilities are described in TVA-SPP-35.420.

3.2 Program Elements

A. The TVA Nuclear Business Essential Functions are listed in Attachment 1.

B. When the Business Continuity Plan has been activated, the site shall continue to grant unfettered access to the Nuclear Regulatory Commission in accordance with 10 CFR 50.70(b)(3).

C. Activation of the Business Continuity Plan does not change the normal requirements for plant operations within Technical Specifications.

D. The Nuclear organization is dependent on the following internal TVA organizations in order to fulfill the Nuclear Business Essential Functions.

1. Transmission Power Supply and Support

   Nuclear supplies base load for grid stability (interdependency). Nuclear is dependent on Transmission Power Supply and Support for control of the bulk electric system and common station power.

2. Supply Chain

3. Human Resources (HR)

4. Information Technology (IT) / Telecom

   Nuclear requires IT support within 60 minutes to ensure communications capability.

5. River and Resources Stewardship

E. Continuity Facilities (Alternate Sites/Locations)

1. The Business Essential Function to maintain nuclear power production to support TVA baseload requirements cannot be performed at an alternate location.

2. Alternate facilities are required in support of the Business Essential Function to protect the health and safety of the public during declared radiological emergencies. Alternate facilities are provided in the Emergency Plan Implementing Procedures (EPIPs) for each site and in NPG-SPP-18.3.7.

3. The Bonny Oaks Air National Guard facility located at 6511 Bonny Oaks Drive (Chattanooga, TN) is an alternate location for the Central Emergency Control Center (CECC).

F. Essential records are maintained in accordance with TVA-SPP-35.420.
3.2 Program Elements (continued)

G. Essential contracts needed to perform Business Continuity Functions are maintained by Supply Chain through the Supply Chain Business Continuity Program. Attachment 4 lists other Business Essential Supplies and Contracts that will need to be reviewed and appropriately planned for during a continuity event.

H. The TVA Enterprise Emergency Notification System (TEENS) will be used to communicate information, requests, and updates to the Business Continuity Support Team and individuals performing Nuclear Business Essential Functions both before and during a continuity event.

1. A list of Nuclear continuity personnel is maintained in PLUS and updated regularly by the Nuclear representative on the Emergency Management Peer Team.

I. Select continuity personnel are provided with Government Emergency Telecommunications Service (GETS) cards and Wireless Priority Service (WPS) capability. At a minimum, the following individuals shall have both GETS cards and WPS: [Commitment 114096303]

1. CNO and successors
2. Site Vice President and successors
3. Director, Emergency Preparedness

3.2.2 Notification and Activation

A. The CNO, in coordination with other agency officials, determines when to activate the Business Continuity Plan and notifies the Director, Emergency Preparedness and the Nuclear Duty Officer (NDO).

1. The Director, Emergency Preparedness ensures that initial and follow-up messaging is disseminated via TEENS.

2. The NDO performs notifications in accordance with NPG-SPP-01.12.

B. The CNO, or designee, notifies the TVA Business Continuity Manager that the Nuclear Business Continuity Plan has been activated.

C. Initial communications to Nuclear personnel will describe appropriate response actions for Essential Onsite Personnel, Essential Remote Work Personnel, and Continuity Reserve Personnel.

D. As necessary, the Site Vice President directs implementation of site Business Continuity Staffing based on the guidance provided in Attachment 2.

1. The Site Vice President designates an individual to coordinate continuous staffing.

2. The staffing numbers in Attachment 2 continue to meet minimum Radiological Emergency Plan staffing requirements.
3.2.2 Notification and Activation (continued)

3. Individuals selected for site staffing must continue to meet the requirements provided in the Administrative Controls section of the Technical Specifications.

4. When determining a site staffing plan, the following items should also be considered:
   a. Out of service Fire Protection equipment that may require fire watches.
   b. Near term required surveillances that if not performed will result in Limiting Condition for Operation entries.
   a. Fatigue Rule compliance and required waivers associated with the staffing strategy. (see NPG-SPP-03.21)
   c. Available Licensing support for NRC enforcement discretion.

E. The Director, Emergency Preparedness notifies Supply Chain that the Business Continuity Plan has been implemented and ensures that Business Essential Supplies List is procured.

3.2.3 Orders of Succession

A. Succession planning has been established for the individuals with primary decision-making authority at the business unit level and at the site level. The CNO has overall responsibility for the business unit. The Site Vice President has decision-making authority for the site.

B. The order of succession for the CNO is:
   1. Senior Vice President of Nuclear Operations (First Successor)
   2. Senior Vice President of Engineering and Ops Support (Second Successor)

C. The order of succession for the Site Vice President is:
   1. Plant Manager (First Successor)
   2. Director of Operations (Second Successor)

D. If the individual filling the primary decision-maker role is changed, the following notifications must be made by the successor:
   1. Other individuals in the order of succession
   2. Direct reports to the position being assumed
   3. Business Continuity Manager
   4. Nuclear Duty Officer
   5. Shift Manager (for changes in the site level decision-maker)
3.2.4 Accounting for Personnel

A. Accounting for BCP personnel will be performed by site Security within 12 hours following Business Continuity Plan activation. This may be done by the site accountability readers or by reports run that list personnel inside the protected area.

1. The Site Vice President informs the Business Continuity Manager of site accountability every 12 hours in accordance with TVA-SPP-35.420.

B. Telework

1. Essential Remote Work Personnel who are needed to support Business Essential Functions will be requested to telework.

2. Employees assigned to telework will be responsible for checking in with their managers within 12 hours following Business Continuity Plan activation or direction to begin telework.
   a. For nuclear site employees, the responsible Department Manager informs the Site Vice President every 12 hours of the individuals assigned to telework and their accountability status.
   b. For corporate employees, the responsible Department Manager informs the NDO every 12 hours of the individuals assigned to telework and their accountability status.

3. The CNO, or designee, is responsible to report accountability of individuals in telework status to the Business Continuity Manager every 12 hours.

4.0 RECORDS

4.1 QA Records

None

4.2 Non-QA Records

None

5.0 DEFINITIONS

Essential Onsite Personnel - Nuclear personnel required to perform the Business Essential Function to maintain nuclear power production to support TVA baseload requirements. These personnel are located at a nuclear plant site.

Essential Remote Work Personnel - Nuclear personnel required to perform either Business Essential Function. This group of personnel includes:

- Individuals working from a remote location in order to maintain nuclear power production to support TVA baseload requirements.
### 5.0 DEFINITIONS (continued)

- Individuals required to protect the health and safety of the public during a declared radiological emergency. These individuals will be considered part of the remote work personnel category but may be required to report to an emergency facility if the Emergency Response Organization (ERO) is activated.

**Continuity Reserve Personnel** - Personnel who are not specifically assigned to perform Business Essential Functions during Business Continuity operations, but are in reserve in case they are needed.

### 6.0 REFERENCES

#### 6.1 Requirements Documents

- A. INPO IER L1-13-10, Nuclear Disaster at the Fukushima Daiichi Nuclear Power Station
- B. NRC Commitment 114096303
- C. TVA-SPP-35.420, “TVA Business Continuity Program”

#### 6.2 Developmental References

- A. None
### Business Essential Functions

TVA Nuclear has identified the following Business Essential Functions:

<table>
<thead>
<tr>
<th>Business Essential Function</th>
<th>Strategies to Perform Function</th>
<th>Recovery Time Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain nuclear power production to support TVA baseload</td>
<td>Implement current nuclear procedures using the fewest possible onsite staff.</td>
<td>0 Hours</td>
</tr>
<tr>
<td>requirements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect the health and safety of the public during declared</td>
<td>Implement the Radiological Emergency Plan in conjunction with the Business Continuity Plan.</td>
<td>1 Hour</td>
</tr>
<tr>
<td>radiological emergencies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

---
Continuity Essential Onsite Staffing Guidance

1.0 Discussion

If a decision is made to sequester personnel in support of business continuity, certain Essential Onsite Personnel will be required to remain onsite. To accomplish this, the plant will be operated by Super Crews. A Super Crew includes sufficient personal to operate 24 hours a day for an extended period of time. The table below lists the number of employees that would be needed for ONE super crew.

A. Each site should identify personnel required to meet the staffing guidance. Initial personnel selection is done by the Department Manager. Personnel selection issues are escalated as necessary.


C. The Super Crew rotates 12 hour shifts until relieved by another Super Crew.

D. Each site may operate with a reduced work force for several weeks. A planned relief schedule should be developed. If sequestration has been performed due to widespread illness, then a holding period should be considered for the on-coming Super Crew.

E. Personnel with physical limitations will not be sequestered.

F. Personnel with personal situations that would result in significant harm (for example, a single parent or elderly caretaker) will be exempted on a case by case basis.

G. The information in Attachment 3 should be provided to individuals who will be sequestered.
2.0 Site Staffing Levels

**NOTE**
Additional personnel may be required to account for out of service equipment or in-progress plant evolutions. For example, consider required fire watches for out of service fire protection equipment or additional Reactor Engineering personnel for plant startup.

<table>
<thead>
<tr>
<th>Department</th>
<th>BFN</th>
<th>SQN</th>
<th>WBN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift Manager</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>STA (SRO)</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Unit Supervisors (SRO)</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Unit Operator (RO)</td>
<td>12</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>AOU's</td>
<td>18</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Incident Commander (SRO)</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Maint. Craft</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Electrical Maint. Craft</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>I&amp;C Craft</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Maintenance Foreman (2 per discipline)</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Chemistry</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technician</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Radiation Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Technician</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisors</td>
<td>Based on Physical Security Plan Staffing</td>
<td>Based on Physical Security Plan Staffing</td>
<td>Based on Physical Security Plan Staffing</td>
</tr>
<tr>
<td>Officers</td>
<td>Based on Physical Security Plan Staffing</td>
<td>Based on Physical Security Plan Staffing</td>
<td>Based on Physical Security Plan Staffing</td>
</tr>
<tr>
<td><strong>Fire Operations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Brigade Leader</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fire Brigade Member</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td><strong>Supply Chain</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Material Handler</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Material Supervisor</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>87 + Security</td>
<td>73 + Security</td>
<td>75 + Security</td>
</tr>
</tbody>
</table>
Considerations for Individuals Being Sequestered

1.0 Items to bring with you to your work location

- Prescription medications
- Spare prescription glasses
- Additional clothing and undergarments
- Hygiene supplies
- Towel, Pillow, Blankets
- Device chargers
- Snacks
- Reading materials (book, magazines, etc.)
- Personal laptop or tablet
- Cards, Puzzles, Games

2.0 Process for Requesting Employee or Family Support

NPG-SPP-18.3.6 contains a process for obtaining assistance for sequestered Nuclear employees and their family members.
Business Essential Supplies and Contracts

1.0 Browns Ferry Nuclear Plant

1.1 Essential Plant Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Required Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diesel Fuel Oil</td>
<td>Tanker</td>
<td>As Needed</td>
</tr>
<tr>
<td>Hydrogen</td>
<td>Trailer</td>
<td>As Needed</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>Trailer</td>
<td>1 Time per Week</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Trailer</td>
<td>As Needed</td>
</tr>
</tbody>
</table>

1.2 Essential Plant Contracts

Support for plant makeup water is needed via the normal contract. This function is performed by a vendor.

2.0 Sequoyah Nuclear Plant

2.1 Essential Plant Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Required Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid Nitrogen</td>
<td>Trailer</td>
<td>3 Times per Week</td>
</tr>
<tr>
<td>High Pressure Nitrogen</td>
<td>Trailer</td>
<td>1 Time per Week</td>
</tr>
<tr>
<td>Hydrogen</td>
<td>Trailer</td>
<td>1 Time per Week</td>
</tr>
<tr>
<td>Carbon Dioxide</td>
<td>Trailer</td>
<td>1 Time per Week</td>
</tr>
</tbody>
</table>

2.2 Essential Plant Contracts

None.
Business Essential Supplies and Contracts

3.0 Watts Bar Nuclear Plant

3.1 Essential Plant Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Required Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid Nitrogen</td>
<td>Trailer</td>
<td>2 Times per Week</td>
</tr>
<tr>
<td>Hydrogen</td>
<td>Trailer</td>
<td>1 Time per Week</td>
</tr>
<tr>
<td>Hydrazine</td>
<td>1 Tote</td>
<td>Every 2 Weeks</td>
</tr>
<tr>
<td>Ammonia</td>
<td>1 Tote</td>
<td>Every 2 Weeks</td>
</tr>
<tr>
<td>Carbon Dioxide</td>
<td>Trailer</td>
<td>1 Time per Week</td>
</tr>
</tbody>
</table>

3.2 Essential Plant Contracts

Support for plant makeup water is needed via the normal contract. This function is performed by a vendor.
<table>
<thead>
<tr>
<th>Requirements Statement</th>
<th>Source Document</th>
<th>Implementing Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>TVA will evaluate the need for programmatic controls for the Government Emergency Telephone System (GETS)/Wireless Priority Service (WPS) programs.</td>
<td>NRC Commitment 114096303</td>
<td>3.2I</td>
</tr>
<tr>
<td>Establish plans for relocating personnel as well as communication and coordination functions to alternate locations should normal emergency response facilities be rendered inoperable during a nuclear accident or external event.</td>
<td>INPO IER L1-13-10, Nuclear Disaster at the Fukushima Daiichi Nuclear Power Station</td>
<td>All</td>
</tr>
</tbody>
</table>
VACATION AND PAID SICK LEAVE

FREQUENTLY ASKED QUESTIONS
PAYROLL PrACTICES AND COVID-19
(Vacation and Paid Sick Leave)

We have created this document to assist our leaders as they respond to various employee situations relating to COVID-19. The information in this document applies to:

**IBEW Local 31**

Where processes and language are different than the terms and conditions set out in the current Collective Bargaining Agreement, this is meant as a one-time, non-precedent setting exception. As the situation continues to evolve, the company and union leaders will continue to have discussions.

We will monitor and update these FAQs for any actions taken by federal, state or local government action that would require any additional potential leave benefits to our employees.

---

**Definitions:**

For purposes of this document, please refer to following CDC Definitions for COVID-19 Symptoms and Close Contact:

**Symptoms of the COVID-19 Virus:** The following are the symptoms of the COVID-19 virus ("COVID-19 Symptoms"):

- Fever (temp. of 100.4°F or greater)*;
- Cough*;
- Difficulty Breathing*

* Without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants)

**Close Contact with the COVID-19 Virus:** The CDC defines close contact ("Close Contact") as

- being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time. Close contact could, under certain circumstances, occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.

or
having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Contact does not include activities such as walking by a person or briefly sitting across a waiting room or office from them.
Question 1: Will the Company count any paid or unpaid absences under existing attendance policies or practices to sick leave or unpaid time off taken because of the COVID-19 pandemic?

Answer 1: Absences up to 14 calendar days that are legitimately related to time away from work due to the COVID-19 pandemic will not be included in evaluating an employee’s absence time pattern. Company reserves the right to require documentation, if requested. Consistent with normal policies and practices, all employees should be communicating with their leaders regarding the need for time away from work. Absences in excess of the 14 calendar days that are legitimately related to time away from work because of the COVID-19 pandemic will be reviewed on an individual, case-by-case basis.

Question 2: Will the Company require an employee to use sick leave or other paid time off (vacation) available through appropriate pay practices under the collective bargaining agreement for absences legitimately related to COVID-19 illness?

Answer 2: Yes. If the employee has been diagnosed with COVID-19 or has COVID-19 Symptoms and is unable to work, the employee must use available paid time off (vacation or sick leave) or unpaid time off subject to all applicable policies governing time away from work for medical-related illnesses. Absences resulting from work related exposure are addressed in questions later in this document.

Please note: Consistent with current practices under Minnesota state law, an employee is able to use paid leave, up to 160 hours, to care for the illness of a family member, including illness due to COVID-19.

Question 3: If an employee is asymptomatic for COVID-19 but the employee has been in Close Contact with an individual who has tested positive for COVID-19, should the asymptomatic employee take sick leave, vacation or other unpaid time off during the potential incubation period?

Answer 3: Consistent with CDC guidelines, this employee may be subject to a mandatory self-quarantine period. Note: Please refer to CDC definitions above regarding Close Contact.

The employee will need to take sick leave or other paid (vacation) or unpaid time away from work consistent with the Collective Bargaining Agreement and our normal policies and procedures.

Question 4: An employee has tested positive for COVID-19 or is quarantined due to possible exposure but is still healthy to perform the work. Can the employee work remotely?

Answer 4: Maybe. Remote work opportunities will depend upon what work or computer based training may be available that the employee could complete at home. The leader will determine if such arrangements are available.
Question 5: If an employee cannot perform work remotely, has used all of his or her vacation time for 2020 and does not have accrued sick leave for a legitimate COVID-19-related absence, will the Company advance any 2021 vacation time to employees to cover COVID-19 related absences?

Answer 5: The Company may allow an employee to borrow against future vacation time, subject to the terms of current guidelines and appropriate approvals. For represented employees, the Company will follow the applicable collective bargaining agreement for vacation borrowing.

Question 6: If an employee is unable to report to work because of day care and/or school closings related to COVID-19, will the employee be required to use vacation or unpaid time off?

Answer 6: Yes. If flexible arrangements such as remote work opportunities are not available or approved for this individual, the employee will be required to use vacation or unpaid time off if the employee is not able to work.

Question 7: Can employees use vacation time in less than full-day increments?

Answer 7: Yes. Available vacation, can be used in one (1) hour increments if needed. The employee must communicate and receive approval with his/her supervisor prior to doing so. Consistent with normal policies and practices, all employees should be working with their leaders regarding vacation requests or other requests for time away from work (personal leave).

Question 8: If I am on vacation and travel to a foreign country or domestic location that has been identified or becomes identified as high risk for COVID-19 by the CDC and I am required to self-quarantine per the CDC guidelines, will I have to use paid time off (vacation) for that quarantine period even if I am asymptomatic?

Answer 8: At this time, the CDC has announced the COVID-19 is a pandemic and issued recommendations on restrictions for both international and domestic travel. Employees who choose to take vacation and are impacted by the CDC’s COVID-19’s self-quarantine requirements must first use any remaining vacation time. Otherwise, the days are unpaid. Please note, though, that if this employee would become symptomatic, sick leave paid time off may be available under our existing policies and practices relating to illness.

Question 9: How will the Company handle incremental business-related expenses for employees who are asked or required to work remotely?

Answer 9. Normal policies and practices will apply regarding reimbursement for legitimate business related expenses. As is typical, leaders will review any requests for reimbursement.

Question 10: Is COVID-19 an FMLA-covered serious health condition?
Answer 10: It depends on the circumstances. If an individual is being treated for a serious health condition, then it could be covered under FMLA guidelines if they are being treated by a medical professional. Absences due to mild or moderate illnesses generally will not meet the requirements for FMLA.

Question 11: If an employee is exposed to COVID-19 during the normal course of their work duties and is unable to report to their usual work location, and the Company does not approve flexible work arrangements, will the Company pay the employee at the Company’s expense for the duration for that absence?

Answer 11: The Company will pay the employee for basic hours missed (no overtime hours) at the Company’s expense for the duration of that absence – the duration of any quarantine period required by the Company or federal or state health authorities. Additional paid absences for an employee in this scenario will be assessed for potential workers’ compensation benefits under applicable state law.

If the employee tests positive for COVID-19 due to being exposed during the course of their normal work duties, and continues to miss work for the duration of the illness, the Company will continue to make employee whole by providing pay for the lost basic hours without requiring the employee to use sick leave, vacation or other paid leave available under applicable pay practices.

Question 12: Will a COVID-19-related illness contracted in the course of an employee’s job duties be covered by workers compensation benefits?

Answer 12: We will follow all state workers compensation laws and our own policies relative to any such benefits. These situations can have a lot of nuances, so please discuss any unique situations with your primary HR resource.

Question 13: May an employee refuse to come to work due to a fear of becoming infected with COVID-19? And, if they refuse to report to work, will they be paid?

Answer 13: Employee safety is paramount. If the employee has a reasonable, good faith belief that their safety is at risk, they should report that to their leader.

Employees who are asymptomatic are expected to report to work unless there is a reasonable, good faith belief that the employee should be quarantined as directed by state or federal public health officials in compliance with CDC guidelines. Leaders must require appropriate supporting documentation for these absences and review any questions about this documentation with Occupational Health and Support Services (OHSS).

If an employee chooses to stay home without leader approval, it will be unpaid time and not eligible for sick leave payments.
Question 14: Will employees who do not have vacation or other paid time off benefits under the current collective bargaining agreements and who are away from work due to COVID-19 receive paid time off?

Answer 14: Consistent with current practice and subject to potential exceptions covered by worker’s compensation, absences for these employees generally would be unpaid.

Applicable Policies and Guidelines:
- Attendance and Time Reporting Policy
- Family and Medical Leave Policy and State Addendums
- Accommodations Policy for Injury or Illness
MEMORANDUM

TO: Robbin Blackert, City Administrator
COPY: Bill Wescott, Mayor, Jim Schuneman Utility Committee Chairman
FROM: Dick Simon
DATE: March 19, 2020
SUBJECT: Spit shifts due to COVID-19

Due to the COVID-19 virus, I will be limiting employee contact by splitting the staff into two crews. Starting Monday March 23, 2020, one crew will work Monday through Wednesday and the other Thursday and Friday. The next week the crew that worked Thursday and Friday will work Monday through Wednesday and the other crew Thursday and Friday. The meter reader will report every day until his the meter reading is done and his daily cleaning is done. All staff will be paid for 80 hours with both crews working an equal amount of time within that payroll period not including call outs. During this time all staff must be available Monday through Friday 7:00 -3:30 by work cell phone if needed.

This policy will remain in place until further notice.
MEMORANDUM

TO: Robbin Blackert, City Administrator
COPY: Bill Wescott, Mayor, Jim Schuneman Utility Committee Chairman
FROM: Ed Cox, Sewer Superintendent
DATE: March 20, 2020
SUBJECT: Split shifts due to COVID-19

Due to the COVID-19 virus, I will be limiting employee contact at the plant by splitting the staff into two crews. Starting Monday March 23, 2020, one crew will work Monday through Wednesday and the other Thursday and Friday. The next week the crew that worked Thursday and Friday will work Monday through Wednesday and the other crew Thursday and Friday. All staff will be paid for 80 hours with both crews working an equal amount of time within that payroll period not including call outs. During this time all staff must be available Monday through Friday 7:00 - 3:30 if needed.

I am also making a temporary adjustment to stand-by. Starting Monday, two staff members will be on call, one as primary and the other as secondary stand-by. The secondary stand-by will only be called in if needed. During this time the secondary stand-by person will receive the 2 hours per day of pay to carry the phone and must be available to respond.

This policy will remain in place until further notice.
MEMORANDUM

TO: Robbin Blackert, City Administrator

COPY: Bill Wescott, Mayor, Jim Schuneman Utility Committee Chairman

FROM: Larry Spinka, Assistant Superintendent Street Department

DATE: March 20, 2020

SUBJECT: Split shifts due to COVID-19

Due to the COVID-19 virus, I will be limiting employee contact at the Street Department by splitting the staff into two crews. Starting Monday March 23, 2020, one crew will work Monday through Wednesday and the other Thursday and Friday. The next week the crew that worked Thursday and Friday will work Monday through Wednesday and the other crew Thursday and Friday. All staff will be paid for 80 hours with both crews working an equal amount of time within that payroll period not including call outs. During this time all staff must be available Monday through Friday 7:00 -3:30 if needed.

This policy will remain in place until further notice.
TO: Robbin Blackert, City Administrator, Mayor Bill Wescott

FROM: Diane Hatfield, Utility Office Superintendent

March 19, 2020

Starting Monday, March 23rd—I’m planning on Cora and Beth coming in Monday-Weds-Friday 8-5 and Jenna and I will come in Tuesday-Thursday 8-5 and be closed for lunch—This will flip each week until it is no longer necessary.

