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**COVID-19 Preparedness and Response Plan**  
**Premier Risk Management**  
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#	Management Representative	Signature	Approval Date
1			

#	EHS Representative	Signature	Approval Date
2			



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## 1.0 Introduction

- 1.1 Coronaviruses are a family of viruses that can cause illnesses such as the common cold, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). In 2019, a new coronavirus was identified as the cause of a disease outbreak that originated in China. The virus is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called coronavirus disease 2019 (COVID-19).
- 1.2 COVID-19 has spread from China to many other countries around the world, including the United States. On March 11, 2020 the World Health Organization (WHO) declared COVID-19 a worldwide pandemic.
- 1.3 The COVID-19 pandemic will have consequences that will affect personnel in the workplace. Absenteeism will be on the rise because personnel will be sick, are caregivers for sick family members, for children if schools or day care centers are closed, have at-risk people at home (such as immunocompromised family members), or are afraid to come to work because of fear of possible exposure.
- 1.4 Other aspects of how COVID-19 may alter business is interruption of supply chains and may cause orders to be delayed or cancelled. Also, changes in commerce patterns can change such as consumers purchasing an abundance of goods that will deplete local supplies and shop in off peak hours to avoid interaction with others.

## 2.0 Scope

- 2.1 This program is designed to provide company leaders a guide in how to respond to the COVID-19 virus in the workplace. This can provide direction in how to protect personnel at work, communicate preventative measures to avoid contagion, and what to do if someone is infected.

## 3.0 Legal Requirements

- 3.1 This program is in adherence to the Occupational Safety and Health Administration's (OSHA) guidance on Preparing Workplaces for COVID-19 (OSHA 3990-03 2020), 29 CFR § 1910.1030 (Infectious Disease Prevention), 1910.134 (Respiratory Protection), the Occupational, Safety, and Health Act's General Duty Clause, Section 5(a) (1).



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#### 4.0 COVID-19

- 4.1 In COVID-19, “CO” stands for corona, “VI” for virus, and “D” for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”. This is a new virus strand and advancements are fluid in learning more about the biological make up of COVID-19 and how it infects human cells.
- 4.2 The COVID-19 virus has not been detected in drinking water, pools, or hot tubs. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes the virus.
- 4.3 It is not yet known (as of March 20, 2020) if weather and temperature impact the spread of COVID-19. Some other viruses (like the common cold and flu) spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during warmer months. However, in most cases humidity will cause a virus to swell and not be as easily transmitted. At this time, it is not known whether the spread of COVID-19 will decrease when the weather becomes warmer.

#### 5.0 How Transmitted

- 5.1 The virus is thought to spread mainly from person to person. How easily a virus spreads in such a manner can vary. Some viruses are highly contagious (like measles) while other viruses do not spread as easily. Another factor is whether the spread is sustained, spreading continually without stopping. The virus that causes COVID-19 seems to be spreading easily and has sustainably in communities of some affected areas. Some person to person spreading examples are:
  - 5.1.1 People who are in close contact by one another within six (6) feet.
  - 5.1.2 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. The virus is not airborne and can only be transmitted from direct respiratory droplets.
  - 5.1.3 People are thought to be most contagious when they are most symptomatic. However, there have been reports of spread being possible before people show symptoms.
- 5.2 Virus spread does occur from contact with contaminated objects or surfaces. Examples of such objects and surfaces and how long the virus will remain viable are up to:



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- 5.2.1 Three (3) hours in aerosols.
- 5.2.2 Four (4) hours on copper.
- 5.2.3 Twenty-four (24) hours on cardboard.
- 5.2.4 Three (3) days on plastic and stainless steel.

## 6.0 Symptoms

6.1 Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. Symptoms may appear two (2) to fourteen (14) days after exposure. Examples of symptoms are:

- 6.1.1 Fever.
- 6.1.2 Cough.
- 6.1.3 Shortness of breath.
- 6.1.4 Persistent body pain and fatigue.
- 6.1.5 Bluish lips or face.