All employees will be paid for their normal 40 hour week and must be available during normal working hours if needed.
MEMORANDUM

TO: Robbin Blackert, City Administrator
COPY: Bill Wescott, Mayor, Jim Schuneman Utility Committee Chairman
FROM: Ted Padilla, Water Superintendent
DATE: March 20, 2020
SUBJECT: Split shifts due to COVID-19

Due to the COVID-19 virus, I will be limiting employee contact at the plant by splitting the staff into two crews on the 7:00 – 3:30 shift. Starting Monday March 23, 2020, one crew will work Monday through Wednesday and the other Thursday and Friday. The next week the crew that worked Thursday and Friday will work Monday through Wednesday and the other crew Thursday and Friday. All staff will be paid for 40 hours with both crews working an equal amount of time within that payroll period not including call outs.

The Meter Truck Position will work the required days and hours Monday thru Friday 8:00 a.m. to 5:00.

Stand-by will assume their normal rotation one man at a time per the Union Contract Thursday thru Wednesday

This policy will remain in place until further notice.
April 23, 2020

VIA HAND DELIVERY

Mr. Dave McLain
Mr. Tom Vaccarello
IBEW Local 196
c/o Rockford Mass Transit District
520 Mulberry Street
Rockford, IL 61101

Dear Dave:

This letter is to follow up on our recent discussions about the additional measures that the Rockford Mass Transit District (RMTD) is implementing to protect its employees, riders and community from the COVID-19 pandemic.

As you know, the RMTD has already taken steps to minimize the risks of spreading the virus by providing personal protective equipment (PPE) for workers; by eliminating the collection of fares; by providing for rear door entry; by providing additional service in order to limit the number of riders; by making COVID-19 testing readily available to employees; by allowing leaves consistent with the collective bargaining agreements and applicable law; and by other measures. Despite taking these steps, it is unfortunate and regrettable that some Operators and administrative staff have tested positive for Coronavirus.

Because of this, we are taking the following additional measures that became effective April 20, 2020:

1. All Maintenance Department employees will be paid one and one-half times their current hourly rate for all hours worked¹ in recognition of the additional risks that they are facing while working during the current pandemic;

2. All riders will be required to wear face masks;

¹ This rate will not be paid for time covered by the Service Reduction policy, vacations, holidays, bereavement and/or other similar time that the employee is not working. Additionally, employees are required to perform all of the essential job duties of their positions (either with or without a reasonable accommodation) and the performance of all of the essential job duties shall be a condition of continued employment including, but not limited to, the receipt of the additional compensation noted in #1 above. Also, employees assigned to a modified or light duty program and/or similar modified or light duty assignments are ineligible to receive the additional compensation noted in #1 above. Lastly, consistent with our discussions and agreement, the additional pay will not be considered when calculating overtime (which will continue to be calculated and paid on the contractually established rates).
3. Riders will be limited to approximately ten (10) per fixed route bus and approximately one (1) per paratransit vehicle, wherever possible;

4. The scheduling and route configurations are being changed to limit the number of Operators and vehicles that will be required to be in service; and

5. For the fixed route service we will limit riders to those who are engaged in essential activities (such as going to work, medical care, groceries or similar activities). Paratransit riders will also be encouraged to limit their use of paratransit services to such essential activities.

These measures will be in place for an indefinite period and the RMTD will continue to evaluate whether these steps should be continued or discontinued (and/or whether other safety measures should be implemented and/or discontinued). I will keep you advised of these developments.

Of course, there are likely to be occasional issues that arise from these changes that we will need to discuss with you and the other leadership of IBEW Local 196. I appreciate your willingness to work with the RMTD by agreeing to the steps already taken and the additional measures noted above. If you have any questions or concerns, please let me know. In the interim, the RMTD will be communicating these changes to its employees so that they are aware of these developments.

Thank you.

Sincerely,

Michael J. Stuble
Executive Director

cc: Derek Luetgert, IBEW Local 196
Denny Hendricks
Lawrence Tennial
Dan Engelkes
Susan Campbell
Rockford Mass Transit District

Policy on Service Reductions Resulting From COVID-19 Pandemic

In light of the impact of the COVID-19 pandemic upon the operations of the Rockford Mass Transit District ("RMTD"), the RMTD is experiencing a reduction in ridership that may adversely impact the availability of work for its Fixed Route and Paratransit Operators, Maintenance employees and/or other employees as a result of service reductions. Recognizing the importance of its employees to the RMTD’s operations and to acknowledge their service to the RMTD and its patrons during such a pandemic, the RMTD wishes to address the anticipated steps that it will take in the face of service reductions.

The provisions of this Policy are set forth on a non-precedent basis and are issued solely in light of the unique circumstances resulting from the COVID-19 pandemic. Additionally, to the extent that Federal and/or State laws provide benefits that are equal and/or similar to those provided in this Policy, the benefits provided by those Federal and/or State laws and those provided by this Policy will run concurrently and, therefore, there shall be no duplication of such benefits. This policy shall be in effect as of April 20, 2020 and shall terminate as of December 31, 2020 (unless sooner terminated or extended by the RMTD, in its discretion).

Essential Workers

All employees of RMTD are designated as Essential Workers and must report to work. However, Administrative Staff may be asked to move to Work from Home status if it is reasonable for them to do so. Any Work from Home status is arranged with the immediate supervisor as soon as is feasible and is subject to the understandings applicable to work from home arrangements. Once able to do so, the employee will be asked to return to work. Work from Home status is considered a temporary status for an employee.

Applicability of Policy

Reduced service is expected to most dramatically impact the schedules of Operators (Fixed Route and Paratransit) and Maintenance employees, and to have less of an effect on the work schedules of other employees (including Administration, part-time or full-time hourly employees working in other positions, etc.). In the unlikely event that offices must be closed and/or schedules reduced for these employees (and they cannot be assigned to Work from Home), then continuation of wages and benefits will be applicable in the same manner and subject to the same conditions as described below for Operators and Maintenance employees (i.e., paid their regular wages for hours regularly scheduled, or an average of hours if none are scheduled, at their respective hourly rate\(^1\) or established salary (whichever is applicable), subject to the conditions noted below.

A. Reassignment to other duties

\(^1\) For purposes of this policy, the terms “respective hourly rate”, “regular hourly rate” or “hourly rate” are defined as the affected employee’s straight-time hourly rate and shift premium (if any) as established by the applicable collective bargaining agreement; those terms will not include any additional amounts other than the straight-time hourly rate and shift premium (if any) identified in this footnote.
In the event of a reduction of service impacting their regular job assignments, affected employees may be reassigned to other duties within the RMTD. Provided, however, that the understandings applicable to those other assignments shall be coordinated with the involved employees as well as with the collective bargaining representatives (where applicable) who represent the involved employees and/or are otherwise impacted by the assignee work (either representatives of the ATU and/or IBEW). If reassigned to other duties, the involved employee shall be paid at his/her regular hourly rate for hours worked in the reassigned position. In the event that the affected employees cannot be reassigned to other duties, the following guidelines shall apply; provided, however, that an employee who refuses, is unavailable for and/or is otherwise unable to accept reassignment under the provisions of this policy for whatever reason (as reasonably determined by the RMTD, in its discretion) shall not be entitled to the wage and benefit continuation noted below.

B. Guidelines, expectations and benefits applicable to service reductions

1. Continuation of wages and benefits for full-time hourly Fixed Route or Paratransit Operators as a result of service reductions for Operators who cannot otherwise be reassigned:

If, as a result of the COVID-19 pandemic, the RMTD determines that it is necessary to reduce routes/service and the Operator cannot be reassigned (and the Operator has not otherwise refused, become unavailable for and/or is unable to accept reassignment for whatever reason, as reasonably determined by the RMTD, in its discretion), the following shall apply to full-time Operators:

- All active full-time Operators will continue to receive 40 hours of pay per week (at their respective hourly rate) and maintain benefits (as they existed for the involved Operator prior to the service reduction to the extent allowed by the applicable plan document), even when service routes are reduced.

- Operators must continue to be available to work their routes if and when needed. Additionally, if an Operator’s picked or assigned route is cancelled (or if the Operator does not have a picked or assigned route), then the involved Operator must be available during the same hours to drive a partial route, fill different routes, report as show up, complete training, and/or complete other applicable work as assigned (including, but not limited to, reassignment to other duties). Failure to comply with these requirements will result in the involved Operator not being paid for the hours that the Operator is unavailable to work. An Operator who reports for such work shall be paid at his/her regular hourly rate.

2. Continuation of regular wages and benefits for part-time hourly fixed-route or Paratransit Operators as a result of service reductions for Operators who cannot otherwise be reassigned:
If, as a result of the COVID-19 pandemic, the RMTD determines that it is necessary to reduce routes/service, the following shall apply to part-time Operators who cannot otherwise be reassigned (and the Operator has not otherwise refused, become unavailable for and/or is unable to accept reassignment for whatever reason, as reasonably determined by the RMTD, in its discretion):

- In recognition of the differences that exist in the numbers of hours worked by part-time Operators, all active part-time Operators will continue to receive pay (at their respective hourly rate) and maintain benefits (as they existed for the involved Operator prior to the service reduction to the extent allowed by the applicable plan document) based upon a thirty-two (32) hour week, even when service routes are reduced (e.g., if an Operator is scheduled for and works 22 hours in a week, then the Operator would still be paid for a full 32 hours of work at the involved Operator’s hourly rate. The Operator would need to work the 22 hours of work and be available for the other 10 hours to fill other routes, complete training, additional assignments, etc.).

- Part-time Operators must continue to be available to work their assigned schedules if and when needed. Additionally, if a part-time Operator’s scheduled hours are cancelled, then the involved Operator must be available during the same hours to drive a partial route, fill different routes, report as show up, complete training, and/or complete other applicable work as assigned (including, but not limited to, reassignment to other duties). Failure to comply with these requirements will result in the involved Operator not being paid for the hours that the Operator is unavailable to work. An Operator who reports for such work shall be paid at his/her regular hourly rate.

3. Continuation of regular and wages and benefits for full-time Maintenance employees who cannot otherwise be reassigned:

If, as a result of the COVID-19 pandemic, the RMTD determines that it is necessary to reduce routes/service and the Maintenance employee cannot be reassigned (and the Maintenance employee has not otherwise refused, become unavailable for and/or unable to accept the reassignment, for whatever reason, as reasonably determined by the RMTD, in its discretion), the following shall apply:

- All active full-time Maintenance employees will continue to receive 40 hours of pay per week (at their respective hourly rate) and maintain benefits, even when routes/service are reduced.

- Maintenance employees must continue to be available to work their job duties if and when needed. Additionally, if a Maintenance employee’s hours are reduced or eliminated, then the involved Maintenance employee must be available during the same hours to perform other services, complete training, and/or complete other applicable work as assigned (including, but not limited to, reassignment to other duties). Failure to comply with these requirements will result in the
involved Maintenance employee not being paid for the hours that the Maintenance employee is unavailable to work. A Maintenance department employee who reports for such work shall be paid at his/her regular hourly rate.

4. Continuation of regular and wages and benefits for part-time Maintenance employees who cannot otherwise be reassigned:

   If, as a result of the COVID-19 pandemic, the RMTD determines that it is necessary to reduce routes/service and the part-time Maintenance employee cannot be reassigned (and the part-time Maintenance employee has not otherwise refused, become unavailable for and/or unable to accept the reassignment, for whatever reason, as reasonably determined by the RMTD, in its discretion), the following shall apply:

   - All active part-time Maintenance employees will continue to receive pay (at their respective hourly rate) and maintain benefits based on their regularly-scheduled hours of work, even when routes/service are reduced (e.g., if a Maintenance employee is scheduled to work 20 hours for the week but 10 of those hours are reduced, then the Maintenance employee would still be paid for a full 20 hours of work at his/her respective hourly rate. The Operator would need to work the 10 hours of work and be available for the other 10 hours to perform other services, complete training, and/or complete other duties, etc.).

   - If the part-time Maintenance employee does not have regularly scheduled hours, then pay and benefits will be continued based on the average number of hours worked per day/week over the previous six months, as determined by the RMTD (at their respective hourly rate). If no average can be determined for an employee, then the average number of hours per day/week that the employee normally would have been scheduled to work, as determined by the RMTD, will be used.

   - Part-time Maintenance employees must continue to be available to work their assigned schedule if and when needed. Additionally, if a part-time Maintenance employee’s scheduled hours are cancelled or reduced, then the involved employee must be available during the same hours to complete other applicable work as assigned (including, but not limited to, reassignment to other duties). Failure to comply with these requirements will result in the involved employee not being paid for the hours that the part-time Maintenance employee is unavailable to work. A part-time Maintenance employee who reports for such work shall be paid at his/her regular hourly rate.

C. Inapplicability to modified duty/light duty work

   The provisions of this policy shall be inapplicable to employees who are, at the time of the reduction in service, assigned to a modified or light duty program and/or similar modified or light duty assignments through the RMTD.
D. Interpretation and enforcement of policy

The RMTD reserves the right to determine eligibility for rights and/or benefits provided in this Policy and may, in its discretion, discontinue those rights and/or benefits and/or discontinue this Policy in its reasonable discretion.
Coronavirus protections
Guidance for residential and commercial entry • Updated April 1, 2020

Preparation
As an essential service provider, our top priorities are keeping our employees safe while also providing a vital service to our customers. In the event that you must enter a residence or commercial facilities it is important to know the status of potential COVID-19 contamination before entry occurs. All employees entering facilities shall be supplied protective and disinfectant items: disposable gloves, disinfectant or 10% bleach solution, paper towels and disposal bags. Immune compromised, at-risk workers or personnel with special circumstances should be pro-active and discuss risks with your manager prior to responding to any calls.

Pre-Job Brief
Prior to entering a residence, customer information will be obtained to accurately assess COVID-19 related work hazards. Conditions and information will be confirmed on site as part of the entry procedure. All employees have the option of calling a safety representative, Blue Hat and their manager prior to entry into a facility if you feel a need to discuss the safety aspects of the work anytime of the day or night.

Customer Contact
Contact the customer on site maintaining 6-foot distancing per CDC recommendations. Ask the customer if anyone in the home is currently under quarantine or has been diagnosed with COVID-19. For emergency work, confirm pre-job information and determine the work is an emergency and needs to be completed immediately. If work is not necessary, arrange to finish after the isolation/quarantine period.

Entry Procedure
- Procedures shall be followed for all residential and commercial facility entry.
- Communicate distancing protocol. Politely request:
  1. All occupants maintain the CDC recommended social distancing of 6 ft.
  2. Persons with confirmed COVID-19 virus should remain in a separate room until work is completed.
- At a minimum wear disposable gloves. Minimize tools in the building and complete work efficiently. Face shields and drop cloths may be considered.
- Upon completing the scheduled work, wipe down PPE, tools, vehicle and contacted surfaces with an appropriate disinfectant or a fresh 1-10 bleach to water solution.
- Remove and bag gloves and disposable items. Discard as normal waste.
- Follow 20 second hand washing techniques and/or use sanitizer as soon as possible following work and cleanup. Avoid eye, nose and mouth contact until after disinfection.

Post Job Brief
Following completed work in areas under quarantined or isolation protocol, a post-job evaluation will be performed with Management, Safety Department and Blue Hat representative to confirm effective protection to work personnel and review potential exposures. Follow-up measures will be considered on a case-by-case basis.

Contact your supervisor, Safety Department representative or Blue Hat if there are further questions.

WPL Safety Specialist: Kevin Severson, (608) 728-4928
IPL Safety Specialist: Kent Sodawasser, (319) 551-8305
IPL Safety Specialist: Jeremiah Wallace, (608) 438-1837
WPL Gas Blue Hat: Jeffrey Simonson, (608) 697-7360 (cell)
WPL Electric Blue Hat: Dennis Dobson, (608) 514-6018 (cell)
IPL Electric Blue Hat: Terry Shannon, (641) 777-3646 (cell)
IPL Gas Blue Hat: Randy Brown, (319) 480-6258 (cell)
Shawn & Cheri, here is our 6th district update for your report.

Dillon

**Alliant Energy 965:**

Attached for Alliant is a “employees entering homes” guideline put out by the company which has union input with the involvement of our union blue hats.

We have a verbal agreement with Alliant Energy that should there be an outbreak that will put risk to operate the utility that we will negotiate necessary changes to working rules and conditions.

Field Employees (gas, line and electricians) have all been working in isolated groups and bringing trucks home to start and end their day. During call outs they are only to take calls with those they work with during the day. If anyone needs material from the buildings they are to make appointments and make as little impact as possible, for example contacting the store keeper and having them put material outside for them to pick up. Everyone is also still supposed to practice social distancing while working together. Some of the recent issues that have been addressed are employee/customer contact due to gas relights. To minimize that exposure Alliant has put all projects on hold that will cause customer interruption and put safety measures in place if they are to enter a customer home. All other construction and maintenance seems to still be going on so long the crew can accomplish the staff it has, this seems to be a sticking point with members as they want to know what is essential work.

All engineers and office employees are working from home as well as our call center on a rotation on who works from home and reports with no loss of base pay.

Power Plants all have a unique staffing plan so I will try and hit a broad description. Work groups have been split in half and working 1 week on and 1 week off. During their week off they are to remain on stand-by during their normal working hours while still receiving 40 hours of pay and for call outs they are only to take calls during the week they are scheduled to be at the plant to minimize exposure. In situations where 24/7 operation is required they are working 7 on 7 off. With OT per the contract on the weekends. And during the weeks off they still get 40 hours pay while remaining on call. They also have been given laptops to do online training and access to meetings. Our hydro groups are only to work with the specific hydro group they are assigned too rather than float between facilities, but they are showing up every week. Dispatch is still reports to work, but also have been assigned duties to work from home. I will have more details on this after my phone call with the Chief Steward there tomorrow.

Our Dispatch is still reporting to the dispatch center because the technology is not available. They have reduced the required amount that need to report and assigned some at home work to minimize exposure without loss of pay.

**Alliant Energy COVID-19 Paid leave Policy:**

“The following is being provided to all employees for your information and action.”
During this challenging time for our employees and their families, we are focused on your health and safety. We continue to evaluate ways to support you as this public health crisis continues to evolve.

Early on, we established guidelines for all employees to follow to do their part to minimize the spread of the coronavirus. These guidelines focus on areas such as:

- Travel
- Social distancing and proper hygiene
- Minimizing the risk of exposure for employees based on their job needs

With these guidelines has come a need for practices such as self-quarantining at home. Our current practice has been to allow individuals to use existing leave time, such as sick or personal, during self-quarantine.

**COVID Pay**

Effective immediately, we have expanded the options to receive pay for certain quarantine circumstances. It includes up to 80 hours of COVID Pay to be used in 2020. COVID Pay is separate from all existing time off balances.

You may elect to use COVID Paid Leave in the following circumstances:

- Fourteen-day quarantine due to travel out-of-state or internationally. COVID Pay can only be used for travel that had already occurred or was in progress at the time the travel guidelines were communicated on March 12 (international) and then updated on March 22 and 23 (interstate).
- Fourteen-day self-isolation as a result of direct exposure to an individual with a confirmed or diagnosed case of COVID-19, and employee is quarantined but not ill.
- Employee is ill with COVID-19.

**Child Care** – When an employee is unable to perform work due to a child’s school or child care closure, this code allows an individual to receive pay via his/her sick leave bank without being ill. This is for a parent or legal guardian.

**Self Quarantine** – When an employee is self-isolating per the company’s guidelines, this code allows an individual to receive pay via his/her sick leave bank without being ill.

**Sick Pandemic** – When an employee has a confirmed case, either via test or medical diagnosis) of COVID-19.

*Please note that in a situation where an employee is self-quarantined based on our guidelines, they should Do the right thing and remain isolated the whole time, not just during working hours. This is a critical step to help stop the spread of this virus.*

**965 Cooperative Updates:**

Attached is a memo that all of our Cooperatives have received or at least very similar. The one example shared is from Central Wisconsin Electric Cooperative.

Central Wisconsin Cooperative: Crews are all working from home with a truck. They are assigned to a two man crew and only 2 person jobs. If they are to report to the shop for material they are only entering 1 at a time and sanitizing anything they come in contact with. The technical group is working 4 hour staggered start days and the other 4 hours from home and isolating as much as possible with the salaried group is doing the same. If they do develop symptoms they have to use their own available time off (vacation or sick) or request unpaid time off for the moment.

Richland Electric Cooperative: Every lineman has a truck at home and working alone. If they need tools they sanitize in and sanitize out at the building. As of right now if they do get sent home for COVID reasons the GM has gave word it wouldn’t affect the employees PTO and they would extend the families first rights as long as the staffing levels would allow, right now nothing in writing just verbal. [https://www.youtube.com/watch?v=UulohqberGE](https://www.youtube.com/watch?v=UulohqberGE) here is a Video of his update today, very interesting if you have time.

Rock Energy: Crews split into two groups and staggering start times to avoid contract. No report on them getting separate COVID-19 time.
Adams Columbia: Employees are taking vehicles home and limiting contact. Office employees are working from home if possible. The Cooperative like all our other Cooperatives have claimed exempt from the FFCRA, however they have committed to 80 hours of COVID-19 time if needed.

Dillon Gorman
Assistant Business Mgr.
IBEW 965
Cell: 715-570-0308
Fax: 608-274-2980
Office Address: 701 Watson Avenue #suite 200 Madison, WI 53713
Website: www.ibew965.com
To: All Employees of Central Wisconsin Electric Cooperative  
From: Mike Wade, President and CEO  
Date: March 31, 2020  
Re: Families First Coronavirus Response Act (FFCRA)

The COVID-19 crisis has led the federal government to enact the Families First Coronavirus Response Act (FFCRA). The FFCRA gives certain employees the right to take paid leave from work for specific reasons related to the COVID-19 outbreak. With this memo, I am circulating to all of you a notice from the U.S. Department of Labor (DOL) that provides details about the rights of certain employees to take leave from work. The Cooperative is required to provide this notice to you, even though we have determined that the Cooperative employees will be exempt from this new law.

The FFCRA states that an employee who is a health care provider or an emergency responder may be excluded from being covered by this law. The DOL has advised that an “emergency responder” includes “public works personnel” such as employees of an electric cooperative. This means that you will not be entitled to the new leave benefits described in the attached notice.

The Cooperative has been informed by the Department of Homeland Security that electric utilities and other public works industries have a special responsibility in these times to continue operations. It is vitally important during this national emergency that the Cooperative continue to provide safe and reliable power to our members and our communities. A power failure would be disastrous during this pandemic.

I have reviewed the Cooperative’s operational capabilities with the management staff and determined that all employees on our small staff are essential to maintain operations during this time, including to ensure that we have sufficient staff available if any employees become ill or exposed to COVID-19. As a result, we have determined that all CWEC employees are “emergency responders” who are exempt from being eligible for the new leave provisions of the FFCRA.

Since the beginning of this emergency situation, we have instituted measures for social distancing in the workplace, worked with employees to rotate work schedules, allowed employees who are able to work from home, tried to accommodate requests for leave, and made other efforts to assist employees in balancing personal needs with the Cooperative’s operational needs. I realize that this situation has caused difficulties and concerns for all us, and that some of you have children who are not in school and others who may need to care for ill family members. We will continue to try and accommodate employee leave requests as much as we can, and we will continue to follow measures to limit potential exposure to COVID-19. At the same time, we cannot compromise the safety or soundness of the electric system that we are responsible for maintaining.

Your work in maintaining the Cooperative’s operations is of critical importance to your community, and I appreciate all of your efforts to continue working through this difficult time. We are all in this together.

If anyone has any questions about this communication, please contact me or Lori Patoka.
ADVICE FOR WASHING YOUR HONEYWELL SALISBURY PPE

INSULATING GLOVES AND SLEEVES

As a reminder to our Honeywell Salisbury Insulating Glove and Sleeve customers and users, the best advice to ensure that these items are clean and maintain their insulating properties is to follow the ASTM guidelines ‘In-Service Care of Insulating Gloves and Sleeves’ and ‘Visual Inspection of Electrical Protective Rubber Products’ (ASTM F496 and F1236).

Washing your gloves and sleeves with mild soap as outlined in the ASTM F496 standard is the best way to ensure your gloves and sleeves are clean. Per the standard, “The gloves and sleeves shall be washed with a mild soap or mild detergent and water. After washing, the gloves and sleeves shall be thoroughly rinsed with water to remove all soap or detergent and dried. Mild household type chloride bleach may be used for disinfectant purposes. Soaps, detergents, and bleaches shall not be used at strengths that would attack or harm the rubber surface.”

Honeywell Salisbury’s line of SCRUBS cleaning towels and Super Salcor Cleaners are non-petroleum-based natural rubber and hand cleaners that are designed to be safe on your insulating rubber gloves and sleeves. Using petroleum-based cleaners can damage rubber gloves and sleeves and compromise their insulating properties.

Regarding hand sanitizers, it is recommended to use hand sanitizers that are produced with one or more of the following alcohols: Ethanol, n-propanol, or isopropyl alcohol. These three alcohols are not harmful to the gloves or sleeves at room temperature. Hand sanitizers should include alcohol levels above 60% and should not have fragrances or scrubbing beads. Wiping gloves at room temperature with one of the three alcohols is fine as well.

ARC FLASH SHIELDS AND GARMENTS RECOMMENDATIONS

Clean and inspect the Honeywell Salisbury face shield after every use. Use of mild soap with warm water followed by a pat dry is recommended. Always refer to the user manual for further detailed instructions.

Garments and fabric components should be washed regularly using warm water and a mild detergent. The water temperature should be warm but no higher than 165°F. Tumble dry at normal temperature. Always refer to the user manual for further detailed instructions.
Chlorine bleaches such as those containing sodium hypochlorite, oxygen bleaches such as hydrogen peroxide as well as soaps (salts of fatty acids) should not be used to wash the PPE either separately or in detergents as they may affect the protective properties of the PPE. Fabric softener, detergent containing fabric softener, or dryer sheets should not be used during dryer cycles. Use of disinfectants can harm the arc flash rating and should only be used if recommended.

For any questions, please contact your Salisbury Sales Representative or our Customer Support Team at 877-406-4501.

Thank you for your continued support.
CORONAVIRUS SAFETY & PRECAUTIONS

A MESSAGE TO OUR EMPLOYEES

By now you have probably noticed the increase in media coverage surrounding the global spread of the coronavirus. We want to assure you that we are continuing to monitor the situation and our focus remains on the health and welfare of our employees, their families and our customers around the world.

The U.S. Centers for Disease Control and Prevention (CDC) as well as other health organizations are actively monitoring developments and providing information to help us respond properly. We will address the needs of each of our regions and adjust business operations as needed because we value your safety.

Here’s what we know

Coronavirus is a type of highly contagious respiratory illness caused by a new strand of the virus, COVID-19. The symptoms of COVID-19 are similar to the flu.

Please familiarize yourself with the below symptoms:
• Fever
• Coughing, sneezing
• Shortness of breath, difficulty breathing
• Early onset symptoms: Chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, runny nose

If you are feeling ill with flu-like symptoms, please contact your doctor immediately. If you are diagnosed by a doctor with the coronavirus, we request that you also notify your immediate supervisor or manager and Human Resources (HR).

What Asplundh is doing

Working remotely and time off

A temporary policy change to time off and remote work may be enforced to minimize the spread of the coronavirus and keep our employees safe and healthy. More information about these adjustments will be communicated as the situation requires.

Employees equipped with laptops should bring laptops home every night. Please test your remote network access as soon as possible by logging in to the network. If you are unable to connect please contact IT to resolve the issue.

Travel

With the CDC Level 3 Travel Advisory locations in mind, employees should cancel or postpone all travel plans to the listed Level 3 locations unless extreme circumstances exist. That said, if you are planning to travel to any Level 3 location in the next 60 days, immediately notify your immediate supervisor, manager and HR of your plans.

If you have recently returned from any of these locations or have had any contact with anyone potentially exposed to the coronavirus, immediately notify your doctor, your immediate supervisor or manager.

Email: HRSupport@udlservic.com
Phone: 215-784-4439

The CDC has issued a Warning Level 3 Travel Advisory for China, South Korea, Italy and Iran, with this list being updated as needed on the CDC website. Level 3 indicates travelers should avoid all non-essential travel to these destinations.

Please visit the CDC website for up-to-date information: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
and HR. More importantly, if you are currently in any of these Level 3 locations, please contact the required parties and take proper precautions to ensure the safety and health of others.

Protecting yourself

The coronavirus appears to mainly be spread through close person-to-person contact. It may be possible to touch a contaminated surface and then touch your nose or mouth to become infected; however, the virus is more likely to be transmitted through contact with another person.

In addition to all the normal things you do to stay healthy, the preventive measures are the same as for the flu or other viruses, according to the CDC:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing. If soap and water aren’t available, use an alcohol-based sanitizer that is at least 60% alcohol.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

There has been a lot of information in the news about face masks. It is important to understand face masks are not recommended by the CDC for general use. The best uses for face masks, as identified by the CDC, are for those who are sick to avoid spreading to others and by health workers and caregivers who are taking care of someone in a close setting.

In the Home Office, our Maintenance team will be placing supplies in the kitchen and other common areas to help with maintaining healthy hygiene.

These will include:
- Kleenex Antiviral Tissues
- Clorox Disinfectant Wipes
- Purell Advanced Hand Sanitizer

In the Field Offices, we are asking each site leader to do the same at appropriate communal areas. Each person should take an active role in keeping the office clean by frequently disinfecting doorknobs, office equipment and desks, among others. Should you need any assistance with ordering supplies, please contact Supply Chain Management/Procurement:

Email SCM@utilservllc.com
Phone 215-784-4290

As more information becomes available, we will do our best to keep you informed about what we are doing as a company and how best to prevent the spread of the virus.

Thank you for your continued cooperation and assistance. We appreciate your flexibility and commitment to a safe and healthy workplace.

Stay Safe,

Scott Asplundh
Chairman & CEO

Important Contact Information

<table>
<thead>
<tr>
<th>Human Resources (HR)</th>
<th>IT</th>
<th>Supply Chain Management/Procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:HRSupport@utilservllc.com">HRSupport@utilservllc.com</a></td>
<td><a href="mailto:ITTechServices@asplundh.com">ITTechServices@asplundh.com</a></td>
<td><a href="mailto:SCM@utilservllc.com">SCM@utilservllc.com</a></td>
</tr>
<tr>
<td>215-784-4439</td>
<td>1-800-309-0136</td>
<td>215-784-4290</td>
</tr>
</tbody>
</table>
Handwashing and Hand Sanitizer Use at Home, at Play, and Out and About

Germs are everywhere! They can get onto hands and items we touch during daily activities and make you sick. Cleaning hands at key times with soap and water or hand sanitizer is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

There are important differences between washing hands with soap and water and cleaning them with hand sanitizer. For example, alcohol-based hand sanitizers don’t kill ALL types of germs, such as a stomach bug called norovirus, some parasites, and Clostridium difficile, which causes severe diarrhea. Hand sanitizers also may not remove harmful chemicals, such as pesticides and heavy metals like lead. Handwashing reduces the amounts of all types of germs, pesticides, and metals on hands. Knowing when to clean your hands and which method to use will give you the best chance of preventing sickness.

### When should I use?

#### Soap and Water
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- If your hands are visibly dirty or greasy

#### Alcohol-Based Hand Sanitizer
- Before and after visiting a friend or a loved one in a hospital or nursing home, unless the person is sick with Clostridium difficile (if so, use soap and water to wash hands).
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.

* Do NOT use hand sanitizer if your hands are visibly dirty or greasy: for example, after gardening, playing outdoors, or after fishing or camping (unless a handwashing station is not available). Wash your hands with soap and water instead.
How should I use?

**Soap and Water**
- **Wet** your hands with clean running water (warm or cold) and apply soap.
- **Lather** your hands by rubbing them together with the soap.
- **Scrub** all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for 20 seconds. Need a timer? Hum the “Happy Birthday” song twice.
- **Rinse** your hands under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

**Alcohol-Based Hand Sanitizer**
Use an alcohol-based hand sanitizer that contains at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.
- **Apply.** Put enough product on hands to cover all surfaces.
- **Rub** hands together, until hands feel dry. This should take around 20 seconds.

**Note:** Do not rinse or wipe off the hand sanitizer before it’s dry; it may not work as well against germs.

For more information, visit the CDC handwashing website, [www.cdc.gov/handwashing](http://www.cdc.gov/handwashing).
HEALTH RESOURCES

UPDATES FOR U.S. EMPLOYEES DURING THE CORONAVIRUS

As we continue to take all the CDC-recommended safety precautions to stay healthy during this pandemic, we’d

For employees that are enrolled in medical coverage through the MyBenefits plan there are several resources available:

Telem medicine is available at no cost for the next 90 days.

Enrolled members are encouraged to use telem medicine services for non-emergent health concerns. Telem medicine can also be utilized as a first resource if a member suspects they have symptoms of the coronavirus. For the MyBenefits health plans, we have waived the cost-sharing on telem medicine visits through MDLive for the next 90 days.

You can access a physician via voice call or video chat 24/7:
  • by calling MDLive at 888-956-6411
  • by visiting online: mdlive.com/ibxtpa
  • or by downloading the MDLive app through your phone’s AppStore or Google Play

To activate your account, simply text IBXTPA to 635483. You can also activate your account by phone, web or on the app.

Testing for COVID-19 will be covered.

During this pandemic, Independence Administrators will administer, as required, the coronavirus/COVID-19 test as a preventive service and waive member cost-sharing.

At this time, the member cost-sharing is only waived for the test. When tested, if a provider bills for other services, including an office visit, the standard member cost-sharing will apply. As Independence Administrators receives new guidance and/or regulatory requirements that dictate how cost-sharing will be handled, we will provide updates.

Prescriptions can be filled earlier if needed.

Independence Administrators has lifted prescription refill restrictions on maintenance medications – also known as the “refill too soon” limit – for members in states that have declared a state of emergency due to the virus.
We recommend that plan members call the Pharmacy Services number on their ID cards as needed if they require additional medication refills because of a potential quarantine situation.

As a reminder, prescriptions can be filled through mail order.

Members may choose to utilize mail order for up to a 90-day supply of medications for convenience and to avoid unnecessary trips to a pharmacy.

Your doctor can submit the prescription to FutureScripts or you can call FutureScripts at 888-678-7013 with your prescription details.

Employee Assistance Program

As a reminder, an Employee Assistance Program is available to our employees and their families, and you do NOT need to be enrolled in a MyBenefits health plan to access this service. The EAP offers confidential advice and support for real-life issues and concerns that you may be dealing with. You can access these confidential services by calling the 888-747-4799 to speak with a consultant.

For our employees that are eligible for benefit coverage through a union health plan:

Please continue to seek medical care as necessary. Some plans such as LINECO offer Telemedicine at no cost to you as well as an EAP service available to address concerns that you may have. For additional details and questions, please contact your health plan by calling the member services phone number on your medical ID card, or contact your union or direct supervisor.

As more information becomes available, we will do our best to keep you informed about what we are doing as a company and how best to prevent the spread of the virus.

Thank you for your continued cooperation and assistance. We appreciate your flexibility and commitment to a safe and healthy workplace.

To contact the HR Benefits Department:

Email MyBenefits@utilservllc.com
Phone 215-784-4440

www.asplundh.com | 1-800-248-TREE

Important Contact Information

Human Resources (HR)
HRSupport@utilservllc.com
215-784-4439

IT
ITTechServices@asplundh.com
1-800-309-0136

Supply Chain Management/Procurement
SCM@utilservllc.com
215-784-4290
WHAT IS THE CORONAVIRUS?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Symptoms associated with the virus are mild to severe fever, cough, and shortness of breath. There is currently no vaccine to protect against COVID-19, and there is no specific antiviral treatment for the virus.

As the coronavirus spreads across the United States, the CDC recommends using telehealth to help people find the right level of healthcare for their medical needs. This can help limit the spread of the virus by eliminating the risk of exposure to germs in the ER, Urgent Care Clinics, and doctors’ offices.

CORONAVIRUS FACTS

♦ Coronavirus is a family of viruses known to cause illnesses ranging from the common cold to pneumonia.

♦ Symptoms of the coronavirus include shortness of breath, coughing, runny nose, sore throat, and fatigue.

♦ MDLIVE continually monitors the CDC guidelines and recommendations around the coronavirus disease. MDLIVE physicians are prepared to screen patients and their symptoms to determine the severity and whether symptoms align with the COVID-19.

♦ If concerns for coronavirus are present during your medical assessment, the MDLIVE physician will help guide you to the appropriate level of care.

PREVENTION TIPS

Stay home if you’re sick.

Wash your hands frequently with soap and water for 20 seconds at a time. If you don’t have soap and water available, use a hand sanitizer that’s at least 60% alcohol.

Avoid contact with people who are sick.

Try not to touch your eyes, nose, or mouth.

Clean and disinfect surfaces and objects that are frequently touched.

Refrain from traveling, if possible.

Do not wear a mask unless you have symptoms of the coronavirus or are a health worker.

If there is any suspicion of infection, contact your healthcare provider immediately. Healthcare provider will then determine if appropriate to contact local health authorities based on symptoms and likelihood of COVID-19. The coronavirus shares many symptoms with the common cold, including runny nose, headache, cough, sore throat, and fever.
USE MDLIVE
To Limit Your Exposure To Germs And Viruses

Your Independence Administrators health plan benefits include telehealth coverage through MDLIVE. If you or your qualified dependents have symptoms of the coronavirus, MDLIVE board-certified doctors are here to help 24/7. Our physicians can assess your condition and help determine the necessary next steps, all from the comfort of your home.

Along with providing support for people dealing with the coronavirus, MDLIVE physicians can help with more than 80 common illnesses, including:

- Allergies
- Cold Symptoms
- Ear Pain
- Fever
- Flu
- Headache
- Pink Eye
- Rash
- Sinus Infections
- Sore Throat
- Urinary Tract Infections (Female, 18+)
- And more

If you or someone you love feels sick, MDLIVE is here for you. Get the care you need anytime, anywhere, and start feeling better faster.

HOW TO USE MDLIVE

You can access MDLIVE online at:
MDLIVE.com/IBXTPA

Phone:
888-956-6411

Sophie:
Text IBXTPA to MDLIVE (635483)

1. Sign up to use your MDLIVE account. We recommend you register now so you’re prepared when you need quality care.

2. Request to see a doctor. MDLIVE doctors are available by phone or video. You can request to see a doctor right away or schedule your appointment for a time that works for you.

3. Have your visit. Your MDLIVE doctor will go through your symptoms, recommend a treatment, and can even send a prescription to your nearest pharmacy if you need one.

MDLIVE.com/IBXTPA
888-956-6411

Download our free app today!

Copyright © 2020 MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product, and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE is an independent company providing telemmedicine services for Independence Administrators. Independence Administrators is an independent licensee of the Blue Cross and Blue Shield Association.
What is the company doing?
NextEra Energy has secured a limited supply of COVID-19 antibody (AB) testing kits, which allow for testing of a small group of employees for the presence of certain COVID-19 antibodies. We are starting limited AB testing for critical groups who play an important role in the 24/7 nature of our operations.

The AB test measures the level of immunoglobulin G (IgG) and immunoglobulin M (IgM) antibodies in your blood. The presence of these antibodies means a person was exposed to the virus and developed antibodies against it, which may mean that the person has at least some immunity. AB testing may also indicate a potential COVID-19 infection.

Why am I being asked to take the test?
You’ve been identified as being part of a team that is essential to keeping the power on 24/7 for our customers and our communities. Our goal is to provide employees with the most accurate COVID-19 health information possible based on our testing capabilities. The health and safety of our team members continues to be our highest priority. In order to make the best decisions we can with respect to business continuity or in response to potential weather and hurricane conditions, it is important to have a base understanding of potential immunity or risk to exposure to ensure we keep everyone safe and healthy.

What is the COVID-19 screening consent form and waiver?
As with any medical test, there is a consent form that explains the purpose of the test, the test procedure, what the results may show, and what may be expected following the test. In addition, each testing patient also waives any claims against NextEra Energy, its medical providers and staff in connection with the testing.

Do I have to sign the consent form?
As with any medical test, your signature is required to acknowledge that you have been given information about the test and that you consent to the test and agree to the waiver. You may choose not to sign the consent form. However, given the current public health emergency, the Equal Employment Opportunity Commission has provided updated guidance that allows employers to test employees for COVID-19 before allowing them to enter into the workplace because infected employees “will pose a direct threat to the health of others.” With this new guidance, the company may restrict an employee who declines to test from his or her work location.

What do AB tests measure?
AB testing can determine the presence of certain COVID-19 antibodies. The presence of certain COVID-19 antibodies means a person was exposed to the virus and developed antibodies against it, which may mean the person has at least some immunity. AB testing can also indicate a potential COVID-19 infection.

What is IgG and IgM?
The AB test measures the level of immunoglobulin G (IgG) and immunoglobulin M (IgM) antibodies in your blood.
- IgM antibodies usually are associated with the early onset phase of an infection (acute).
- IgM signifies that you may currently have the active disease in your system.
- IgG is generally associated with long-term immunity or reactivity towards a pathogen (chronic).
- IgG signifies that you may have some immunity to the disease.

It is important to note that the AB test is not a diagnostic test, so it cannot alone be used to diagnose COVID-19. If an AB test indicates that there may be a current COVID-19 infection, a polymerase chain reaction (PCR) test will be given to diagnose whether or not the person has COVID-19. It takes approximately 72-96 hours to receive PCR test results.

**What do the test results mean?**

- **Negative for both IgM and IgG:** Currently negative for COVID-19. Negative test results do not rule out COVID-19 infection because you may be in the early stages of COVID-19 with antibodies too low for the test to detect. You may be retested.
- **Positive for IgM only:** You may be in the early phase of COVID-19 (2-10 days). You will receive a PCR test to diagnose whether or not you have COVID-19.
- **Positive for both IgM and IgG:** You may be in the later phase of COVID-19 (11-24 days). You will receive a PCR test to diagnose whether or not you have COVID-19.
- **Positive for IgG only:** You are likely in the final phase of disease or you may have been previously exposed to COVID-19, possibly without symptoms. You may now be immune to the disease.

Results may show that an employee:

- Has certain COVID-19 antibodies and may have some level of immunity. (results: positive IgG, negative IgM)
- Has no COVID-19 antibodies and no indication of COVID-19 infection. (results: negative IgG and negative IgM)
- Has some COVID-19 antibodies and may have some level of COVID-19 infection. (results: positive IgG and positive IgM)
- Or, has no COVID-19 antibodies but may have some level of COVID-19 infection. (results: negative IgG, positive IgM)

**What happens if I test positive for antibodies (IgG)?**
This result means that your body has developed some COVID-19 antibodies, meaning that you should have some level of immunity. It does not indicate that you currently have COVID-19. It does not mean that you need to seek medical attention or be quarantined. This information can be used to make decisions about how to best keep us all safe.

As always, the health and safety of our employees will be our top priority.

**If I am positive for IgG, do I need to continue to be tested if I have immunity?**
We now consider teammates immune for three months when they have three antibody tests in a row that show IgG only. We may ask some of these teammates if they would like to volunteer to get additional tests to help us better understand antibody levels. Others might need to be tested during that period if they become ill with symptoms consistent with COVID-19.

**How are you going to use the information you collect?**
This information can be used to make decisions about who can safely work in certain jobs or situations. We will use this information to ensure the safety of our employees, their families and customers.
This information will help us make decisions going forward about day-to-day staffing, business continuity, and use of other precautions and protection tactics such as continued use of face coverings and social distancing guidelines in certain groups. And, importantly, if COVID-19 infection rates increase or we have an emergency in addition to COVID-19, such as a hurricane or severe weather, this information will help us decide how to form teams, how to best keep our people healthy and how to ensure we’re keeping the lights on for our customers.

Are testing results confidential?
The test results will be shared with the medical director and a limited number of people who will be working with your business unit to plan for the health and safety of our employees and provide for business continuity for our customers. Of course, you will also receive the results and you may share the information with anyone you choose.

What if I choose not to be tested?
Because you are in a critical operations function, testing is required. Updated guidance issued by the Equal Employment Opportunity Commission allows employers to test employees for COVID-19 before allowing them to enter into the workplace because infected employees “will pose a direct threat to the health of others.” The well-being of our team members is our highest priority and we encourage everyone who is offered the testing to take it. If you decline to be tested, you should meet with your leader or HR given that not testing could put you, your family or your colleagues at additional risk. A refusal to test can be considered a refusal to work. As a result, an employee may be restricted from the work location and may be disciplined up to and including termination.

Will I be reimbursed for mileage if I have to travel from my normal work location to a testing site?
Yes, you will be reimbursed for mileage incurred to travel to a testing site other than your normal work location.

If I am required to be tested during a period when I am not scheduled to work, will I paid for my time?
Yes, if you are required to be tested during an offshift period, you will be paid for your time.

Will this test be available for everyone on our team? Will it be available for everyone in the company?
At this time, there is a limited number of tests available. We are focusing on groups of people most critical to our operations.

If I want to get this test on my own, will the company pay for it?
If you are on a company sponsored medical plan, PCR and AB testing is covered at 100%.

What is the difference between the AB test and the PCR test?
A PCR test is a diagnostic nasal swab test that is administered by a medical professional and takes only a few seconds. It is used to detect the presence of the COVID-19 virus. PCR testing looks for the virus itself in the nose, throat or other areas in the respiratory tract to determine if there is an active infection. It takes around 72-96 hours to get results.

The AB test measures the level of IgG and IgM antibodies in your blood. When exposed to a virus, such as COVID-19, your body makes IgG and IgM antibodies to fight off and destroy the
IgG antibodies may provide some level of immunity if you are later reexposed to the same virus. It takes about 30 minutes to get the results.

**How reliable is the AB test?**
The test is 98% accurate for the presence of antibodies and 86% accurate for the absence of antibodies. As a result, multiple AB tests will be needed to reduce the likelihood of false negative and false positive test results.

**If I already had a PCR test, do I need to have this one?**
Yes, the PCR test is used to diagnose COVID-19. The AB test may pick up some of the PCR test false negatives and is currently the only test to determine if you may have immunity.

**I heard I need more than one test. Why?**
Additional tests are required to proactively assess the possible presence of the virus and immunity. You may contract COVID-19 at any time and be asymptomatic. Also, it takes time for your body to build antibodies. If you are tested too soon after exposure, the test may not initially detect the antibodies but will several days later.

In addition, the test is 98% accurate for the presence of antibodies and 86% accurate for the absence of antibodies. As a result, multiple AB tests will be needed to reduce the likelihood of false negative and false positive test results.

**What is considered close contact with someone who is positive for COVID-19?**
- Being within six feet of the teammate for 15(+) minutes without wearing proper PPE.
- Using the same surface, including sharing tools and keyboards (without cleaning precautions between uses).
- Living in the same household.
- Being within six feet of someone who is sneezing or coughing.

**What does the company consider a positive COVID-19 case?**
- A positive case is determined by a PCR test result.
- The AB test is not a diagnostic test, so it cannot alone be used to diagnose COVID-19. If an AB test indicates positive IgM, this will help us identify the need for a PCR test, but the AB test will not be deemed a positive COVID-19 case.

**Can my family get tested through this program?**
At this time, we are offering the test to employees who are essential to the 24/7 nature of our operations.
COVID-19 Screening Consent Form and Waiver

This consent provides NextEra Energy, Inc. and its subsidiaries (“NextEra”) with your permission to perform a COVID-19 screening procedure based on NextEra’s need to maintain a safe environment for employees, contractors, vendors, and other essential persons with whom you may come into contact. By signing below, you are indicating that you voluntarily consent to this procedure for the detection of COVID-19.

The test being administered involves a finger-prick to obtain a small blood sample which will then be tested within thirty minutes or less for the presence of antibodies that may indicate the presence of COVID-19. You will be required to stay in a designated area pending results of the test, and based on the results, you may not be allowed to enter the NextEra facility. If you decline the test, you may not be allowed to enter the NextEra facility at this time.

This test has been allowed for use by the Food and Drug Administration (“FDA”) but has not been approved by the FDA. This test alone may not be sufficient to detect or rule out the possibility that you have been exposed to or are infected with COVID-19. You should carefully monitor your own symptoms and, notwithstanding the results of any testing, you must stay home and consult with your physician if you experience symptoms of COVID-19.

You have the right to discuss the proposed testing with your physician, to learn about the purpose, potential risks and benefits of any testing. Based upon your test results, if you are denied entry to the NextEra facility, you should contact a physician or other medical professional for advice. Because of the ongoing public-health crisis, it may be necessary for NextEra to share the results of your test with public health authorities. By signing below, you consent to the disclosure of such information as requested, recommended or required by federal, state, and local public health authorities.