## 7.0 Severity

7.1 The complete clinical picture regarding COVID-19 is not fully known. Reported illnesses have ranged from no reported symptoms, very mild, to severe (including illness resulting in death). While information so far suggests that most cases are mild, a report out of China suggests serious illness occurs in sixteen percent (16%) of cases. Older people and people of all ages with severe chronic medical conditions such as heart disease, lung disease, and diabetes seem to be at higher risk of the virus. Cases in the United States by age group found that eighty percent (80%) of deaths were among adults sixty-five (65) years and older with the highest percentage of severe outcomes occurring in people eighty-five (85) years and older.



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## 8.0 Risk Factors

8.1 Worker's risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or low risk. The level of risk depends in part on the industry type and/or need for contact within six (6) feet of people. Each company should evaluate these risk factors for personnel in the workplace.

8.2 Occupational Risk Pyramid for COVID-19



8.3 Very High Risk: Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific travel to infected areas, medical, postmortem, or laboratory procedures. Such as healthcare workers (doctors, nurses, dentists, paramedics, emergency medical technicians), healthcare or laboratory personnel collecting or handling specimens, and morgue workers performing autopsies on those who perished while infected.

8.4 High Risk: High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Examples are international travelers for work, healthcare delivery and support staff, medical transport workers, and mortuary workers involved in preparing (for burial or cremation) the bodies of those who perished while infected.

8.5 Medium Risk: Medium exposure risk jobs include those that require frequent and/or close contact within six (6) feet of people. Such as domestic travelers for work, teachers, workers in schools, retail, restaurants, the travel industry, and any high-density work environment).

8.6 Low Risk: Lower exposure risk jobs are those that do not require contact with people or frequent close contact within six (6) feet of the general public. Workers in this category have minimal occupational contact with the public and other coworkers.



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## 9.0 Engineering Controls

- 9.1 Install physical barriers, such as clear plastic sneeze guards, where feasible.

## 10.0 Administrative Controls

- 10.1 Social Distancing: Avoid large events and mass gatherings. However, if in public strive to keep a physical distance of six (6) feet from others. Especially keep distance from others if COVID-19 is spreading in the community, particularly if there is a higher risk of serious illness.
- 10.2 Individual Use: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people.
- 10.3 Hand Washing: Personnel should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and warm water for twenty (20) seconds. Using soap to wash hands is more effective than using water alone because the surfactants in soap lift soil and microbes from skin. Also, people tend to scrub hands more thoroughly when using soap, which further removes germs. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least sixty percent (60%) alcohol may be used. If hands are visibly dirty, always wash hands with soap and water. Personnel should strive to wash hands a minimum twelve (12) times daily and in the following situations:
  - 10.3.1 After blowing one's nose, coughing, or sneezing.
  - 10.3.2 After using the restroom.
  - 10.3.3 Before eating or preparing food.
  - 10.3.4 After contact with animals or pets.
  - 10.3.5 Before and after providing routine care for another person who needs assistance.
  - 10.3.6 After being around other personnel for an extended period.



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- 10.4 Cover Coughs and Sneezes: In the event of personnel coughing they shall cover their mouth and nose with a tissue during a cough or sneeze or use the inside of their elbow. Then dispose of the used tissue immediately in the trash.
- 10.5 Touching Face: Avoid touching eyes, nose, and mouth if hands are not clean.
- 10.6 Stay Home if Sick: People who are sick or mildly ill with COVID-19 are able to recover at home. Do not leave and avoid public areas, except to get medical care.
- 10.7 Wear Face Mask: Infected personnel should wear a facemask when you are around other people and before you enter a healthcare provider's office. Such mask will help prevent one from emitting aerosols with the virus. See 11.2 of this procedure for more information.
- 10.8 Cleaning and Disinfecting Surfaces: Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Personnel shall clean and disinfect high-touch surfaces daily in common areas:
  - 10.8.1 Tables.
  - 10.8.2 Hard-backed chairs.
  - 10.8.3 Doorknobs.
  - 10.8.4 Light switches.
  - 10.8.5 Remotes.
  - 10.8.6 Handles.
  - 10.8.7 Desks.
  - 10.8.8 Toilets.
  - 10.8.9 Sinks.