By signing below, you agree to release and waive any claim arising from your selection to receive this voluntary screening, that may arise against NextEra and its designated medical providers and staff members. In addition, by signing below, you acknowledge that any testing that may be performed for COVID-19 has not been approved by the Food and Drug Administration (FDA). Accordingly, you agree to release and waive any claim that might arise against NextEra and its designated medical providers and staff members for any risks, side effects, or complications resulting from the testing.

____________________________________  __________________________________
Name Printed                                            Name of Employer

____________________________________
Signature

____________________________________
Date

NextEra Energy, Inc.

700 Universe Boulevard, Juno Beach, FL 33408
March 28, 2020

Dr. Jennifer L. Uhle
Vice President, Generation & Suppliers
Nuclear Energy Institute
1201 F Street, NW, Suite 1100
Washington, DC 20004

SUBJECT: U.S. NUCLEAR REGULATORY COMMISSION PLANNED ACTIONS RELATED TO THE REQUIREMENTS FOR WORK HOUR CONTROLS DURING THE CORONAVIRUS DISEASE 2019 PUBLIC HEALTH EMERGENCY

Dear Dr. Uhle:

As you know, on January 31, 2020, the U.S. Department of Health and Human Services declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to the Coronavirus Disease 2019 (COVID-19). On March 11, 2020, the COVID-19 outbreak was characterized as a pandemic by the World Health Organization. As discussed during a public meeting held on March 20, 2020, with nuclear industry representatives and members of the public, this is an unprecedented time for our country, the U.S. Nuclear Regulatory Commission (NRC), and its regulated entities. In all of our actions, we are committed to following the NRC’s Principles of Good Regulation (independence, openness, efficiency, clarity, and reliability) while performing our mission. In keeping with our principles, this letter provides information regarding the NRC’s planned actions related to Title 10 of the Code of Federal Regulations (CFR) Part 26 requirements for work hour controls during the COVID-19 PHE. These actions are applicable to operating power reactors licensed under 10 CFR Part 50.

Under the NRC’s regulations in 10 CFR 26.9, “Specific exemptions,” “Upon application of any interested person or on its own initiative, the Commission may grant such exemptions from the requirements of the regulations in this part as it determines are authorized by law and will not endanger life or property or the common defense and security, and are otherwise in the public interest.” Consistent with this regulation and subject to the terms and conditions outlined in this letter and its attachment, the NRC is prepared to grant, upon request from individual licensees, exemptions from the work hour controls specified in 10 CFR 26.205(d)(1)-(d)(7). If the licensee determines that it cannot meet these terms and conditions or that it needs a different Part 26 exemption, then the licensee must seek separate NRC approval through the normal exemption process.

The objective of the exemptions from 10 CFR 26.205(d)(1)-(7) is to ensure that the control of work hours and management of worker fatigue do not unduly limit licensee flexibility in using personnel resources to most effectively manage the impacts of the COVID-19 PHE on maintaining the safe operation of these facilities. Specifically, if (1) a licensee’s staffing levels are affected by the COVID-19 PHE, (2) a licensee determines that it can no longer meet the work-hour controls of 10 CFR 26.205(d)(1)-(d)(7), and (3) the licensee can effect site-specific administrative controls for COVID-19 PHE fatigue-management for personnel specified in
Nuclear Work Hour Rules

(If required for the licensee)

10 CFR 26.4(a), then the licensee should—as soon as practicable and no less than 24 hours before it would be out of compliance with the regulations—notify the NRC in writing that it can no longer meet the requirements of 10 CFR 26.205(d)(1)-(d)(7). The licensee should request that the NRC grant the licensee an exemption from 26.205(d)(1)-(d)(7), and include the following information:

- a statement that the licensee can no longer meet the work-hour controls of 10 CFR 26.205(d) for certain positions;
- a list of positions for which the licensee will maintain current work-hour controls under 10 CFR 26.205(d)(1)-(d)(7);
- the date and time when the licensee will begin implementing its site-specific COVID-19 PHE fatigue-management controls for personnel specified in 10 CFR 26.4(a);
- a statement that the licensee’s site-specific COVID-19 PHE fatigue-management controls are consistent with the constraints outlined in this letter and its attachment;
- a statement that the licensee has established alternative controls for the management of fatigue during the period of the exemption and that at a minimum, the controls ensure that for individuals subject to these alternative controls:
  (1) not more than 16 work-hours in any 24-hour period and not more than 86 work-hours in any 7-day period, excluding shift turnover;
  (2) a minimum 10-hour break is provided between successive work periods;
  (3) 12-hour shifts are limited to not more than 14 consecutive days;
  (4) a minimum of 6-days off are provided in any 30-day period; and
  (5) requirements are established for behavioral observation and self-declaration during the period of the exemption.
10 CFR 26.4(a), then the licensee should—as soon as practicable and no less than 24 hours before it would be out of compliance with the regulations—notify the NRC in writing that it can no longer meet the requirements of 10 CFR 26.205(d)(1)-(d)(7). The licensee should request that the NRC grant the licensee an exemption from 26.205(d)(1)-(d)(7), and include the following information:

- a statement that the licensee can no longer meet the work-hour controls of 10 CFR 26.205(d) for certain positions;
- a list of positions for which the licensee will maintain current work-hour controls under 10 CFR 26.205(d)(1)-(d)(7);
- the date and time when the licensee will begin implementing its site-specific COVID-19 PHE fatigue-management controls for personnel specified in 10 CFR 26.4(a);
- a statement that the licensee’s site-specific COVID-19 PHE fatigue-management controls are consistent with the constraints outlined in this letter and its attachment;
- a statement that the licensee has established alternative controls for the management of fatigue during the period of the exemption and that at a minimum, the controls ensure that for individuals subject to these alternative controls:
  1. not more than 16 work-hours in any 24-hour period and not more than 86 work-hours in any 7-day period, excluding shift turnover;
  2. a minimum 10-hour break is provided between successive work periods;
  3. 12-hour shifts are limited to not more than 14 consecutive days;
  4. a minimum of 6-days off are provided in any 30-day period; and
  5. requirements are established for behavioral observation and self-declaration during the period of the exemption.

An email to the facility’s NRC project manager from a senior level licensee manager with decision-making authority with a copy to the NRC Document Control Desk is an acceptable format for the written request. Licensee site-specific documents related to the exemption should be available for inspection.

The NRC will consider these requests on a case-by-case basis and, if the requirements for an exemption are met, will provide written approval of an exemption for a period of 60 days. Licensees should make every effort to submit timely exemption requests. If sufficient time is not available for the NRC to provide prior written approval for the exemption, then the NRC may provide verbal approval if all requirements are met, followed promptly by a written safety evaluation documenting the approval. If the COVID-19 PHE condition does not improve before expiration of the exemption, then the NRC may consider an additional exemption period. If a further exemption is needed, individual licensees should request an extension of the exemption from the NRC before the end of the 60-day period. Licensees must come back into compliance with the regulations or receive approval for an additional exemption period from the NRC before the end of each exemption period. As with the initial approval, subsequent approvals would be granted in writing or verbally, depending on the timing of the licensee’s request.

The attachment to this letter provides the regulatory basis, including the specific constraints, for granting these exemptions. This basis, together with the approach outlined above, would allow licensees to utilize the staff resources necessary to ensure that the plant or fuel facility maintains a safe and secure status during the COVID-19 PHE. As shown by this letter and its attachment, the proposed exemption would be authorized by law, would not endanger life or property or the common defense and security, and is otherwise in the public interest.
Should any implementation issues arise during the period of exemption, the NRC may consider other available regulatory options, including additional exemption requests or enforcement discretion, if appropriate. While this letter specifically addresses work hour controls, licensees may identify other issues that need to be addressed. To the extent possible, licensees should consider the information in Regulatory Issue Summary 2010-04, “Monitoring the Status of Regulated Activities During a Pandemic,” to address these issues.

If you have any further questions about this matter, please contact your facility’s NRC project manager.

Sincerely,

/RA/

Ho K. Nieh, Director
Office of Nuclear Reactor Regulation

Enclosure:
10 CFR Part 26, Subpart I requirements from which licensees will be exempted
Exemption: 10 CFR 26.205(d)(1) – (d)(7)

Description: The NRC will grant an exemption from the work hour controls in §§ 26.205(d)(1) through (d)(7). Specifically, licensees will be exempted from the work hour limits of 10 CFR 26.205(d)(1), the minimum break requirements of 10 CFR 26.205(d)(2); the minimum day off requirements of 10 CFR 26.205(d)(3); the unit outage minimum day off requirements of 10 CFR 26.205(d)(4); the unit outage, security outage, and increased threat condition minimum day off requirements of 10 CFR 26.205(d)(5); the outage work hour control requirements of 10 CFR 26.205(d)(6); and the alternative minimum day off requirements of 10 CFR 26.205(d)(7).

Purpose: This exemption provides increased scheduling flexibility to manage conditions resulting from the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) by allowing licensees to control the work hours and manage fatigue of individuals specified in 10 CFR 26.4(a) in accordance with site administrative controls applicable to the period of exemption.

Basis: A sudden and potentially long-term reduction in available facility staffing, such as that which may result due to the COVID-19 PHE, was not considered during the rulemaking that established the 10 CFR 26.205(d) work hour controls. Exemption from this requirement will provide licensees flexibility in management of personnel resources to maintain plant operational safety and security during a period when facility staffing may be reduced due to the COVID-19 PHE. The NRC approval of an exemption request is conditioned, in part, on the licensee establishing alternative controls for the management of worker fatigue that ensure for individuals subject to these alternative controls: (1) not more than 16 work-hours in any 24-hour period and not more than 86 work-hours in any 7-day period, excluding shift turnover, (2) a minimum 10-hour break is provided between successive work periods, (3) 12-hour shifts are limited to not more than 14 consecutive days, (4) a minimum of 6-days off are provided in any 30-day period, and (5) requirements are established for behavioral observation and self-declaration during the period of the exemption. These controls include provisions to address both acute and cumulative fatigue for the limited period of the exemption. Additionally, the requirements of 10 CFR 26.407, “Behavioral observation”; 10 CFR 26.209, “Self-declarations”; and 26.211, “Fatigue assessments” remain in effect during the period of the exemption. These requirements provide reasonable assurance that should personnel become impaired due to fatigue, requirements and processes are in place to identify the impairment through observation by plant staff or by worker self-declaration, and to assess and address instances of impairment through fatigue assessments. The NRC considers the exemption timeframe of 60 days to be reasonable because it provides for a defined, limited period of stability for flexible work hour controls. NRC inspectors are available to periodically review any issues concerning worker fatigue, and the NRC retains the right to rescind any exemptions and/or use enforcement should circumstances warrant.
Enforcement Memos
/ Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak

March 14, 2020

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:
Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak

This memorandum provides temporary enforcement guidance to Compliance Safety and Health Officers for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, with regard to supply shortages of N95 filtering facepiece respirators due to the COVID-19 outbreak. The Respiratory Protection standard has specific requirements, including a written program, medical evaluation, fit-testing, and training, that employers must follow to ensure workers are provided and are properly using appropriate respiratory protection when necessary to protect their health.1 On March 11, 2020, the President directed the Department of [Health and Human services to “take all appropriate and necessary steps with respect to general use respirators to facilitate their emergency use by healthcare personnel in healthcare facilities and elsewhere,” and he directed the Department of Labor to “consider all appropriate and necessary steps to increase the availability of respirators.”] In light of the Presidential Memorandum, OSHA is providing this temporary guidance for 29 CFR § 1910.134, regarding required annual fit-testing (paragraph (f)(2)), which is to take effect from the date of this memorandum and remain in effect until further notice.

The Centers for Disease Control and Prevention (CDC) currently recommends that Health Care Providers (HCP), who are providing direct care of patients with known or suspected COVID-19, practice infection control procedures. These include engineering controls (e.g., airborne infection isolation rooms), administrative controls (e.g., cohorting patients, designated HCP), work practices (e.g., handwashing, disinfecting surfaces), and appropriate use of personal protective equipment (PPE), such as gloves, face shields or other eye protection, and gowns.

Appropriate respiratory protection is required for all healthcare personnel providing direct care of these patients. For additional guidance, see COVID-19 Hospital Preparedness Assessment Tool, https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html.
OSHA recommends HCP employers follow existing CDC guidelines, including taking measures to conserve supplies of these respirators while safeguarding HCP. One such measure is that healthcare employers may provide HCP with another respirator of equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators (PAPR). Another measure is that healthcare employers may change the method of fit testing from a destructive method (i.e., quantitative) to a non-destructive method (i.e., qualitative). For filtering facepiece respirators, qualitative and quantitative fit-testing methods are both effective at determining whether the respirator fits properly. See 29 CFR § 1910.134, Appendix A, Fit Testing Procedures.2 The fitted respirator can then be safely used for work tasks that require respiratory protection. For additional guidance, see Strategies for Optimizing the Supply of N95 Respirators, https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html.3

OSHA field offices shall exercise enforcement discretion concerning the annual fit testing requirement, 29 CFR § 1910.134(f)(2), as long as employers:

- Make a good-faith effort to comply with 29 CFR § 1910.134;

- Use only NIOSH-certified respirators;

- Implement CDC and OSHA strategies for optimizing the supply of N95 filtering facepiece respirators and prioritizing their use, as discussed above;

- Perform initial fit tests for each HCP with the same model, style, and size respirator that the worker will be required to wear for protection against COVID-19 (initial fit testing is essential to determine if the respirator properly fits the worker and is capable of providing the expected level of protection);

- Inform workers that the employer is temporarily suspending the annual fit testing of N95 filtering facepiece respirators to preserve and prioritize the supply of respirators for use in situations where they are required to be worn;

- Explain to workers the importance of performing a user seal check (i.e., a fit check) at each donning to make sure they are getting an adequate seal from their respirator, in accordance with the procedures outlined in 29 CFR § 1910.134, Appendix B-1, User Seal Check Procedures.4 See also, OSHA tutorial videos (English, Spanish).5

- Conduct a fit test if they observe visual changes in the employee’s physical condition that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or obvious changes in body weight) and explain to workers that, if their face shape has changed since their last fit test, they may no longer be getting a good facial seal with the respirator and, thus, are not being adequately protected; and,

- Remind workers that they should inform their supervisor or their respirator program administrator if the integrity and/or fit of their N95 filtering facepiece respirator is compromised.

NOTE: Workers should visually inspect the N95 respirator to determine if the structural and functional integrity of the respirator has been compromised. Over time, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal. If the structural and functional integrity of any part of the respirator is compromised, or if a successful user seal check cannot be performed, discard the respirator and try another respirator.
Where the use of respiratory protection is required and an employer fails to comply with any other requirements, such as initial fit testing, maintenance, care, and training in the Respiratory Protection standard, cite the applicable section(s) of 29 CFR § 1910.134.

To emphasize, this is an enforcement discretion policy, beginning from the date of this memorandum, and applicable where respirators are needed to protect HCP during the COVID-19 outbreak. This temporary enforcement discretion policy will no longer apply upon notification. If you have any questions regarding this policy, please contact Dr. Dionne Williams at (202) 693-2140.

cc: DCSP
    DTSEM
    DSG

[Correction 4/14/2020]


5 See OSHA respirator videos at: https://www.youtube.com/watch?v=Tzpz5fko-fg (English); https://www.youtube.com/watch?v=jgRKuRcTGeE (Spanish).

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL
SAFETY & HEALTH

Frequently Asked
Questions
A - Z Index
Freedom of Information
Act - OSHA
Read The OSHA
Newsletter
Subscribe to the OSHA
Newsletter
OSHA Publications
Office of Inspector
General

ABOUT THIS SITE

Freedom of Information Act - DOL
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
Accessibility Statement
Enforcement Memos

Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic

April 3, 2020

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, and certain other health standards, with regard to supply shortages of disposable N95 filtering facepiece respirators. Specifically, it outlines enforcement discretion to permit the extended use and reuse of respirators, as well as the use of respirators that are beyond their manufacturer’s recommended shelf life (sometimes referred to as “expired”). This guidance applies in all industries, including workplaces in which:

- Healthcare personnel (HCP) are exposed to patients with suspected or confirmed coronavirus disease 2019 (COVID-19) and other sources of SARS-CoV-2 (the virus that causes COVID-19).
- Protection of workers exposed to other respiratory hazards is impacted by the shortage resulting from the response to the COVID-19 pandemic. Such workplace respiratory hazards may be covered by one or more substance-specific health standards.

Our previous memorandum, *Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak*, issued on March 14, 2020, provided temporary guidance for 29 CFR § 1910.134, regarding required annual fit testing of HCP.[1] This memorandum provides additional guidance on enforcing OSHA’s respirator standard for all workers, including HCP. In light of the essential need for adequate supplies of respirators, this memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA’s webpage at www.osha.gov/coronavirus for updates.

*Background*
The COVID-19 outbreak, which the World Health Organization recently declared a global pandemic, has created an increased demand for N95 filtering facepiece respirators, limiting availability for use in protecting workers in healthcare and emergency response from exposure to the virus. As a result, the President directed the Secretary of Labor to “[consider] all appropriate and necessary steps to increase the availability of respirators.”[2]

The Food and Drug Administration (FDA) also issued an Emergency Use Authorization (EUA) letter permitting National Institute for Occupational Safety and Health (NIOSH)-approved, disposable filtering facepiece respirators, including those that were NIOSH-approved but have since passed the manufacturer’s recommended shelf life, to be used in healthcare settings to mitigate further transmission of SARS-CoV-2.[3]

During N95 filtering facepiece respirator (FFR) shortages, the federal government advises that specific N95 FFRs that are beyond their manufacturer’s recommended shelf life will provide greater protection than surgical masks (i.e., facemasks, other than surgical N95s; see below) or non-NIOSH-approved masks (e.g., homemade masks or improvised mouth and nose covers, such as bandanas). NIOSH has tested a sample of N95 FFRs that are beyond their manufacturer’s recommended shelf life from facilities across the United States and determined that certain N95 models continue to protect against the hazards for which they would ordinarily be appropriate (for N95 FFRs, this means they are still expected to filter out 95% of particles of the most penetrating particle size, or 0.3 μm). However, the Centers for Disease Control and Prevention (CDC) and NIOSH have recommended that expired N95 FFRs be used only as outlined in their Strategies for Optimizing the Supply of N95 Respirators.[4] For more information, see www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html.

**Enforcement Guidance**

All employers whose employees are required to use or are permitted voluntary use of respiratory protection must continue to manage their respiratory protection programs (RPPs) in accordance with the OSHA respirator standard, and should pay close attention to shortages of N95s during the COVID-19 pandemic.[5] Paragraph (d)(1)(iii) in section 1910.134 requires such employers to identify and evaluate respiratory hazards in the workplace, and paragraph (c)(1) requires employers to develop and implement written RPPs with worksite-specific procedures and to update their written programs as necessary to reflect changes in workplace conditions that affect respirator use. CSHOs should generally refer to CPL 02-00-158, Inspection Procedures for the Respiratory Protection Standard, 6/26/2014, for further guidance.[6]

Due to the impact on workplace conditions caused by limited supplies of N95 FFRs, all employers should reassess their engineering controls, work practices, and administrative controls to identify any changes they can make to decrease the need for N95 respirators. Employers should, for example, consider whether it is possible to increase the use of wet methods or portable local exhaust systems or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations.

If respiratory protection must be used, employers may consider use of alternative classes of respirators that provide equal or greater protection compared to an N95 FFR, such as NIOSH-approved, non-disposable, elastomeric respirators or powered, air-purifying respirators (PAPRs). Other filtering facepiece respirators, such as N99, N100, R95, R99, R100, P95, P99, and P100, are also permissible alternatives for those who are unable to obtain N95 FFRs. However, per 29 CFR § 1910.134(d)(1)(ii), when considering N95 alternatives, check to ensure that they are NIOSH-approved, at www.cdc.gov/niosh/nptl/topics/respirators/disp_part/default.html. When these alternatives are not available, or where their use creates additional safety or health hazards, employers may consider the extended use or reuse of N95 FFRs or use of N95 FFRs that were NIOSH-approved but have since passed the manufacturer’s recommended shelf life.

The following specific enforcement guidance is provided for CSHOs inspecting workplaces where workers are using N95 FFRs.

**All employers:**
**Extended use or reuse of N95s:**

In the event extended use or reuse of N95 FFRs becomes necessary, the same worker is permitted to extend use of or reuse the respirator, as long as the respirator maintains its structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated (e.g., with blood, oil, paint).[7] Employers must address in their written RPPs the circumstances under which a disposable respirator will be considered contaminated and not available for extended use or reuse. Extended use is preferred over reuse due to contact transmission risk associated with donning/doffing during reuse. When respirators are being re-used, employers should pay particular attention to workers’ proper storage of the FFRs in between periods of reuse.

- Users should perform a user seal check each time they don a respirator and should not use a respirator on which they cannot perform a successful user seal check. See 29 CFR § 1910.134, Appendix B-1, *User Seal Check Procedures*.[8]
- Employers should train workers to understand that if the structural and functional integrity of any part of the respirator is compromised, it should be discarded, and that if a successful user seal check cannot be performed, another respirator should be tried to achieve a successful user seal check.
- If reuse of respirators is necessary, an appropriate sequence for donning/doffing procedures should be used to prevent contamination, and training needs to address appropriate donning/doffing procedures. See www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf.

**Use of expired N95s:**

In the event that N95s are not available and the employer has shown a good faith effort to acquire the respirators or to use alternative options, as outlined below, CSHOs should exercise enforcement discretion for the use of N95 FFRs beyond the manufacturer’s recommended shelf life, including surgical N95s.[9]

- Employers may use only previously NIOSH-certified expired N95 FFRs found at www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html. Workers should be notified that they are using expired N95s.
- Purchasers and users of personal protective equipment should not co-mingle products that are past their manufacturer’s recommended shelf life (i.e., expired) with items that are within their shelf life.
- Employers should visually inspect, or ensure that workers visually inspect, the N95 FFRs to determine if the structural and functional integrity of the respirator has been compromised. Over time, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal.
- Where an employer has expired N95s available from their own stored cache (i.e., not from the U.S. Strategic National Stockpile), the employer should seek assistance from the respirator manufacturer or independent lab regarding testing of those stored respirators prior to use.

**Healthcare employers only:**

- Expired N95s generally must **not** be used when HCP:
  - Perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2, or perform or are present for procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).
  - In accordance with CDC guidance for optimizing the supply of respirators, employers should prioritize the use of N95 respirators by activity type. When HCP perform or are present for aerosol-generating procedures or procedures where respiratory secretions are likely to be poorly controlled, use respirators (including N95 FFRs; other FFRs; non-disposable, elastomeric respirators; and PAPRs) that are still within their manufacturer’s recommended shelf life, if available, before using respirators that are beyond their manufacturer’s recommended shelf life. See www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html. The CDC guidance also addresses scenarios in which
other crisis standards of care may need to be considered, but this enforcement guidance is not intended to cover those scenarios.

As mentioned above, the FDA has concluded that respirators approved by NIOSH, but not currently meeting the FDA's requirements, may be protective against SARS-CoV-2. The FDA is providing a list of authorized emergency-use respirators for HCP. Healthcare employers may view the list of approved respirators, and respirator manufacturers and stockpile managers may find information about how to obtain approval for expired respirators, at: www.fda.gov/media/135763/download and www.fda.gov/media/135921/download.

_Citation guidance:_

OSHA will, on a case-by-case basis, exercise enforcement discretion when considering issuing citations under 29 CFR § 1910.134(d) and/or the equivalent respiratory protection provisions of other health standards in cases where:

- The employer has made a good faith effort to obtain other alternative filtering facepiece respirators, reusable elastomeric respirators, or PAPRs appropriate to protect workers;
- The employer has monitored their supply of N95s and prioritized their use according to CDC guidance (www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html; www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html);
- Surgical masks and eye protection (e.g., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets (note: surgical masks are _not_ respirators and do not provide protection against aerosol-generating procedures); and
- Other feasible measures, such as using partitions, restricting access, cohorting patients (healthcare), or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were implemented to protect employees.

Where the above efforts are absent and respiratory protection use is required, or voluntary use is permitted, and an employer fails to comply with fit testing, maintenance, care, and training requirements, cite the applicable provision(s) of 29 CFR § 1910.134 and/or other applicable expanded health standards as serious violations. If you have any questions regarding this policy, please contact the Directorate of Enforcement Programs at (202) 693-2190.

cc: DCSP
    DTSEM
    DSG

[Corrected 4/8/2020]


[7] See NIOSH webpage defining the difference between extended use and re-use of N95s at: www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html. Back to Text


[9] Surgical N95s are NIOSH-approved N95 FFRs that are also certified by the FDA for use as a surgical mask. Surgical N95s are normally tested for fluid resistance and flammability. These requirements were not evaluated as part of the NIOSH shelf life testing discussed in this memorandum. CDC/NIOSH does not recommend using N95s beyond the manufacturer-designated shelf life in surgical settings. Back to Text

---

**UNITED STATES**

**DEPARTMENT OF LABOR**

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210

📞 800-321-6742 (OSHA)
TTY
www.OSHA.gov

**FEDERAL GOVERNMENT**

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

**OCCUPATIONAL SAFETY & HEALTH**

Frequently Asked Questions
A - Z Index
Freedom of Information
Act - OSHA
Read The OSHA Newsletter
Subscribe to the OSHA Newsletter
OSHA Publications
Office of Inspector
General

ABOUT THIS SITE

Freedom of Information Act - DOL
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
Accessibility Statement
Enforcement Memos

Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the ...

April 3, 2020

MEMORANDUM FOR:
REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH
AMANDA EDENS
Deputy Assistant Secretary

FROM:
PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:
Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, and certain other health standards, with regard to supply shortages of disposable N95 filtering facepiece respirators (FFRs). Specifically, it outlines enforcement discretion to permit the use of FFRs and air-purifying elastomeric respirators that are either:

- Certified under certain standards of other countries or jurisdictions, as specified below; or
- When equipment certified under standards of other countries or jurisdictions is not available, previously certified under the standards of other countries or jurisdictions but are beyond their manufacturer’s recommended shelf life (i.e., expired).

This guidance applies in all industries, including workplaces in which:

- Healthcare personnel (HCP) are exposed to patients with suspected or confirmed coronavirus disease 2019 (COVID-19) and other sources of SARS-CoV-2 (the virus that causes COVID-19).
- Protection of workers exposed to other respiratory hazards is impacted by the shortage resulting from the response to the COVID-19 pandemic. Such workplace respiratory hazards may be covered by one or more substance-specific health standards.

Our previous memoranda, Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak, issued on March 14, 2020, and Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic, issued on April 3, 2020, provided temporary guidance for 29 CFR § 1910.134, regarding required annual fit testing of HCP and use of respirators beyond their manufacturer’s recommended shelf life, respectively.

[1] This memorandum provides additional guidance on enforcing OSHA’s Respiratory Protection standard (and other health standards that require respiratory protection) for all workers, including HCP. In light of the essential need for adequate supplies of respirators, this memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.
Background

The World Health Organization declared the COVID-19 pandemic on March 11, 2020. The pandemic has created an increased demand for N95 FFRs, limiting availability for use in protecting workers in healthcare and emergency response from exposure to the virus. As a result, the President directed the Secretary of Labor to "[consider] all appropriate and necessary steps to increase the availability of respirators."[2]

Although the Secretary, through OSHA, has allowed for enforcement flexibility with regard to some provisions of the Respiratory Protection standard, the availability of N95 FFRs or other respirators certified by the National Institute for Occupational Safety and Health (NIOSH) under 42 CFR Part 84 remains a concern throughout the country.

In some circumstances, additional supplies of respirators certified under standards from other countries or jurisdictions may be available. During periods of shortages of N95 FFRs, the federal government advises that FFRs, air-purifying elastomeric respirators, and compatible filters certified under the following standards of other countries or jurisdictions will provide greater protection than surgical masks (i.e., facemasks, other than surgical N95s[3]), homemade masks, or improvised mouth and nose covers, such as bandanas and scarves:

- Australia: AS/NZS 1716:2012
- People’s Republic of China: GB 2626-2006; and GB 2626-2019
- European Union: EN 140-1999; EN 143-2000; and EN 149-2001
- Japan: JMHLW-2000
- Republic of Korea: KMOEL-2014-46; and KMOEL-2017-64
- Mexico: NOM-116-2009

Certification in accordance with these standards ensures that devices provide similar filtration as NIOSH-certified equipment, as described in Tables 1 and 2, below, and, accordingly, have an assigned protection factor greater than or equal to 10.

Enforcement Guidance

All employers whose employees are required to use or are permitted voluntary use of respiratory protection must continue to manage their respiratory protection programs (RPPs) in accordance with the OSHA respirator standard, and should pay close attention to shortages of N95s during the COVID-19 pandemic.[4] Paragraph (d)(1)(iii) in section 1910.134 requires such employers to identify and evaluate respiratory hazards in the workplace, and paragraph (c)(1) requires employers to develop and implement written RPPs with worksite-specific procedures and to update their written programs as necessary to reflect changes in workplace conditions that affect respirator use. CSHOs should generally refer to CPL 02-00-158, Inspection Procedures for the Respiratory Protection Standard, 6/26/2014, for further guidance.[5]

Due to the impact on workplace conditions caused by limited supplies of N95 FFRs, all employers should reassess their engineering controls, work practices, and administrative controls to identify any changes they can make to decrease the need for N95 respirators. Employers should, for example, consider whether it is possible to increase the use of wet methods or portable local exhaust systems or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations.

If respiratory protection must be used, and either acceptable NIOSH-certified alternatives or alternatives that were NIOSH-certified except for having exceeded their manufacturer’s shelf life are not available for use in accordance with OSHA's April 3, 2020 memorandum, employers may consider using respirators and filters certified under standards of other countries or jurisdictions, as described in Tables 1 and 2 of Appendix A.
The following specific enforcement guidance is provided for CSHOs inspecting workplaces where workers are using respirators and/or filters in accordance with standards of other countries or jurisdictions in lieu of NIOSH-certified devices.

All employers should:

- Make a good-faith effort to provide and ensure workers use the most appropriate respiratory protection available for the hazards against which workers need to be protected. This should be accomplished through, in this order:
  - Implementing the hierarchy of controls in an effort first to eliminate or substitute out workplace hazards, then using engineering controls, administrative controls, and safe work practices to prevent worker exposures to respiratory hazards.
  - Prioritizing efforts to acquire and use equipment in the following order:
    - NIOSH-certified equipment; then
    - Equipment certified in accordance with standards of other countries or jurisdictions except the People’s Republic of China, unless equipment certified in accordance with standards of the People’s Republic of China is manufactured by a NIOSH certificate holder[6]; then
    - Equipment certified in accordance with standards of the People’s Republic of China, the manufacturer of which is not a NIOSH certificate holder[6]; then
    - Facemasks (e.g., medical masks, procedure masks).
  - Prioritizing efforts to acquire and use equipment that has not exceeded its manufacturer’s recommended shelf before allowing workers to use equipment that is beyond its manufacturer’s recommended shelf life. Equipment used beyond its manufacturer’s recommended shelf life must be used in accordance with OSHA’s April 3, 2020 memorandum.
  - Prioritizing efforts to use equipment that has not exceeded its intended service life (e.g., disposable FFRs used for the first time) before implementing protocols for extended use or reuse of equipment. Extended use or reuse of equipment should follow the Centers for Disease Control and Prevention’s Strategies for Optimizing the Supply of N95 Respirators.
  - Using homemade masks or improvised mouth and nose covers only, as a last resort (i.e., when no respirators or facemasks are available). Improvised masks are not personal protective equipment and, ideally, should be used with a face shield to cover the front and sides of the face. When this measure is the only resort, refer to the Centers for Disease Control and Prevention (CDC) guidance at www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html.
- Ensure users perform a user seal check each time they don a respirator, regardless of whether it is a NIOSH-certified device or device certified under standards of other countries or jurisdictions, and do not use a respirator on which a user cannot perform a successful user seal check. See 29 CFR § 1910.134, Appendix B-1, User Seal Check Procedures.[7]
- Train workers to understand that if the structural and functional integrity of any part of the respirator is compromised, it should be discarded, and that if a successful user seal check cannot be performed, another respirator should be tried to achieve a successful user seal check.
- Visually inspect, or ensure that workers visually inspect, the FFRs to determine if the structural and functional integrity of the respirator has been compromised. Over time, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal.
- Avoid co-mingling products from different categories of equipment. NIOSH-certified equipment, equipment that was previously NIOSH-certified but that has surpassed its manufacturer’s recommended shelf life, equipment certified under standards of other countries or jurisdictions, and equipment that was previously certified under standards of other countries or jurisdictions but that has surpassed its manufacturer’s recommended shelf life should be stored separately.
- Train employees on the procedures for the sequence of donning/doffing to prevent self-contamination. See www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf.

**Healthcare employers only:**

- When HCP perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2 or perform or are present for procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction):
  
  - Respiratory protection equipment certified exclusively in accordance with standards of the People’s Republic of China and manufactured by companies that are not NIOSH approval holders must not be used unless the only feasible alternative is a facemask or improvised nose/mouth cover[6];
  
  - In accordance with CDC guidance for optimizing the supply of respirators, employers should prioritize the use of N95 respirators by activity type. When HCP perform or are present for aerosol-generating procedures or procedures where respiratory secretions are likely to be poorly controlled, use respirators (including N95 FFRs; other FFRs; non-disposable, elastomeric respirators; and powered, air-purifying respirators (PAPRs)) that are still within their manufacturer’s recommended shelf life, if available, before using respirators that are beyond their manufacturer’s recommended shelf life. See www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html. The CDC guidance also addresses scenarios in which other crisis standards of care may need to be considered, but this enforcement guidance is not intended to cover those scenarios.

- It is reasonable for healthcare employers to reserve some NIOSH- or foreign-certified N95 FFRs or better respirators for use by HCP who are expected to perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2 or perform or be present for procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled. In such cases, and particularly when workers performing other tasks are provided with alternative equipment, employers should be able to provide a reasonable rationale for their decision to stockpile respirators appropriate to protect workers during aerosol-generating procedures.

**Citation guidance:**

OSHA will, on a case-by-case basis, exercise enforcement discretion when considering issuing citations under 29 CFR § 1910.134(d) and/or the equivalent respiratory protection provisions of other health standards in cases where:

- Other feasible measures, such as using partitions, restricting access, cohorting patients (healthcare), or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were implemented to protect employees.

- The employer has made a good faith effort to obtain other appropriate alternative FFRs, reusable elastomeric respirators, or PAPRs, including NIOSH-certified equipment or equipment that was previously NIOSH-certified but that has surpassed its manufacturer’s recommended shelf life (in accordance with OSHA’s April 3, 2020 memorandum);

- In healthcare, the employer has monitored their supply of N95s and prioritized their use according to CDC guidance (www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html; www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html); and

- Surgical masks and eye protection (e.g., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets (note: surgical masks are **not** respirators and do not provide protection against aerosol-generating procedures).
Where the above efforts are absent and respiratory protection use is required, or voluntary use is permitted, and an employer fails to comply with fit testing, maintenance, care, and training requirements, cite the applicable provision(s) of 29 CFR § 1910.134 and/or other applicable expanded health standards as serious violations. If you have any questions regarding this policy, please contact the Directorate of Enforcement Programs at (202) 693-2190.

cc: DCSP
    DTSEM
    DSG

Appendix A

This appendix includes tables referenced in the memorandum, covering respirators that are similar to NIOSH-approved N95 FFRs (Table 1) and respirator-cartridge units that are similar to NIOSH-approved air-purifying elastomeric half-facepiece respirators (Table 2), which are approved under standards used in other countries or jurisdictions.

Table 1. Respirators Approved Under Standards Used in Other Countries or Jurisdictions That Are Similar to NIOSH-Approved N95 Filtering Facepiece Respirators

<table>
<thead>
<tr>
<th>Country</th>
<th>Performance Standard</th>
<th>Acceptable Product Classification</th>
<th>May Be Used in Lieu of NIOSH-Certified Products Classified as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>AS/NZS 1716:2012</td>
<td>P2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Brazil</td>
<td>ABNT/NBR 13698:2011</td>
<td>PFF2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PFF3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>China (People’s Republic of)</td>
<td>GB 2626-2006</td>
<td>KN/KP95</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KN/KP100</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Europe</td>
<td>EN 149-2001</td>
<td>P2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Japan</td>
<td>JMHLW-2000</td>
<td>DS/DL2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DS/DL3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Korea (Republic of)</td>
<td>KMOEL-2017-64</td>
<td>Special 1st</td>
<td>N95</td>
</tr>
<tr>
<td>Mexico</td>
<td>NOM-116-2009</td>
<td>N95</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R95</td>
<td>R99 or lower</td>
</tr>
<tr>
<td>Country</td>
<td>Performance Standard</td>
<td>Acceptable Product Classification</td>
<td>May Be Used in Lieu of NIOSH-Certified Products Classified as</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>P95</td>
<td></td>
<td></td>
<td>P95 or lower</td>
</tr>
<tr>
<td>N99</td>
<td></td>
<td></td>
<td>N99 or lower</td>
</tr>
<tr>
<td>R99</td>
<td></td>
<td></td>
<td>R99 or lower</td>
</tr>
<tr>
<td>P99</td>
<td></td>
<td></td>
<td>P99 or lower</td>
</tr>
<tr>
<td>N100</td>
<td></td>
<td></td>
<td>N100 or lower</td>
</tr>
<tr>
<td>R100</td>
<td></td>
<td></td>
<td>R100 or lower</td>
</tr>
<tr>
<td>P100</td>
<td></td>
<td></td>
<td>P100 or lower</td>
</tr>
</tbody>
</table>

**Table 2. Respirator-Cartridge Units Approved Under Standards Used in Other Countries or Jurisdictions That Are Similar to NIOSH-Approved Elastomeric Half-Facepiece Respirators**

<table>
<thead>
<tr>
<th>Country</th>
<th>Performance Standard</th>
<th>Acceptable Product Classification</th>
<th>May Be Used in Lieu of NIOSH-Certified Products Classified as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>AS/NZS 1716:2012</td>
<td>P2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Brazil</td>
<td>ABNT/NBR 13694:1996; ABNT/NBR 13697:1996</td>
<td>P2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>China (People's Republic of)</td>
<td>GB 2626-2006; GB 2626-2019</td>
<td>KN/KP95</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KN/KP100</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Europe</td>
<td>EN140-1999; EN 143-2000</td>
<td>P2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Japan</td>
<td>JMHLW-2000</td>
<td>RS/RL2</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RS/RL3</td>
<td>N99 or lower</td>
</tr>
<tr>
<td>Country</td>
<td>Performance Standard</td>
<td>Acceptable Product Classification</td>
<td>May Be Used in Lieu of NIOSH-Certified Products Classified as</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Korea (Republic of)</td>
<td>KMOEL-2014-46</td>
<td>Special 1st</td>
<td>N95</td>
</tr>
<tr>
<td>Mexico</td>
<td>NOM-116-2009</td>
<td>N95</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R95</td>
<td>R95 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P95</td>
<td>P95 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N99</td>
<td>N99 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R99</td>
<td>R99 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P99</td>
<td>P99 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N100</td>
<td>N100 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R100</td>
<td>R100 or lower</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P100</td>
<td>P100 or lower</td>
</tr>
</tbody>
</table>

[Correction 4/14/2020]


[3] Surgical N95s are NIOSH-approved N95 FFRs that are also certified by the U.S. Food and Drug Administration (FDA) for use as a surgical mask. Surgical N95s are normally tested for fluid resistance and flammability. Back to Text


[6] According to the National Institute for Occupational Safety and Health (NIOSH), it has observed that products from the People’s Republic of China may not meet the requirements of the standards to which they are certified and may not offer or sustain the protection claimed as typically expected when using NIOSH-approved N95
respirators. However, devices supplied by current NIOSH approval holders producing respirators under the standards authorized in the countries and/or jurisdictions addressed in this memorandum are expected to provide the protection indicated, given that a proper fit is achieved. Back to Text

Office of Inspector
General

ABOUT THIS SITE

Freedom of Information Act - DOL
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
Accessibility Statement
Enforcement Memos

Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus ... April 8, 2020

MEMORANDUM FOR:
REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:
AMANDA EDENS
Deputy Assistant Secretary

FROM:
PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:
Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum expands temporary enforcement guidance provided in OSHA's March 14, 2020, memorandum to Compliance Safety and Health Officers for enforcing annual fit-testing requirements of the Respiratory Protection standard, 29 CFR § 1910.134(f)(2), with regard to supply shortages of N95s or other filtering facepiece respirators (FFRs) due to the coronavirus disease 2019 (COVID-19) pandemic.[1] The March 14 guidance, which applied to healthcare, now applies to all workplaces covered by OSHA where there is required use of respirators. This memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

OSHA field offices will exercise enforcement discretion concerning the annual fit-testing requirements, as long as employers have made good-faith efforts to comply with the requirements of the Respiratory Protection standard and to follow the steps outlined in the March 14, 2020 memorandum. Employers should also assess their engineering controls, work practices, and administrative controls on an ongoing basis to identify any changes they can make to decrease the need for N95s or other FFRs. When reassessing these types of controls and practices, employers should, for example, consider whether it is possible to increase the use of wet methods or portable local exhaust systems or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations.

Further, given additional concerns regarding a shortage of fit-testing kits and test solutions (e.g., Bitrex™, isoamyl acetate), employers are further encouraged to take necessary steps to prioritize use of fit-testing equipment to protect employees who must use respirators for high-hazard procedures.

In the absence of quantitative or qualitative fit-testing capabilities required under mandatory Appendix A to 29 CFR § 1910.134 Appendix A, the following additional guidance is provided to assist with decision-making with respect to use of N95s or other FFRs. Most respirator manufacturers produce multiple models that use the same basic head form for size/fit. Manufacturers may have a crosswalk (i.e., a list of their respirators with equivalent fit). Therefore, if a user’s respirator model (e.g., model x) is out of stock, employers should consult the manufacturer to see if it recommends a different model (e.g., model y or z) that fits similarly to the model (x) used previously by employees.

During this COVID-19 pandemic, OSHA field offices should exercise additional enforcement discretion regarding compliance with 29 CFR § 1910.134(f) when an employer switches to an equivalent-fitting make/model/size/style N95 or other filtering facepiece respirator without first performing an initial quantitative or qualitative fit test. Where the use of respiratory protection is required and an employer fails to comply with any other requirements, such as initial fit testing, maintenance, care, and training in the Respiratory Protection standard, cite the applicable section(s) of 29 CFR § 1910.134.

If you have any questions regarding these policies, please contact the Directorate of Enforcement Programs at (202) 693-2190.

cc: DCSP
    DTSEM
    DSG

MEMORANDUM FOR:
REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:
AMANDA EDENS
Deputy Assistant Secretary

FROM:
PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:
Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum expands temporary enforcement guidance provided in OSHA’s March 14, 2020, memorandum to Compliance Safety and Health Officers for enforcing annual fit-testing requirements of the Respiratory Protection standard, 29 CFR § 1910.134(f)(2), with regard to supply shortages of N95s or other filtering facepiece respirators (FFRs) due to the coronavirus disease 2019 (COVID-19) pandemic.[1] The March 14 guidance, which applied to healthcare, now applies to all workplaces covered by OSHA where there is required use of respirators. This memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA’s webpage at www.osha.gov/coronavirus for updates.

OSHA field offices will exercise enforcement discretion concerning the annual fit-testing requirements, as long as employers have made good-faith efforts to comply with the requirements of the Respiratory Protection standard and to follow the steps outlined in the March 14, 2020 memorandum. Employers should also assess their engineering controls, work practices, and administrative controls on an ongoing basis to identify any changes they can make to decrease the need for N95s or other FFRs. When reassessing these types of controls and practices, employers should, for example, consider whether it is possible to increase the use of wet methods or portable local exhaust systems or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations.

Further, given additional concerns regarding a shortage of fit-testing kits and test solutions (e.g., Bitrex™, isoamyl acetate), employers are further encouraged to take necessary steps to prioritize use of fit-testing equipment to protect employees who must use respirators for high-hazard procedures.

In the absence of quantitative or qualitative fit-testing capabilities required under mandatory Appendix A to 29 CFR § 1910.134 Appendix A, the following additional guidance is provided to assist with decision-making with respect to use of N95s or other FFRs. Most respirator manufacturers produce multiple models that use the same basic head form for size/fit. Manufacturers may have a crosswalk (i.e., a list of their respirators with equivalent fit). Therefore, if a user’s respirator model (e.g., model x) is out of stock, employers should consult the manufacturer to see if it recommends a different model (e.g., model y or z) that fits similarly to the model (x) used previously by employees.
During this COVID-19 pandemic, OSHA field offices should exercise additional enforcement discretion regarding compliance with 29 CFR § 1910.134(f) when an employer switches to an equivalent-fitting make/model/size/style N95 or other filtering facepiece respirator without first performing an initial quantitative or qualitative fit test. Where the use of respiratory protection is required and an employer fails to comply with any other requirements, such as initial fit testing, maintenance, care, and training in the Respiratory Protection standard, cite the applicable section(s) of 29 CFR § 1910.134.

If you have any questions regarding these policies, please contact the Directorate of Enforcement Programs at (202) 693-2190.

cc: DCSP
    DTSEM
    DSG

Enforcement Memos

Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic

April 16, 2020

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SCOTT KETCHAM, Director
Directorate of Construction

SUBJECT:

Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic

In light of the coronavirus disease 2019 (COVID-19) pandemic, OSHA understands that some employers may face difficulties complying with OSHA standards due to the ongoing health emergency. Widespread business closures, restrictions on travel, limitations on group sizes, facility visitor prohibitions, and stay-at-home or shelter-in-place requirements may limit the availability of employees, consultants, or contractors who normally provide training, auditing, equipment inspections, testing, and other essential safety and industrial hygiene services. Business closures and other restrictions and limitations may also preclude employee participation in training even when trainers are available. In other situations, access to medical testing facilities may be limited or suspended.

For example, the American College of Occupational and Environmental Medicine issued a recommendation that occupational spirometry testing be suspended because of concerns about spreading droplets containing the COVID-19 virus during spirometry maneuvers. In addition, the Council for Accreditation in Occupational Hearing Conservation issued a recommendation that audiometric evaluations be suspended until normal operations have resumed, in order to minimize the risk to healthcare workers and conserve personal protective equipment.

During the course of an inspection, OSHA Area Offices will assess an employer’s efforts to comply with standards that require annual or recurring audits, reviews, training, or assessments (see Annex below for some examples). Compliance Safety and Health Officers (CSHOs) should evaluate whether the employer made good faith efforts to comply with applicable OSHA standards and, in situations where compliance was not possible, to ensure that employees were not exposed to hazards from tasks, processes, or equipment for which they were not prepared or trained. As part of assessing whether an employer engaged in good faith compliance efforts, CSHOs should evaluate whether the employer thoroughly explored all options to comply with the applicable standard(s) (e.g., the...
use of virtual training or remote communication strategies). CSHOs should also consider any interim alternative protections implemented or provided to protect employees, such as engineering or administrative controls, and whether the employer took steps to reschedule the required annual activity as soon as possible.

In instances where an employer is unable to comply with OSHA-mandated training, audit, assessment, inspection, or testing requirements because local authorities required the workplace to close, the employer should demonstrate a good faith attempt to meet the applicable requirements as soon as possible following the re-opening of the workplace.

Where the employer cannot demonstrate any efforts to comply, a citation may be issued as appropriate under existing enforcement policy. However, where an employer has made attempts to comply in good faith, Area Offices shall take such efforts into strong consideration in determining whether to cite a violation. Where enforcement discretion is warranted, Area Offices will ensure that sufficient documentation (e.g., notes on the efforts the employer made to comply, letters or other documentation showing that providers had closed) is provided in the case file to support the decision.

In order to ensure that corrective actions have been taken once normal activities resume, OSHA will develop a program to conduct monitoring inspections from a randomized sampling of cases where violations were noted but not cited. To accommodate this, CSHOs shall enter the code N-10-ABATEMENT DEFERRED in the OSHA Information System to denote such cases. Additional guidance on monitoring will be provided at a later date.

This memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA’s webpage at www.osha.gov/coronavirus for updates.

c: DCSP
   DTSEM
   DSG

[Correction 4/22/2020]

Annex

Examples of Situations Where Enforcement Discretion Should be Considered
(Note: Some standards referenced may be applicable to multiple industries.)

Annual Audiograms

An employer contracts with a service that provides a mobile audiometric testing facility. The service was scheduled to arrive at the employer's facility on March 27, 2020, but due to on-site visitor restrictions and social distancing protocols, the employer cancelled the arrival of the mobile facility. OSHA will not cite the employer for failing to conduct annual audiograms, provided the employer considered alternative options for compliance, implemented interim alternative protective measures, where possible, and shows a good faith effort to reschedule the mobile facility as soon as possible.


An employer contracts with a consultant to conduct process hazard analysis (PHA) revalidations. A PHA revalidation for the employer's ammonia refrigeration process was due to be completed by April 1, 2020, but because of travel restrictions and shelter-in-place orders, the consultant was unable to fly to the employer's location. OSHA will not cite the employer for failing to meet the [three-year-five-year] requirement for conducting a PHA revalidation, provided the employer considered alternative options for compliance, implemented interim alternative protective measures, where possible, and shows a good faith effort to reschedule the PHA revalidation as soon as the travel restrictions and shelter-in-place orders are lifted.
**Hazardous Waste Operations Training**

An employer operating a site where there is potential for the release of hazardous materials uses a contractor for emergency response and containment. That same contractor also conducts training for all employees working on site that may be exposed to hazardous substances during a release. The annual training was scheduled to take place at the end of March 2020, but was cancelled due to the plant shutdown following state and local mandates. OSHA will not cite the employer for failing to conduct the annual refresher training, provided the employer shows a good faith effort to reschedule the training as soon as the shutdown has been lifted.

**Respirator Fit Testing and Training**

As part of an employer's manufacturing operations, employees use spray booths to apply a finishing coat to products, requiring the use of respirators. The employer scheduled annual refresher training for April 1, 2020, but the consultant was unable to conduct the training because of travel restrictions. OSHA will not cite the employer for failing to conduct the annual refresher training, provided that the employer considered alternative options for compliance; implemented interim alternative protective measures, where possible; and shows a good faith effort to reschedule the training as soon as the restrictions are lifted. (For more information refer to OSHA's April 3, 2020 memorandum, Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic. For specific guidance related to healthcare workers, see OSHA's March 14, 2020 memorandum, Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak.)

**Maritime Crane Testing and Certification**

An employer contacts an OSHA Accredited Cargo Gear Company to have the employer's cargo gear inspected and certified because its OSHA 71 certificate is about to expire. The inspection is scheduled to take place at the employer's facility, but due to travel restrictions, on-site visitor constraints, and social distancing protocols, the inspection cannot take place. OSHA will not cite the employer for not having current cargo gear accreditation certificates (OSHA 71s), provided the employer considered alternative options for compliance, implemented interim alternative protective measures, where possible, and shows a good faith effort to reschedule the cargo gear inspection as soon as possible.

**Construction Crane Operator Certification**

An operator certified in accordance with 29 CFR 1926 Subpart CC (Cranes and Derricks) is unable to undergo a re-certification or re-licensing examination due to travel restrictions or social distancing protocols. OSHA will not cite the operator's employer for allowing the operator to work with an expired certification as long as the employer considered alternative options for compliance, implemented interim alternative protective measures, where possible, and can show good faith in its effort to reschedule and complete the operator's recertification as soon as possible through a certification or licensing body that meets the requirements of OSHA's standard.

**Medical Evaluation**

Along with engineering controls, an employer operating a plywood manufacturing facility provides employees with respirators to prevent exposure to formaldehyde. In order to conduct a medical evaluation to determine if employees are cleared to wear respirators, the employer contracts with medical professionals to conduct pulmonary function testing, or spirometry. However, because of the American College of Occupational and Environmental Medicine's recommendation, such testing is suspended. OSHA will not cite the employer for failing to conduct the periodic [medical] monitoring if the employer implemented interim alternative protective measures, where possible, and shows a good faith effort to reschedule the spirometry testing once the suspension is lifted.
UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL SAFETY & HEALTH

Frequently Asked Questions
A - Z Index
Freedom of Information Act - OSHA
Read The OSHA Newsletter
Subscribe to the OSHA Newsletter
OSHA Publications
Office of Inspector General

ABOUT THIS SITE

Freedom of Information Act - DOL
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Enforcement Memos

Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic

April 24, 2020

MEMORANDUM FOR:
REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:
AMANDA EDENS
Deputy Assistant Secretary

FROM:
PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:
Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, with regard to the reuse of filtering facepiece respirators (FFRs) that have been decontaminated through certain methods.[1]

This guidance applies in workplaces in which workers need respirators to protect against exposure to infectious agents that could be inhaled into the respiratory system, including during care of patients with suspected or confirmed coronavirus disease 2019 (COVID-19) and other activities that could result in respiratory exposure to SARS-CoV-2 (the virus that causes COVID-19). The guidance describes decontamination methods for FFRs contaminated with pathogens, and is not intended to facilitate re-use of FFRs laden with other contaminants (e.g., FFRs overloaded with silica dust).

This memorandum further expands flexibilities outlined in OSHA’s previous COVID-19 enforcement memoranda posted at www.osha.gov/enforcementmemos.[2] In light of the essential need for adequate supplies of respirators, this memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA’s webpage at www.osha.gov/coronavirus for updates.

Background

On January 31, 2020, the Secretary of Health and Human Services (HHS) declared the COVID-19 outbreak a public health emergency.[3] The President also declared a national emergency due to COVID-19.[4]

The response to the pandemic has created an increased demand for FFRs, limiting their availability for use in protecting workers in healthcare and emergency response from exposure to the virus. As a result, the President directed the Secretary of Labor to "consider all appropriate and necessary steps to increase the availability of respirators."[5]

Although the Secretary, through OSHA, has allowed for enforcement flexibility around respirators—including with regard to fit-testing, the use of respirators that are beyond their manufacturer's recommended shelf life, extended use and reuse of respirators, and the use of alternative equipment certified by the National Institute for...
Occupational Safety and Health (NIOSH) or in accordance with standards of certain other countries and jurisdictions—the availability of FFRs remains a concern throughout the country.

In some circumstances, employers may find it necessary to decontaminate FFRs to facilitate their reuse. However, because of the potential for decontamination methods to affect respirator fit and/or performance, there are no NIOSH-approved methods for such processes. That is, decontamination voids the NIOSH certification for the respirator. Still, during periods of shortages of FFRs when other preferred alternative respirators (as described in Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the 2019 Novel Coronavirus Disease (COVID-19) Pandemic and Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic) are not available, filtering facepiece respirator decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability of respiratory protection equipment.[6]

**Enforcement Guidance**

All employers whose employees are required to use or are permitted voluntary use of respiratory protection must continue to manage their respiratory protection programs (RPPs) in accordance with the OSHA respirator standard, and should pay close attention to shortages of FFRs during the COVID-19 pandemic.[7] Paragraph (d)(1)(ii) in section 1910.134 requires employers to identify and evaluate respiratory hazards in the workplace, and paragraph (c)(1) requires employers to develop and implement written RPPs with worksite-specific procedures and to update their written programs as necessary to reflect changes in workplace conditions that affect respirator use. CSHOs should generally refer to CPL 02-00-158, Inspection Procedures for the Respiratory Protection Standard, 6/26/2014, for further guidance.[8]

Due to the impact on workplace conditions caused by limited supplies of FFRs, employers should reassess their engineering controls, work practices, and administrative controls to identify any changes they can make to decrease the need for respirators.

If respiratory protection must be used, and acceptable alternatives are not available for use in accordance with OSHA's previous COVID-19 enforcement memoranda, NIOSH has identified limited available research that suggests the following methods offer the most promise for decontaminating FFRs:

- Vaporous hydrogen peroxide;[9]
- Ultraviolet germicidal irradiation; and/or
- Moist heat (e.g., using water heated in an oven).

If such methods are not available, the above-referenced NIOSH-evaluated research showed the following methods could also be suitable decontamination options:

- Microwave-generated steam; and/or
- Liquid hydrogen peroxide.

Based on the above-referenced NIOSH-evaluated research, employers should not use the following methods unless objective data that sufficiently demonstrate the safety and effectiveness of such methods become available:

- Autoclaving;
- Dry heat;
- Isopropyl alcohol;
- Soap;
- Dry microwave irradiation;
- Chlorine bleach; and/or
- Disinfectant wipes, regardless of impregnation (i.e., chemical saturation); and/or
- Ethylene oxide (EtO).[10]
The NIOSH-evaluated research provides justification for each method evaluated.

Note that, according to NIOSH, only respirator manufacturers can reliably provide guidance on how to decontaminate their specific models of FFRs. In the absence of manufacturers' recommendations, third parties (e.g., respiratory protection or other industrial hygiene consultants) may also provide guidance or procedures on how to decontaminate respirators without impacting respirator performance.

Further, the effectiveness of using any of the methods mentioned in this guidance should be explored with specific filtering facepiece respirator models and with manufacturer, and, if needed, third party expert, input and support to better understand the impact on respirator performance, including filtration and fit, and structural integrity (including integrity of head straps and other parts). Employers should be able to demonstrate effectiveness of any decontamination method(s) used against the likely contaminant(s) (i.e., pathogens) of concern. Employers should also ensure that any decontamination method(s) used do not produce additional safety hazards (e.g., electrical arcs resulting from placing FFRs with metal parts into microwaves), or that workers are adequately protected from those hazards through appropriate engineering and administrative controls, safe work practices, and personal protective equipment.

OSHA will continue to consider methods for decontamination of FFRs on a case-by-case basis as objective data demonstrating the safety and effectiveness of such methods become available, and the agency will provide updated guidance, as appropriate.

The following specific enforcement guidance is provided for CSHOs inspecting workplaces where workers are using decontaminated FFRs.
All employers should:

- Make a good-faith effort to provide and ensure workers use the most appropriate respiratory protection available for the hazards against which workers need to be protected. Efforts should be consistent with flexibilities outlined in OSHA's previous COVID-19 enforcement memoranda.
- When respirators must be decontaminated to facilitate their reuse in ways consistent with OSHA's previous COVID-19 enforcement memoranda and the U.S. Centers for Disease Control and Prevention (CDC) Strategies for Optimizing the Supply of N95 Respirators, ensure that decontamination is accomplished according to the methods described above and detailed in CDC's Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies.
- Ensure users perform a user seal check each time they don a respirator. Employers should not permit use of a respirator on which the user cannot perform a successful user seal check. See 29 CFR § 1910.134, Appendix B-1, User Seal Check Procedures.[11]
- Train employees using decontaminated respirators to understand that if the structural and functional integrity of any part of the respirator is compromised, it should not be used by that individual as respiratory protection. The inability to achieve a successful user seal check could be an indicator that the integrity of the respirator is compromised.
- Visually inspect, or ensure that workers visually inspect, the FFRs to determine if the structural and functional integrity of the respirator has been compromised. Over time or as a result of the decontamination process, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal.
- Train employees on the procedures for the sequence of donning/doffing to prevent self-contamination. See www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf.
- If no manufacturer or third-party guidance or procedures are available to support the specific decontamination method(s) employed, avoid the use of decontaminated FFRs when healthcare personnel perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2 or perform or are present for procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). If decontamination methods degrade FFR performance, including filtration and fit, or otherwise affect structural integrity, the decontaminated FFR may not provide the level of protection needed or expected during aerosol-generating procedures.

Citation guidance:

OSHA will, on a case-by-case basis, exercise enforcement discretion related to the reuse of FFRs that have been decontaminated using the methods recommended above when considering issuing citations under 29 CFR § 1910.134(d) and/or the equivalent respiratory protection provisions of other health standards in cases where:

- Other feasible measures, such as using partitions, restricting access, cohabiting patients, or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were implemented to protect employees;
- The employer has made a good faith effort to obtain other alternative FFRs, reusable elastomeric respirators, or PAPRs, including NIOSH-certified equipment or equipment that was previously NIOSH-certified but that has surpassed its manufacturer's recommended shelf life (in accordance with OSHA's April 3, 2020 memo), that is appropriate to protect workers;
- The employer has monitored its supply of FFRs, prioritized their use according to CDC guidance (www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html; www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html), and controlled the number of times a respirator is decontaminated before issuing a new one given supply level and burn rate considerations; and
- Surgical masks and eye protection (e.g., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets (note: surgical masks are not respirators and do not provide protection during aerosol-generating procedures).

Where the above efforts are absent and respiratory protection use is required, or voluntary use is permitted, and an employer fails to comply with fit testing, maintenance, care, and training requirements, cite the applicable provision(s) of 29 CFR § 1910.134 as serious violations. If you have any questions regarding this policy, please contact the Directorate of Enforcement Programs at (202) 693-2190.

cc: DCSP
    DTSEM
    DSG

[1] For the purposes of this memorandum, filtering facepiece respirators (FFRs) means disposable filtering facepiece respirators designated as N95, N99, N100, R95, R99, R100, or P95, P99, and P100. Back to text


[6] According to guidance on decontamination and reuse of FFRs, the Centers for Disease Control and Prevention (CDC) and NIOSH do not recommend that FFRs be decontaminated and then reused as standard care. This practice would be inconsistent with their approved use, but, in times of crisis, this option may need to be considered when FFR shortages exist. See www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html. Back to text


[9] As of the date of issuance of this memorandum, the U.S. Food and Drug Administration had issued Emergency Use Authorizations for several decontamination systems that rely on vaporous hydrogen peroxide. Back to text
[10] The recommendation against EtO in this category is based on OSHA’s concern about worker (particularly those wearing decontaminated respirators) exposure to levels of EtO, including above the action level (0.5 ppm as an eight-hour time weighted average) in the OSHA standard (29 CFR § 1910.1047) for this substance—a known human carcinogen and teratogen. While EtO has been demonstrated to effectively deactivate viral pathogens on FFRs, additional information is needed about worker exposure to EtO associated with use of particular decontamination systems, including while conducting decontamination operations and while wearing particular FFRs that have been decontaminated using such methods. Back to text


UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210
📞 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL
SAFETY & HEALTH

Frequently Asked Questions
A - Z Index
Freedom of Information
Act - OSHA
Read The OSHA Newsletter

Enforcement Memos
/ Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

May 19, 2020

MEMORANDUM FOR:
REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:
AMANDA EDENS
Deputy Assistant Secretary

FROM:
LEE ANNE JILLINGS, Acting Director
Directorate of Technical Support and Emergency Management

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:
Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

This memorandum provides updated interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the requirements of 29 CFR Part 1904 with respect to the recording of occupational illnesses, specifically cases of COVID-19. On May 26, 2020, the previous memorandum on this topic[1] will be rescinded, and this new memorandum will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

1. The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);[2]
2. The case is work-related as defined by 29 CFR § 1904.5;[3] and
3. The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.[4]

Confirmed cases of COVID-19 have now been found in nearly all parts of the country, and outbreaks among workers in industries other than healthcare, emergency response, or correctional institutions have been identified. As transmission and prevention of infection have become better understood, both the government and the private sector have taken rapid and evolving steps to slow the virus's spread, protect employees, and adapt to new ways of doing business. As the virus's spread now slows in certain areas of the country, states are taking steps to reopen their economies and workers are returning to their workplaces. All these facts—incidence, adaptation, and the return of the workforce—indicate that employers should be taking action to determine whether employee
COVID-19 illnesses are work-related and thus recordable. Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace.

In light of these considerations, OSHA is exercising its enforcement discretion in order to provide certainty to employers and workers. Accordingly, until further notice, OSHA will enforce the recordkeeping requirements of 29 CFR 1904 for employee COVID-19 illnesses for all employers according to the guidelines below. Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard. And pursuant to existing regulations, employers with 10 or fewer employees and certain employers in low hazard industries have no recording obligations; they need only report work-related COVID-19 illnesses that result in a fatality or an employee's in-patient hospitalization, amputation, or loss of an eye.[5]

* * *

Because of the difficulty with determining work-relatedness, OSHA is exercising enforcement discretion to assess employers' efforts in making work-related determinations.

In determining whether an employer has complied with this obligation and made a reasonable determination of work-relatedness, CSHOs should apply the following considerations:

- The reasonableness of the employer's investigation into work-relatedness. Employers, especially small employers, should not be expected to undertake extensive medical inquiries, given employee privacy concerns and most employers' lack of expertise in this area. It is sufficient in most circumstances for the employer, when it learns of an employee's COVID-19 illness, (1) to ask the employee how he believes he contracted the COVID-19 illness; (2) while respecting employee privacy, discuss with the employee his work and out-of-work activities that may have led to the COVID-19 illness; and (3) review the employee's work environment for potential SARS-CoV-2 exposure. The review in (3) should be informed by any other instances of workers in that environment contracting COVID-19 illness.

- The evidence available to the employer. The evidence that a COVID-19 illness was work-related should be considered based on the information reasonably available to the employer at the time it made its work-relatedness determination. If the employer later learns more information related to an employee's COVID-19 illness, then that information should be taken into account as well in determining whether an employer made a reasonable work-relatedness determination.

- The evidence that a COVID-19 illness was contracted at work. CSHOs should take into account all reasonably available evidence, in the manner described above, to determine whether an employer has complied with its recording obligation. This cannot be reduced to a ready formula, but certain types of evidence may weigh in favor of or against work-relatedness. For instance:
  - COVID-19 illnesses are likely work-related when several cases develop among workers who work closely together and there is no alternative explanation.
  - An employee's COVID-19 illness is likely work-related if it is contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 and there is no alternative explanation.
  - An employee's COVID-19 illness is likely work-related if his job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.
  - An employee's COVID-19 illness is likely not work-related if she is the only worker to contract COVID-19 in her vicinity and her job duties do not include having frequent contact with the general public, regardless of the rate of community spread.
  - An employee's COVID-19 illness is likely not work-related if he, outside the workplace, closely and frequently associates with someone (e.g., a family member, significant other, or close friend) who (1) has
COVID-19; (2) is not a coworker, and (3) exposes the employee during the period in which the individual is likely infectious.

- CSHOs should give due weight to any evidence of causation, pertaining to the employee illness, at issue provided by medical providers, public health authorities, or the employee herself.

If, after the reasonable and good faith inquiry described above, the employer cannot determine whether it is more likely than not that exposure in the workplace played a causal role with respect to a particular case of COVID-19, the employer does not need to record that COVID-19 illness. In all events, it is important as a matter of worker health and safety, as well as public health, for an employer to examine COVID-19 cases among workers and respond appropriately to protect workers, regardless of whether a case is ultimately determined to be work-related.

CSHOs will generally refer to CPL 02-00-135, Recordkeeping Policies and Procedures Manual (Dec. 30, 2004),[6] and CPL 02-00-163, Field Operations Manual (Sept. 13, 2019),[7] Chapters 3 and 6, as applicable. The following additional specific enforcement guidance is provided for CSHOs:

- COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300. Because this is an illness, if an employee voluntarily requests that his or her name not be entered on the log, the employer must comply as specified under 29 CFR § 1904.29(b)(7)(vi).

If you have any questions regarding this policy, please contact Elizabeth Grossman, Director of the Office of Statistical Analysis, at (202) 693-2225.

cc: DCSP
    DSG


[3] Under 29 CFR § 1904.5, an employer must consider an injury or illness to be work-related if an event or exposure in the work environment (as defined by 29 CFR § 1904.5(b)(1)) either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 29 CFR § 1904.5(b)(2) specifically applies. See www.osha.gov/lawsregs/regulations/standardnumber/1904/1904.5. As discussed below, OSHA is exercising enforcement discretion regarding work-relatedness in the context of employee COVID-19 illness. Back to text

[4] Under 29 CFR § 1904.7, an employer must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. An employer must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. See www.osha.gov/lawsregs/regulations/standardnumber/1904/1904.7. Back to text

United States Department of Labor

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210

800-321-6742 (OSHA)
TTY
www.OSHA.gov

Federal Government

White House
Severe Storm and Flood Recovery Assistance
Diaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

Occupational Safety & Health

Frequently Asked Questions
A - Z Index
Freedom of Information
Act - OSHA
Read The OSHA Newsletter
Subscribe to the OSHA Newsletter
OSHA Publications
Office of Inspector General

About This Site
Freedom of Information Act - DOL
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
Accessibility Statement
Enforcement Memos / Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

May 19, 2020

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

This Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) provides instructions and guidance to Area Offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints, referrals, and severe illness reports. On May 26, 2020, the previous memorandum on this topic[1] will be rescinded, and this new Updated Interim Enforcement Response Plan will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA’s webpage at www.osha.gov/coronavirus for updates.

Eliminating hazards from COVID-19 remains a top priority for OSHA. Because the government and the private sector have taken rapid and evolving steps to slow the virus’s spread, protect employees, and adapt to new ways of doing business, at this time, the rate of new cases, new hospitalizations, and deaths are decreasing in most parts of the country. As workplaces reopen, OSHA will continue to ensure safe and healthy conditions for America's working men and women pursuant to the following framework:

- In geographic areas where community spread of COVID-19 has significantly decreased, OSHA will return to the inspection planning policy that OSHA relied on prior to the start of the COVID-19 health crises, as outlined in the OSHA Field Operations Manual (FOM), CPL 02-00-164, Chapter 2, when prioritizing reported events for inspections, except that:
  - OSHA will continue to prioritize COVID-19 cases;
  - OSHA will utilize non-formal phone/fax investigations or rapid response investigations in circumstances where OSHA has historically performed such inspections (e.g., to address formal complaints) when necessary to assure effective and efficient use of resources to address COVID-19-related events; and
  - In all instances, the Area Director (AD) will ensure that CSHOs utilize the appropriate precautions and personal protective equipment (PPE) when performing inspections related to COVID-19.

- In geographic areas experiencing either sustained elevated community transmission or a resurgence in community transmission of COVID-19, ADs will exercise their discretion, including consideration of available resources, to:
○ Continue prioritizing COVID-19 fatalities and imminent danger exposures for inspection. Particular attention for on-site inspections will be given to high-risk workplaces, such as hospitals and other healthcare providers treating patients with COVID-19, as well as workplaces, with high numbers of complaints or known COVID-19 cases.
  ○ Where resources are insufficient to allow for on-site inspections, the inspections for these types of reported events will be initiated remotely with an expectation that an on-site component will be performed if/when resources become available to do so.
  ○ Where limitations on resources are such that neither an on-site nor remote inspection is possible, OSHA will investigate these types of reported events using a rapid response investigation (RRI) to identify any hazards, provide abatement assistance, and confirm abatement.
  ○ OSHA will develop a program to conduct monitoring inspections from a randomized sampling of fatality or imminent danger cases where inspections were not conducted due to resource limitations.
  ○ Utilize non-formal phone/fax investigation instead of an on-site inspection in industries where doing so can address the relevant hazard(s); and
  ○ Ensure that CSHOs utilize the appropriate precautions and PPE to protect against potential exposures to COVID-19.

Attached to this Updated Interim Enforcement Response Plan are specific enforcement procedures (Attachment 1); a sample employer letter for COVID-19 activities (Attachment 2); a sample hazard alert letter (Attachment 3); a sample alleged violation description for a citation under the general duty clause, Section 5(a)(1), of the Occupational Safety and Health (OSH) Act (Attachment 4); and additional references, including OSHA’s prior COVID-19-related enforcement memoranda (Attachment 5).

General Enforcement Guidance

As more states are taking steps to reopen their economies and workers are returning to their workplaces, OSHA is receiving complaints from affected workers in non-essential businesses. This Updated Interim Enforcement Response Plan takes account of such changes.

Employers must report work-related fatalities to OSHA within eight (8) hours and work-related in-patient hospitalizations, amputations, or losses of an eye within twenty-four (24) hours. Employers must report fatalities that occur within thirty (30) days of a work-related incident, and must report in-patient hospitalizations, amputations, or losses of an eye that occur within twenty-four (24) hours of a work-related incident. After OSHA receives an employer report of a fatality, in-patient hospitalization, amputation, or loss of an eye as a result of a work-related incident, the AD will determine whether to conduct an inspection or a RRI. The RRI is intended to identify any hazards, provide abatement assistance, and confirm abatement. For additional guidance, refer to Rapid Response Investigations Enforcement Procedures at www.osha.gov/memos/2016-03-04/revised-interim-enforcement-procedures-reporting-requirements-under-29-cfr-190439.

Prior to any inspection related to COVID-19, each AD should evaluate the potential risk level of exposure to SARS-CoV-2 at the workplace, and prioritize his or her resources. When the AD determines an on-site inspection is warranted in light of this Updated Interim Enforcement Response Plan, CSHOs must carefully evaluate potential hazards and limit any possible exposure(s). Throughout their engagement with facilities treating a significant number of COVID-19 patients, CSHOs should take care to avoid interference with the provision of ongoing medical services and critical work efforts.

Whenever CSHOs identify a workplace with potential exposure to SARS-CoV-2—and determine that an inspection is warranted under this Updated Interim Enforcement Response Plan—they should immediately coordinate with their supervisors and regional office, and, if necessary, contact the Office of Occupational Medicine and Nursing
(OOMN). OOMN may then serve as a liaison with relevant public health authorities, and can facilitate Medical Access Orders (MAOs) to obtain worker medical records from employers and healthcare providers.

CSHOs who believe they may have had an exposure to SARS-CoV-2 during an inspection must report the potential exposure to their supervisor and/or AD.

COVID-19 inspections will be treated as novel cases. The Directorate of Enforcement Programs (DEP) must be notified of all proposed citations and federal agency notices that relate to a COVID-19 exposure. State Plan designees should report any COVID-19 inspections to their Regional Office.

All activity, specifically enforcement and compliance assistance, must be appropriately coded to allow for tracking and program review. This includes COVID-19 activity, which should continue to be coded in the OSHA Information System (OIS) with the specific code: N-16-COVID-19.

Attached is specific inspection and citation guidance for potentially applicable standards, which describes when to exercise enforcement discretion, such as for the Respiratory Protection standard, 29 CFR § 1910.134. Please refer to other current COVID-19 enforcement memoranda as appropriate. If you have any questions regarding this policy, please contact the Office of Health Enforcement at (202) 693-2190.

Attachments

c: DCSP
  DTSEM
  DSG

{Correction 5/26/2020}

Attachment 1

Specific Guidance for COVID-19 Enforcement

I. Workplace Risk Levels:

The following guidance is provided to help identify risk levels in workplace settings for purposes of prioritizing OSHA enforcement activities during the Coronavirus Disease 2019 (COVID-19) pandemic. The workplace risk levels below are from the Occupational Risk Pyramid described in the OSHA publication, Guidance on Preparing Workplaces for COVID-19, OSHA publication 3990), www.osha.gov/Publications/OSHA3990.pdf.

- High and very high exposure risk jobs are those with high potential for exposure to known or suspected sources of SARS-CoV-2 that occurs during specific medical, postmortem, or laboratory procedures. Workplaces considered to have job duties with high risk of exposures to COVID-19 include, but are not limited to, hospitals treating suspected and/or confirmed COVID-19 patients, nursing homes, emergency medical centers, emergency response facilities, settings where home care or hospice care are provided, settings that handle human remains, biomedical laboratories, including clinical laboratories, and medical transport. Aerosol-generating procedures, in particular, present a very high risk of exposure to workers. The aerosol-generating procedures for which engineering controls, administrative controls, and personal protective equipment (PPE) are necessary include, but are not limited to, bronchoscopy, sputum induction, nebulizer therapy, endotracheal intubation and extubation, open succioning of airways, cardiopulmonary resuscitation and autopsies.

- Medium exposure risk jobs include those with frequent and/or close contact with, i.e., within 6 feet of, people who may be (but are not necessarily known to be) infected with SARS-CoV-2. Workers in this risk group may have frequent contact with travelers returning from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category include, but are not limited to, those who have frequent and/or close contact with the general public or
coworkers (e.g., in schools, high-population-density work environments – like meat and poultry processing, and some high-volume retail settings).

- Lower exposure risk jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2, nor frequent close contact with, i.e., within 6 feet of, the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

II. Complaints, Referrals, and Rapid Response Investigations (RRIs):

As the virus’s spread now slows in certain areas of the country, states are taking steps to reopen their economies and workers are returning to their workplaces. However, because of continuing concerns about COVID-19, OSHA should anticipate COVID-19-related complaints from non-essential industries. In areas where community spread of COVID-19 has significantly decreased and complaints or referrals are received regarding workplaces with medium or low risk, OSHA is expected to follow normal procedures, in accordance with the Field Operations Manual (FOM), CPL 02-00-164 (i.e., make only minor modifications, as necessary). In most cases, fatalities, imminent danger reports and life-critical unprogrammed activities (e.g., falls, struck-by, caught-in/between, or electrocutions) will result in on-site inspections. Formal complaints, such as complaints related to SARS-CoV-2 exposures in meat processing, may also be inspected on-site, based on case-specific facts or resource limitations constraining such investigations.

In high-risk workplaces or where a local area is experiencing either a sustained elevated community transmission or a resurgence in community transmission, Area Offices are to follow the modified procedures below. Complaint(s) or referral(s) for any general industry, maritime, or construction operation alleging potential exposures to SARS-CoV-2 should be handled in accordance with the general procedures in Field Operations Manual (FOM) Chapter 9, Complaint and Referral Processing, except that this response plan modifies the FOM instruction, “the employer is notified of the alleged hazard(s) or violation(s) by telephone, fax, email, or by letter,” by mandating an initial notification by phone to the employer. Additional modified procedures are:

- Fatalities and imminent danger exposures related to COVID-19 will be prioritized for inspections. During this pandemic, formal complaints alleging unprotected exposures to COVID-19 for workers with a high/very high risk of transmission, such as a fatality that is potentially related to exposures to confirmed or suspected COVID-19 patients while performing aerosol-generating procedures without adequate PPE in a hospital, should warrant an on-site or remote inspection. The Area Director (AD) should prioritize resources and consider all relevant factors, such as whether the complainant alleges inadequate PPE due to supply issues, in determining whether to perform a non-formal phone/fax investigation instead of an on-site inspection. See Section I above for a description of other workplaces considered to have high/very high risk of exposures to COVID-19.

- Where resources are insufficient to allow for on-site inspection of a fatality or imminent danger event, the inspections for these types of reported events will be initiated remotely with an expectation that an on-site component will be performed if/when resources become available. Where limitations on resources are such that neither an on-site or remote inspection is possible, OSHA will investigate these types of reported events using a rapid response investigation (RRI) to identify any hazards, provide abatement assistance, and confirm abatement.
  - OSHA will develop a program to conduct monitoring inspections from a randomized sampling of fatality or imminent danger cases where inspections were not conducted in accordance with normal procedures due to resource limitations.

- All other formal complaints alleging SARS-CoV-2 exposure, where employees are engaged in medium or lower exposure risk tasks (e.g., billing clerks), might not result in an on-site inspection, depending on the discretion of the AD where non-formal procedures can sufficiently address the alleged hazards. Inadequate responses to a phone/fax investigation should be considered for an on-site inspection in accordance with the FOM. See Attachment 2 for a sample letter for employers.
- Non-formal complaints and referrals related to COVID-19 exposures will be investigated using non-formal processing to expedite employers' attention to alleged hazards.
- Employer-reported hospitalizations will be handled using a RRI in most cases. Refer to procedures in the OSHA Memorandum on RRIs dated March 4, 2016, for further information on RRI processing.
- In all phone/fax correspondences, Area Offices will assist employers by directing them to publicly-available guidance documents on protective measures, e.g., OSHA's COVID-19 webpage at www.osha.gov/coronavirus.
- Area Offices should document the status and condition of the work operations to the extent possible, noting any potentially serious hazard(s). This should include information (such as the type of process or conditions of exposure) indicative of the likelihood of exposure to SARS-CoV-2.
- Workers requesting inspections, complaining of COVID-19 exposure, or reporting illnesses may be covered under one or more whistleblower statutes. Inform them of their protections from retaliation and refer them to www.whistleblowers.gov for more information.

Finally, OSHA will forward complaint information deemed appropriate to federal partners with concurrent interests.

### III. Inspection Scope, Scheduling, and Procedures:

**Inspection Planning and Compliance Safety and Health Officer (CSHO) Training.** Facilities identified in Section I, above, as having high and very high exposure risk jobs, such as hospitals, emergency medical centers, and emergency response facilities, will frequently be the focus of any inspection activities in response to COVID-19-related complaints/referrals and employer-reported illnesses. Based on information received by an Area Office, the AD will make determinations about when to conduct an on-site facility inspection and when to open remotely by making a phone call.

ADs or Assistant Area Directors shall ensure that CSHOs performing COVID-19-related inspections are familiar with the most recent Centers for Disease Control and Prevention (CDC) guidelines and OSHA's guidance for workplaces in which workers may have exposure to SARS-CoV-2, and that they are adequately trained through either related course work or field experience in appropriate settings. In healthcare, this might include OSHA Training Institute coursework (e.g., OSHA #3360 - Healthcare) or field experience in healthcare facilities. CSHOs shall be made aware of the individual characteristics and underlying conditions that, according to CDC, increase risk for developing severe illness and complications from COVID-19. These risk factors include:

- Being 65 years of age or older;
- Being on immunosuppressive drug therapy or otherwise being immunosuppressed;
- Having a history of smoking; or
- Having any of the following medical conditions: cardiovascular disease, asthma or other pulmonary disease, renal failure, liver disease, cancer, or diabetes.

CSHOs are to be provided with the necessary equipment and supplies, including decontamination supplies (e.g., ordinary bleach wipes) for cleaning any equipment and materials brought on site. CSHOs should dispose of used, disposable PPE and decontamination waste at the inspection site; reusable PPE (e.g., respirator facepiece) and other equipment should be cleaned on site or bagged and cleaned later. See Compliance Officer Protection section below for further guidance.

**NOTE:** Where inspections require coordination with other federal agencies, such as the Centers for Medicare & Medicaid Services (CMS) or local and state health departments, Area Offices should contact the National Office to determine potential involvement of external authorities and coordinate efforts to maximize efficiencies and maintain controls.
- **Inspection Procedures.** Inspection procedures in FOM Chapter 3 shall be followed, except as modified below. CSHOs should consult OSHA directives, appendices, and other references cited in this instruction for further guidance.
  - **Opening Conference.** If the formal inspection can be conducted without accessing a location of suspected or confirmed SARS-CoV-2 exposure, then all possible steps must be taken for CSHOs to avoid such exposure(s). For example, opening conferences may be conducted by phone. When onsite, CSHOs will attempt to conduct an opening conference in a designated, uncontaminated administrative area or outdoors. Healthcare facilities generally have internal infection control and employee health and safety programs that may be administered by a team or individual. As appropriate to the setting, CSHOs should ask to speak to the infection control director, safety director, and/or the health professional responsible for occupational health hazard control. Other individuals responsible for providing records pertinent to the inspection should also be included in the opening conference or interviewed early in the inspection (e.g., facility administrator, training director, facilities engineer, director of nursing, human resources, etc.).

  **NOTE:** CSHOs may provide a copy of the OSHA Publication, *Guidance on Preparing Workplaces for COVID-19* (OSHA 3990-03 2020), or other guidance deemed appropriate.

  - **Program and Document Review.** CSHOs should take the following steps electronically or remotely (e.g., via phone or online) before attempting a walkthrough inspection, as appropriate to the type of facility:
    - Determine whether the employer has a written pandemic plan as recommended by the CDC.[2] If this plan is a part of another emergency preparedness plan, the review does not need to be expanded to the entire emergency preparedness plan (i.e., a limited review addressing issues related to exposure to pandemics would be adequate). The evaluation of an employer's pandemic plan may be based upon other written programs and, in a hospital, a review of the infection control plan.
    - Review the facility's procedures for hazard assessment and protocols for PPE use with suspected or confirmed COVID-19 patients.
    - Determine whether the workplace has handled specimens or evaluated, cared for, or treated suspected or confirmed COVID-19 patients. This should include a review of laboratory procedures for handling specimens and procedures for decontamination of surfaces.
    - Review other relevant information, such as medical records related to worker exposure incident(s), OSHA-required recordkeeping, and any other pertinent information or documentation deemed appropriate by the CSHO. This includes determining whether any employees have contracted COVID-19, have been hospitalized as a result of COVID-19, or have been placed on precautionary removal/isolation.
    - Review the respiratory protection program and any modified respirator policies related to COVID-19, and assess compliance with 29 CFR § 1910.134.
    - Review employee training records, including any records of training related to COVID-19 exposure prevention or in preparation for a pandemic, if available.
    - Review documentation of provisions made by the employer to obtain and provide appropriate and adequate supplies of PPE.
    - Determine if the facility has airborne infection isolation rooms/areas, and gather information about the employer's use of air pressure monitoring systems and any periodic testing procedures.[3] Review any procedures for assigning patients to those rooms/areas and procedures to limit access to those rooms/areas only by employees who are trained and adequately outfitted with

Review procedures in place for transferring patients to other facilities in situations where appropriate isolation rooms/areas are unavailable or inoperable. Also, review procedures for transferring COVID-19 patients from other facilities.

- Establish the numbers and placements, i.e., room assignments or designated area (cohorting) assignments, of confirmed and suspected COVID-19 patients under isolation at the time of inspection.
- Establish the pattern of placements for confirmed and suspected COVID-19 patients in the preceding 30 days.

Determine and document whether the employer has considered or implemented a hierarchy of controls for worker protection, i.e., engineering controls, administrative controls, work practices, or PPE (including a respiratory protection program). Such documentation can be in the form of photos or design specifications.

**NOTE 1:** The CDC currently recommends that healthcare personnel (HCP) who are providing direct care of patients with known or suspected COVID-19 implement robust infection control procedures. These include engineering controls (e.g., airborne infection isolation rooms), administrative controls (e.g., cohorting patients, designated HCP), work practices (e.g., handwashing, disinfecting surfaces), and appropriate use of PPE, such as gloves, face shields or other eye protection, and gowns. [4]

**NOTE 2:** Several tools are publicly available to offer employers assistance in developing hospital preparedness plans. The CDC has developed checklists for various industries and for different types of settings. The available CDC hospital guidance is listed in Attachment 5.

- **Walkaround.** Based on information from the program and document review and interviews, CSHOs and supervisors or ADs should use professional judgment in determining which areas of the facility will be inspected (e.g., emergency rooms, respiratory therapy areas, bronchoscopy suites, and morgue). CSHOs should not enter patient rooms or treatment areas while high hazard procedures are being conducted. Photographs or videotaping where practical should be used for case documentation, such as recording smoke-tube testing of air flows inside or outside an AIIR. However, under no circumstances shall CSHOs photograph or take video of patients, and CSHOs must take all necessary precautions to assure and protect patient confidentiality. Throughout their engagement with facilities treating a significant number of COVID-19 patients, CSHOs should take care to avoid interference with the facilities' ongoing medical services.

- **Compliance Officer Protection.** ADs and Assistant Area Directors will ensure that CSHOs performing COVID-19-related inspections are familiar with the most recent CDC guidelines and OSHA’s guidance for healthcare workers, and trained as mentioned above. Supervisors and CSHOs should also review ADM 04-00-002, OSHA Safety and Health Management System (SHMS), including Chapter 8, *Personal Protective Equipment*, and Chapter 19, *Bloodborne Pathogens*. [5] Consultation with the regional office is encouraged prior to beginning such inspections.

Vaccinations for COVID-19 are currently not available. CSHOs who conduct COVID-19 inspections are encouraged to get the COVID-19 vaccinations if and when they become available. At such a time, CSHOs should check for Federal Occupational Health (FOH) facility locations within their area to obtain the vaccination(s). CSHOs should also be encouraged to take the seasonal influenza vaccine, ADs and Assistant Area Directors must ensure that appropriate PPE is available for CSHOs conducting on-site activities. CSHOs should determine from the employer where donning, doffing, and decontamination can be done, as well as the location of additional PPE (if available) and decontamination waste disposal facilities, in preparation for the walkaround. COVID-19 can be contracted via person-to-person contact and respiratory droplets, so strict adherence to use of PPE is essential. The minimum level of respiratory protection for CSHOs is a fit-tested half-mask elastomeric respirator with at least an N95
rated filter. CSHOs must also be equipped, at a minimum, with goggles or face shields, disposable
gloves, and disposable gowns or coveralls of appropriate size. CSHOs must also ask employers if there
are any facility-imposed PPE requirements and adhere to those PPE requirements during the
inspection.

- **Safety Practices during On-Site Inspections.** CSHOs shall inspect facilities in a manner that minimizes
  or prevents exposure (for example, view employee work tasks through an observation window). CSHOs
  shall avoid potential exposure to suspected or confirmed COVID-19 patients. It is not generally
  necessary for CSHOs to enter patient rooms or airborne isolations areas. **CSHOS shall not enter rooms
  occupied by COVID-19 patients or airborne infection isolation rooms (AIIRs) to evaluate compliance.** If
  CSHOs must enter a vacant AIIR, sufficient time must lapse (to allow for proper clearance of potentially
  infectious aerosols) before entering. (For information on clearance rates under differing ventilation
  conditions, see www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm). Prior to entering an occupied
  AIIR, or a recently vacated AIIR that has not been adequately purged, a CSHO must discuss the need
  for entry with the AD.

Under circumstances where CSHOs need to test a room’s ventilation or air flow (e.g., rooms where
aerosol-generating procedures are performed), CSHOs shall, at a minimum, wear a half-mask negative-
pressure respirator with at least N95 filters, goggles, and disposable gloves. If CSHOs wear full-face,
negative-pressure respirators, the respirator takes the place of the goggles for the purposes of providing
eye protection.

As appropriate to the inspection, CSHOs shall conduct private interviews with affected employees in
uncontaminated areas. CSHOs should practice social distancing (such as maintaining at least 6 feet of
distance), if possible, while conducting interviews with employees. Another option is conducting the
interview by phone, even while still on site. Interviews shall not take place in a room or area where a
high-hazard procedure such as bronchoscopy, sputum induction, etc., is being or recently has been
conducted.

CSHOS must wash their hands with soap and water after each inspection or use hand sanitizers with at
least 60% alcohol if handwashing facilities are not immediately available. Also, prior to leaving the site,
CSHOS will decontaminate supplies and equipment using bleach wipes, and dispose of all used,
disposable PPE and decontamination waste on site, or bag and clean later. CSHOS are also
encouraged to wash their hands during the course of the walkaround, such as when leaving areas and
after touching surfaces. CSHOS should always wash hands after removing gloves or other PPE. CSHOS
should practice contamination reduction techniques, i.e., limiting surface touching, and avoiding
secondary or subsequent contact, especially with their faces.

- **Applicable OSHA Standards.** Several OSHA standards may apply, depending on the circumstances of
the case. CSHOs must rely on specific facts and findings of each case for determining applicability of
OSHA standards.

  - 29 CFR § 1910.133, Eye and Face protection.
  - 29 CFR § 1910.1020, Access to Employee Exposure and Medical Records.

NOTE: OSHA's Bloodborne Pathogens standard (29 CFR § 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may contain SARS-CoV-2 (unless visible blood is present). However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard.

- **Observation of hazards.** Where no violations of OSHA standards, regulations, or the general duty clause are observed or documented, CSHOs shall terminate the inspection and immediately leave the facility.

- **Citation Guidance.** The above standards and requirements should be evaluated for elevated occupational exposure risk as defined in this memorandum. The list is not exhaustive. Violations of OSHA standards cited under the inspection guidance in this memorandum will normally be classified as serious.

- **General Duty Clause.** If deficiencies not addressed by OSHA standards or regulations are discovered in the employer's preparedness for controlling elevated occupational exposure risk for SARS-CoV-2, and guidance is available (e.g., CDC), follow the FOM guidance for obtaining evidence of a potential general duty clause violation, including the four required elements: (1) The employer failed to keep the workplace free of a hazard to which employees of that employer were exposed; (2) The hazard was recognized; (3) The hazard was causing or was likely to cause death or serious physical harm; and, (4) There was a feasible and useful method to correct the hazard.

Unless the case file evidence establishes that all four of the above elements, the Area Office should issue a hazard alert letter (HAL) recommending the implementation of protective measures that address SARS-CoV-2 hazards. For example, if there is no evidence that an employee was potentially exposed to the virus in the workplace, then the first element is not met. See Attachment 3 for a sample HAL.

- **Use of CDC recommendations.** The most current CDC guidance should be consulted in assessing potential workplace hazards and to evaluate the adequacy of an employer's protective measures for workers. Where the protective measures implemented by an employer are not as protective as those recommended by the CDC, the CSHO should consider whether employees are exposed to a recognized hazard and whether there are feasible means to abate that hazard.

- **Citation Review.** In all cases where the AD determines that an OSHA standard has been violated or a condition exists warranting issuance of a 5(a)(1) violation for an occupational exposure to SARS-CoV-2, the proposed citation shall be reviewed with the Regional Administrator and the National Office prior to issuance. In most potential general duty clause cases, it is advisable that the Regional Offices consult with their Regional Solicitor. See Attachment 4 for a sample alleged violation description (AVD).

- **Additional Guidance for Certain OSHA Standards.**

  - **Access to employee medical and exposure records.** For general guidance, CSHOs should refer to CPL 02-02-072, Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records August 22, 2007, at www.osha.gov/enforcement/directives/cpl-02-02-072. CSHOs are encouraged to consult with OOMN for guidance if they have any questions when reviewing medical records and for obtaining MAOs, as necessary.

  A record concerning an employee's work-related exposure to SARS-CoV-2 is an employee exposure record under 29 CFR § 1910.1020(c)(5). A record of COVID-19 medical test results, medical evaluations, or medical treatment is considered an employee medical record within the meaning of 29 CFR § 1910.1020(c)(6). Medical records are to be handled in accordance with the procedures set forth at 29 CFR § 1913.10, Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records.
Injury/Illness Records. CSHOs should review the employer's injury and illness records to identify any workers with recorded illnesses or symptoms associated with exposure(s) to patients with suspected or confirmed COVID-19 or other sources of SARS-CoV-2.

For purposes of OSHA injury and illness recordkeeping, cases of COVID-19 are not considered a common cold or seasonal flu. The work-relatedness exception for the common cold or flu at 29 CFR § 1904.5(b)(2)(viii) does not apply to these cases. Note that OSHA had been exercising enforcement discretion for the recording of COVID-19 cases, given the nature of the disease and ubiquity of community spread, which initially made it difficult for some employers to determine whether a COVID-19 illness is work-related. As transmission and prevention of infection have become better understood, employers may be better able to identify where an employee's covid-19 illness is likely work-related, e.g., if the employee while on the job has frequent, close contact with the general public in a locality with ongoing community transmission and there is no alternative explanation. Recently, OSHA provided updated guidance for all employers. See OSHA Memorandum, Revised Enforcement Guidance for Recording Cases of 2019 Coronavirus Disease (COVID-19) on OSHA Injury and Illness Logs, issued on May 19, 2020, www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19.

Employers are responsible for recording cases of COVID-19 if all of the following requirements are met:

- The case is a confirmed case of COVID-19, as defined by the CDC;
- The case is work-related, as defined by 29 CFR § 1904.5; and
- The case involves one or more of the recording criteria set forth in 29 CFR § 1904.7 (e.g., medical treatment, days away from work).

NOTE: Several types of facilities in the healthcare industry are partially exempt from recordkeeping requirements under 29 CFR Part 1904 and are, therefore, not expected to maintain OSHA 300 logs.[6] CSHOs should rely on interviews and other records reviewed during the investigation at these facilities. {Although facilities in these industries are exempt from maintaining OSHA 300 logs, they are not exempt from the reporting requirements under 29 CFR § 1904.39(a)(1) or 29 CFR § 1904.39(a)(2).}

- Respiratory Protection Standard. For general guidance, CSHOs should refer to CPL 02-00-158, Inspection Procedures for the Respiratory Protection Standard, June 26, 2014, at www.osha.gov/enforcement/directives/cpl-02-00-158.

During an inspection, CSHOs will evaluate whether healthcare or emergency response workers, who are expected to perform very high and high risk exposure tasks, are using respirators (i.e., N95 or better).

- Healthcare and emergency response job tasks with high occupational exposure risk to SARS-CoV-2 include but are not limited to: entering rooms with suspected or confirmed COVID-19 patients; attending to suspected or confirmed COVID-19 patients through close contact (within 6 feet); or transporting suspected or confirmed COVID-19 patients in enclosed vehicles.
- Healthcare and emergency response job tasks with very high occupational exposure risk to SARS-CoV-2 include but are not limited to: surgery on suspected or confirmed COVID-19 patients; performing aerosol-generating procedures on these patients, such as bronchoscopy, sputum induction, nebulizer therapy, endotracheal intubation and extubation, open suctioning of airways; cardiopulmonary resuscitation on suspected or confirmed COVID-19 patients; or autopsies on suspected or confirmed COVID-19 patients.

Appropriate respiratory protection is required for all healthcare personnel providing direct care for patients with suspected or confirmed cases of COVID-19. For additional guidance, see COVID-19 Hospital Preparedness Assessment Tool, www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-
checklist.html.

Equipment Shortages. Because of the increased demand for N95 filtering facepiece respirators (FFRs) during the COVID-19 outbreak, and the resulting limitations on the availability of these respirators for use in protecting workers in healthcare and emergency response from exposure to the virus, the President directed the Secretary of Labor to "consider all appropriate and necessary steps to increase the availability of respirators." [7]

The outbreak is also resulting in shortages of other disposable respirators, surgical masks, and fit-testing supplies and equipment. And health services by fit-testing companies and by medical providers for respirator evaluations may be limited.

Enforcement Discretion. In view of these shortages and limitations, OSHA has provided specific enforcement discretion, as described below, for CSHOs enforcing the Respiratory Protection standard, 29 CFR § 1910.134, during the present COVID-19 outbreak. CSHOs are to refer to the memoranda listed below (also listed in Attachment 5), and should continue to check for additional or modified guidance:


CSHOs should assess whether the employer is making good-faith efforts to provide and ensure workers use the most appropriate respiratory protection available for exposures to SARS-CoV-2. Below is a summary of key guidance from the above memoranda. CSHOs should also consult the memoranda themselves for complete details of OSHA's enforcement policies on the Respiratory Protection standard during the outbreak. The employer's good faith efforts should be accomplished through, in order:

- Implementing the hierarchy of controls in an effort first to eliminate workplace hazards, then using engineering controls, administrative controls, and safe work practices to prevent worker exposures to respiratory hazards.
- Prioritizing efforts to acquire and use equipment in the following order:
  - National Institute for Occupational Safety and Health (NIOSH)-certified equipment; then
  - Equipment certified in accordance with standards of other countries or jurisdictions except the People's Republic of China, unless equipment certified in accordance with standards of the

People’s Republic of China is manufactured by a NIOSH certificate holder, in accordance with OSHA’s April 3, 2020 memo; then

- Equipment certified in accordance with standards of the People’s Republic of China, the manufacturer of which is not a NIOSH certificate holder, in accordance with OSHA’s April 3, 2020 memo; then
- Facemasks (e.g., medical masks, procedure masks).

- Prioritizing efforts to acquire and use equipment that has not exceeded its manufacturer’s recommended shelf life before allowing workers to use equipment that is beyond its manufacturer’s recommended shelf life. Equipment used beyond its manufacturer’s recommended shelf life must be used in accordance with OSHA’s April 3, 2020 memo.
- Prioritizing efforts to use equipment that has not exceeded its intended service life (e.g., disposable FFRs used for the first time) before implementing protocols for extended use or reuse of equipment. Extended use or reuse of equipment should follow the CDC’s Strategies for Optimizing the Supply of N95 Respirators and OSHA’s April 3, 2020 memo.
- Using homemade masks or improvised mouth and nose covers only, as a last resort (i.e., when no respirators or facemasks are available). Improvised masks are not personal protective equipment and, ideally, should be used with a face shield to cover the front and sides of the face. When this measure is the only resort, refer to the CDC guidance at www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html.

CSHOs should also confirm that workers perform a user seal check each time they don a respirator, regardless of whether it is a NIOSH-certified device or device certified under standards of other countries, and do not use a respirator on which they cannot perform a successful user seal check. See 29 CFR § 1910.134, Appendix B-1, User Seal Check Procedures.[8]

CSHOs will determine whether the employer has trained workers to understand that if the structural and functional integrity of any part of the respirator is compromised, it should be discarded, and that if a successful user seal check cannot be performed, another respirator should be tried to achieve a successful user seal check. Over time, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal. Additionally, CSHOs should assess whether the employer has trained employees on the proper sequence of procedures for donning/doffing to prevent self-contamination. See www.cdc.gov/niosh/nptt/pdfs/PPE-Sequence-508.pdf.

Finally, CSHOs should confirm that employers and users of personal protective equipment avoid co-mingling products from different categories of equipment. That is, NIOSH-certified equipment, equipment that was previously NIOSH-certified but that has surpassed its manufacturer’s recommended shelf life, equipment certified under standards of other countries, and equipment that was previously certified under standards of other countries but that has surpassed its manufacturer’s recommended shelf life, should be stored separately.

*Healthcare employers.* When HCP perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2 or perform or are present for procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction), CSHOs should determine whether:

- Workers are using respirators (including N95 FFRs; other FFRs; non-disposable, elastomeric respirators; or PAPRs) that are still within their manufacturer’s recommended shelf life, if available, before using respirators that are beyond their manufacturer’s recommended shelf life.
Workers are using respiratory protection equipment certified exclusively in accordance with standards of the People’s Republic of China and manufactured by companies that are not NIOSH approval holders only when a facemask or improvised nose/mouth cover is the only feasible alternative.

Workers are not using expired respiratory protection equipment if respirators are available that are still within their manufacturer’s recommended shelf life.

NOTE: It is reasonable for healthcare employers to reserve some NIOSH- or foreign-certified N95 FFRs or better respirators for use by healthcare workers who are expected to perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2, or perform or are present for procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled. In such cases, and particularly when workers performing other tasks are provided with adequate alternative equipment, employers should be able to provide a reasonable rationale for their decision to stockpile these respirators. See also www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html. The CDC guidance also addresses scenarios in which other crisis standards of care may need to be considered, but this enforcement guidance is not intended to cover those scenarios.

Citation guidance:
CSHOs should, on a case-by-case basis, exercise enforcement discretion when considering issuing citations under 29 CFR § 1910.134(d) and/or the equivalent respiratory protection provisions of other health standards in cases where:

- Other feasible measures, such as using partitions, restricting access, cohorting patients (healthcare), or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were effectively implemented to protect employees.
- The employer has made a good faith effort to obtain other appropriate, alternative FFRs, reusable elastomeric respirators, or powered air-purifying respirators (PAPRs), including NIOSH-certified equipment or equipment that was previously NIOSH-certified, but that has surpassed its manufacturer’s recommended shelf life (in accordance with OSHA’s April 3 memo);
- The employer has monitored their supply of N95s and prioritized their use according to CDC guidance (www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html; www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html); and
- Surgical masks and eye protection (e.g., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets (note: surgical masks do not provide adequate protection during aerosol-generating procedures).

Where the above efforts are absent and respiratory protection use is required, or voluntary use is permitted, and an employer fails to comply with fit testing, maintenance, care, and training requirements, cite the applicable provision(s) of 29 CFR § 1910.134 and/or other applicable expanded health standards as serious violations.

IV. Coding and Point of Contact.

All activity, specifically enforcement and compliance assistance, will be appropriately coded in the OSHA Information System (OIS) to allow for tracking and program review. COVID-19 activities shall continue to be coded with the specific code: N-16-COVID-19. If you have any questions regarding these procedures, please contact the Office of Health Enforcement at (202) 693-2190.

Attachment 2
Sample Employer Letter for COVID-19 Activities

Bracketed and/or italicized comments are for OSHA compliance use only and should be removed when appropriately completed with the case-specific information.

RE: OSHA Complaint No. [ ]

Dear Employer:

On [Date], the Occupational Safety and Health Administration (OSHA) received notification of alleged workplace hazard(s) at your worksite concerning [Potential illness: an employee exhibiting signs and symptoms of respiratory illness, such as, fever, cough, and/or shortness of breath, possibly indicating infection by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), which is the virus causing the current coronavirus disease 2019 (COVID-19) pandemic] or [PPE shortage: employees not provided with adequate personal protective equipment (PPE), such as respiratory protection, gloves, and gowns.] The specific nature of the complaint is as follows:

<< ENTER COMPLAINT INFORMATION >>

Currently, there is an outbreak of COVID-19, also known as Coronavirus. At this time, OSHA is prioritizing its enforcement resources, and OSHA does not intend to conduct an on-site inspection in response to the subject complaint at this time. However, because allegations of violations and/or hazards have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than [Date Response Due], of the results of your investigation. You must provide supporting documentation of your findings. This includes any applicable measurements or monitoring results; photographs/video that you believe would be helpful; and a description of any corrective action you have taken or are in the process of taking, including documentation of the corrected condition.

In addition, OSHA is aware that the current pandemic has created an increased demand for some protective equipment, limiting availability for use in protecting workers from exposure to the virus. If this situation has prevented you from furnishing protective equipment to your employees, you should provide documentation of the efforts you have made to obtain that equipment. Please feel free to contact the office at [AO phone] if you have any questions or concerns. [If the complaint is at a CMS certified facility add the following: We are also advising you that OSHA will notify the Centers for Medicare & Medicaid Services (CMS) of substantiated complaints for their consideration].

This letter is not a citation or a notification of proposed penalty which, according to the Occupational Safety and Health Act, may be issued only after an inspection or investigation of the workplace. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed. Depending on the specific circumstances at your worksite, several OSHA requirements may apply to the alleged hazards at your worksite, including:

- 29 CFR § 1910.133, Eye and Face protection.
- 29 CFR § 1910.1020, Access to Employee Exposure and Medical Records.
- Section 5(a)(1), General Duty Clause of the OSH Act.
OSHA's Bloodborne Pathogens standard (29 CFR § 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may contain SARS-CoV-2 (unless visible blood is present). However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard.

Information about these and other OSHA requirements can be found on OSHA's website at www.osha.gov/lawsregs.

If we do not receive a response from you by [Date Response Due] indicating that appropriate action has been taken or that no hazard exists and why, an OSHA inspection may be conducted. An inspection may include a review of the following: injury and illness records, hazard communication, personal protective equipment, emergency action or response, bloodborne pathogens, confined space entry, lockout/tagout, and related safety and health issues. Please also be aware that OSHA conducts random inspections to verify that corrective actions asserted by the employer have actually been taken.

OSHA's website, www.osha.gov, offers a wide range of safety and health-related guidance in response to the needs of the working public, both employers and employees. The following guidance may help employers prevent and address workplace exposures to pathogens that cause acute respiratory illnesses, including COVID-19 illness. The guidance includes descriptions of the relevant hazards, how to identify the hazards, and appropriate control measures. Additional resources are provided that address these supply issues and contain industry-specific guidance.

4. [Add additional links, as needed, for industry specific guidance, such as one or more of those listed in Attachment 5.]

The Centers for Disease Control and Prevention (CDC) also maintains a website that provides information for employers concerned about COVID-19 infections in the workplace. The CDC has provided specific guidance for businesses and employers at the following CDC webpage, which is updated regularly: www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html.

3. [Add additional links, as needed, for industry specific guidance, such as one or more of those listed in Attachment 5.]

The CDC is recommending employers take the following steps to prevent the spread of COVID-19:

- **Actively encourage sick employees to stay home**
- **Accommodate employees through social distancing or telework (if possible)**
- **Emphasize respiratory etiquette and hand hygiene by all employees**
- **Perform routine environmental cleaning**
- **Check government websites (CDC, State Department) for any travel advisories (where applicable)**
- **Plan for infection disease outbreaks in the workplace**
You are requested to post a copy of this letter where it will be readily accessible for review by all of your employees, and to return a copy of the signed Certificate of Posting (attached) to this office. In addition, you are requested to provide a copy of this letter and your response to a representative of any recognized employee union or safety committee that exist at your facility. Failure to do this may result in an on-site inspection. The complainant has furnished a copy of this letter and will be advised of your response. Section 11(c) of the Occupational Safety and Health Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity.

If you have questions regarding this issue, you may contact me at the address in the letterhead. I appreciate your personal support and interest in the safety and health of your employees.

Sincerely,

[Enter AD name]

Area Director

Attachment [Certificate of Posting not included in this sample letter]

Attachment 3

Sample Hazard Alert Letter for COVID-19 Inspection

NOTE: The letter below is an example of the type of letter that may be appropriate in some circumstances. It must be adapted to the specific circumstances noted in the relevant inspection. If the employer has implemented, or is in the process of implementing, efforts to address hazardous conditions, those efforts should be recognized and encouraged, if appropriate.

Bracketed and/or italicized comments are for OSHA compliance use only and should be removed when appropriately completed with the case-specific information.

Dear Employer:

An inspection and evaluation of your workplace at (location) on (date) disclosed the following workplace conditions which raise concerns about the potential for employee illness(es) related to exposure to SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), which is the virus causing coronavirus disease 2019 (COVID-19).

[Include a general description of the working conditions at issue and the nature of OSHA’s concerns for settings classified as medium risk and settings classified as having potential for ongoing transmission for SARS-CoV-2 virus. Address, as applicable, any lack of feasible engineering controls, lack of PPE, inappropriate PPE, etc.

For example:

Employees performing cough induction procedures on suspected or confirmed COVID-19 patients were not provided suitable respirators for use while doing these procedures.]

Based on the guidelines of the Centers for Disease Control and Prevention (CDC), which are listed at the end of this letter, it is recommended that you take the following precautions to materially reduce your employees' exposure to the conditions listed above [NOTE: Use only the items on the list that are appropriate for the hazards...
relevant to the particular inspection):

1. Engineering Controls: Engineering controls are the first line of defense in worker protection. Therefore, employers should provide appropriate engineering controls, where feasible, and should train their employees in the use of those controls to ensure the protection of employees providing care to suspected or confirmed COVID-19 patients. The following are recommended controls:
   a. Use Airborne Infection Isolation Rooms (AIIRs) to reduce the spread of SARS-CoV-2 virus when performing aerosol-generating procedures such as:
      - Bronchoscopy
      - Sputum induction
      - Endotracheal intubation and extubation
      - Open suctioning of airway
      - Cardiopulmonary resuscitation
      - Autopsies
   b. Air from AIIRs should be exhausted directly outside whenever possible, and never into areas where workers or visitors congregate or pass through (e.g., break areas, walkways); best practice incorporates high-efficiency particulate air (HEPA) filtration of this exhausted air.
   c. If AIIRs are not available, increase air changes and avoid unfiltered recirculation of the room air or utilize negative pressure patient enclosure devices (e.g., tents or booths).
   d. Where air must be recirculated, use HEPA filtration.
   e. Use ultraviolet germicidal irradiation (UVGI) devices only in addition to HEPA filtration.
   f. Filtration systems should be on maintenance schedules, and labeled and disposed of properly.

2. Administrative Controls: Managing the transmission of infectious diseases such as COVID-19 relies heavily on the implementation of administrative controls and good work practices. Preparedness should involve planning for the implementation of administrative controls and good work practices to protect affected employees. The following are recommended controls:
   a. Develop measures to support expeditious triage and isolation (or cohorting) of suspected or confirmed COVID-19 patients to minimize unprotected employee exposure.
   b. Limit the number of persons entering isolation rooms to the minimum number necessary for patient care and support.
   c. Provide dedicated patient-care equipment for suspected or confirmed COVID-19 patients.
   d. Ensure use of appropriate Biosafety Level 2 or 3 practices and equipment in laboratory facilities that handle specimens from suspected or confirmed COVID-19 patients to reduce the spread of SARS-CoV-2 virus to laboratory workers.
   e. Limit patient transport when possible and appropriate (e.g., do portable chest films at the bedside instead of transporting the patient to the Radiology department).
   f. Post signs on the entrances to AIIRs or affected procedure rooms to communicate the entry requirements necessary for worker protection.
   g. If tolerated, place facemasks on suspected or confirmed COVID-19 patients to reduce employees' exposure.
   h. Consider offering enhanced medical surveillance and screening to workers who perform the riskiest tasks or activities.

3. Personal Protective Equipment. Perform a workplace hazard assessment as required by 29 CFR § 1910.132(d) to determine the tasks that necessitate the use of personal protective equipment (PPE) such as face masks, gloves, goggles, and respirators.
   a. Provide gloves made of latex, vinyl, nitrile, or other synthetic materials, as appropriate, when there is contact with body fluids, including respiratory secretions.
b. Assure that employees wear appropriate protective clothing (e.g., an isolation gown) when it is anticipated that clothes or a uniform may get soiled with body fluids, including respiratory secretions.

c. Use eye and face protection if sprays or splatters of infectious material are likely. Goggles and a half-face respirator, or a full-face respirator, should be worn while performing aerosol-generating procedures. Use of a full face shield in front of a respirator may also prevent bulk contamination of the respirator.

d. If employees are using respiratory protection, establish, implement, and maintain a written respiratory protection program as required by 29 CFR § 1910.134(c). [The following are specific to respiratory protection use:]

- Use National Institute for Occupational Safety and Health (NIOSH)-certified respirators that are N95 or higher. When both fluid protection (e.g., blood splashes) and respiratory protection are needed, use a surgical N95 respirator that has been certified by NIOSH and cleared by the Food and Drug Administration (FDA).

- Consider NIOSH-certified elastomeric respirators (e.g., cartridge respirators) for essential workers who may have to decontaminate and reuse respirators in the event that there is a shortage of disposable respirators.

- Consider NIOSH-certified powered air-purifying respirators (PAPRs) for circumstances (possibly bronchoscopy or autopsy on persons with suspected or confirmed COVID-19 disease and selected laboratory procedures) for which a level of respiratory protection that exceeds the minimum level provided by an N95 disposable respirator is necessary. Loose-fitting hooded PAPRs have the additional advantage of not requiring fit testing.

NOTE: See also OSHA's website at www.osha.gov/coronavirus for certain temporary enforcement policies for this respiratory Protection standard during the COVID-19 pandemic.

4. Training and Information: Provide training, education, and informational materials about the risk of SARS-CoV-2 exposure associated with workers' job tasks and activities.

a. If PPE will be used, explain why it is being used. Educate and train workers about the protective clothing and equipment appropriate to their current duties and the duties they may be asked to assume when others are absent.

b. Explain how to use basic hygiene (e.g., hand washing, covering mouth and nose with a tissue when coughing or sneezing) and social distancing precautions that will be implemented and why they are effective.

b. Explain how to use basic hygiene (e.g., hand washing, covering mouth and nose with a tissue when coughing or sneezing) and social distancing precautions that will be implemented and why they are effective.

c. Ensure materials are easily understood and available in the appropriate language and educational level for all workers.

d. Post signs asking workers, customers, and the general public to follow basic hygiene practices.

For OSHA's latest information and guidance on the COVID-19 outbreak, please refer to OSHA's COVID-19 Safety and Health Topics page, located at www.osha.gov/coronavirus. Additionally, specific employer guidance is available (for healthcare workers, airline workers, business travelers, etc.).


The Centers for Disease Control and Prevention (CDC) also maintains a website that provides information for employers concerned with COVID-19 infections in the workplace. The CDC has provided specific guidance for businesses and employers at the following CDC webpage, which is updated regularly: www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html.
2. Strategies for conserving/optimizing the supply of respirators:
   c. www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

You may voluntarily provide this Area Office with progress reports on your efforts to address COVID-19 hazards in your workplace. OSHA may return to your worksite to further examine the conditions noted above.

Enclosed is a list of available resources that may be of assistance to you in preventing work-related injuries and illnesses in your workplace. Additionally, general resources for compliance assistance are available at www.osha.gov/employers/. If you have any questions, please feel free to call [name and phone number] at [address].

Sincerely,

Area Director

Attachment 4

Sample Alleged Violation Description (AVD) for Citing the General Duty Clause

This general alleged violation description (AVD) language below is presented as an example to assist Compliance Safety and Health Officers (CSHOs) in developing citations under the general duty clause, Section 5(a)(1), of the Occupational Safety and Health (OSH) Act. Citations should be drafted in consultation with the Regional Solicitor to reflect specific conditions found at establishments and to give notice to employers of the particular hazardous condition or practice cited.

Section 5(a)(1) of the Occupational Safety and Health Act: The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees, in that employees were not protected from the hazard of contracting SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the cause of Coronavirus Disease 2019 (COVID-19).

(a) (LOCATION) (DATE) (IDENTIFY SPECIFIC OPERATION/TASK(S) AND DEPARTMENTS, DESCRIBE CONDITIONS, INCLUDING EXPOSURE LEVELS) In the emergency room staffed with 35 employees, on 4/3/20: Three employees, a physician, nurse, and nursing assistant, were providing direct patient care - performing a routine endotracheal intubation procedure - to a patient who was previously confirmed to be infected with SARS-CoV-2. The employer did not ensure that appropriate and available engineering controls were used to protect against infective respiratory droplets and aerosols, in that an available isolation room was not used for the procedure, thereby exposing adjacent unprotected workers to SARS-CoV-2.[9]

Note: COVID-19 inspections are considered novel cases. The Directorate of Enforcement Programs (DEP) must be notified of all proposed citations and federal agency Notices that relate to a COVID-19 exposure.
Attachment 5

Additional COVID-19-Related References

Please see the following references and web-links for Coronavirus Disease 2019 (COVID-19)-related guidance and technical information. For subsequent updates, continue to refer to OSHA’s COVID-19 Safety and Health Topics page located at www.osha.gov/coronavirus.

OSHA Guidance:

- Preventing Worker Exposure to Coronavirus (COVID-19), (OSHA publication 3989), www.osha.gov/Publications/OSHA3989.pdf.
- **OSHA Respiratory Protection standard, 29 CFR § 1910.134:**

- **OSHA Personal Protective Equipment standard, 29 CFR § 1910.132:**

- **OSHA Sanitation standard, 29 CFR § 1910.141:**

**U.S. Department of Health and Human Services (HHS):**

**Centers for Disease Control and Prevention (CDC)/National Institute for Occupational Safety and Health (NIOSH)**

- General COVID-19 information:

- Resources for businesses and employers:

- Strategies for conserving/optimizing supply of respirators:

- Hospital preparedness assessment tool:

- PPE burn rate calculator:

- Infection control guidance in healthcare settings:

- Clearance rates of isolation rooms under differing ventilation conditions:
  - www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm.

- Infection control guidance in dental settings:
  - www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html

- Cleaning and disinfection for community facilities:

**Assistant Secretary for Preparedness and Response (ASPR)**

- **Strategic National Stockpile (SNS):**
  - www.phe.gov/about/sns/Pages/default.aspx. For further questions or information about the SNS, contact sns.ops@cdc.gov.

**Food and Drug Administration (FDA)**

- **Emergency Use Authorization (EUA):**
  - www.fda.gov/media/135763/download.
- EUA clarification letter: www.fda.gov/media/136023/download.

**National Institutes of Health (NIH)/National Institute of Environmental Health Sciences (NIEHS)**
- National Clearinghouse for Worker Safety and Health Training: tools.niehs.nih.gov/wetp/

**Federal Emergency Management Agency (FEMA):**

**Environmental Protection Agency (EPA):**

**Association for Professionals in Infection Control and Epidemiology (APIC):**

**American Dental Association (ADA):**

**American College of Surgeons:**


[3] *Airborne Infection Isolation Room (AIIR)*: A room designed to maintain Airborne Infection Isolation (AII). AllIs are single-occupancy patient-care rooms used to isolate persons with suspected or confirmed infectious disease. Environmental factors are controlled in AllIs to minimize the transmission of infectious agents that are usually spread from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AllIs should be maintained under negative pressure (so that air flows under the door gap into the room), at an air flow rate of 6–12 air changes per hour, and there should be direct exhaust of air from the room to the outside of the building or recirculation of air through a high-efficiency particulate air (HEPA) filter. Back to Text


[6] Currently exempt are offices of physicians, {outpatient care centers, and medical and diagnostic laboratories. For the full list, see Appendix A to 29 CFR 1904 Subpart B at: www.osha.gov/laws-regulations/standardnumber/1904/1904SubpartBAppA}. Back to Text


UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCUPATIONAL
SAFETY & HEALTH

Frequently Asked Questions
A - Z Index