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10.9 Disinfect Clothing, Towels, Linen: Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other personnel’s items.

**11.0 Personal Protective Equipment (PPE)**

11.1 Respirator: National Institute for Occupational Safety and Health (NIOSH) approved respirators are required for respiratory protection in company activity. Personnel are approved to at minimum utilize a disposable or reusable N95 respirator. Such protection device is designed to prevent from inhaling airborne bacteria or virus particles because of its material, shape, and tight seal. Before use, personnel shall:

11.1.1 Have a medical review.

11.1.2 Get fit tested for the specific respirator that will be utilized.

11.1.3 Be trained on how to perform a proper fit check, use the respirator, and how to dispose of and/or store the respirator.

11.1.4 Evaluation Designation

Filter Efficiency	N (non-oil environments)	R (oil resistant)	P (oil proof)
95%	95	95	95
99%	99	99	99
99.97%	100	100	100

11.1.5 These respirators present limitations, which are outlined below:

11.1.5.1 Do not provide oxygen.

11.1.5.2 Must operate in atmospheres between nineteen and a half percent (19.5%) and twenty-three and a half (23.5%) of oxygen.

11.1.5.3 Not to be used in environments that are immediately dangerous to life and health (IDLH).

11.1.5.4 Does not prevent skin exposures.



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- 11.2 Face Mask (Surgical Mask): These are designed to be worn by personnel to catch the bacteria shed in liquid droplets and aerosols from the wearer's mouth and nose. They are not designed to protect the wearer from inhaling airborne bacteria or virus particles. Infected personnel shall wear these masks to prevent from infecting others.
- 11.3 Eye Protection: Proper eye protection consists of safety glasses (Z87.1 rated), goggles, or a disposable face shield that covers the front and sides of the face. Personal eyeglasses and contact lenses are not considered adequate eye protection. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to reuse. Disposable eye protection shall be discarded after use.
- 11.4 Gloves: Disposable gloves are preferred when handling potentially COVID-19 exposed material or assisting personnel who have been exposed. Personnel can utilize reusable gloves, but these must be disinfected immediately after use. The two (2) preferred disposable gloves are:
  - 11.4.1 Latex Gloves: These provide the highest level of comfort and flexibility. Latex rubber gloves provide excellent protection against bacteria and viruses. Latex gloves have high tactile sensitivity and are preferred for precise or delicate work such as surgery.
  - 11.4.2 Nitrile Gloves: If skin is latex sensitive, gloves made of nitrile are often preferred. Disposable nitrile gloves provide comparable comfort and protection to that of latex gloves. Nitrile gloves also provide a high level of protection, with durable, puncture-resistant material that protects users from chemicals and viruses.
- 11.5 Gowns: These are utilized by healthcare providers, patients, and visitors who spend time in a medical facility that faces the threat of emerging infectious diseases. These gowns for infection control protect against infectious hazards in a medical workplace. The consensus standard American National Standards Institute/Association of the Advancement of Medical Instrumentation (ANSI/AAMI) PB70:2003, describes the barrier protection levels of gowns intended for use in health care facilities provides defined levels of protection:
  - 11.5.1 Level 1: Minimal risk, to be used, during basic care, standard isolation, cover gown for visitors, or in a standard medical unit.
  - 11.5.2 Level 2: Low risk, to be used, during blood draw, suturing, in the Intensive Care Unit (ICU), or a pathology lab.



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11.5.3 Level 3: Moderate risk, to be used during arterial blood draw, inserting an Intravenous (IV) line, in the Emergency Room, or for trauma cases.

11.5.4 Level 4: High risk, to be used during long, fluid intense procedures, surgery, when pathogen resistance is needed, or infectious diseases are suspected (non-airborne).

## 12.0 Infected and Treatment

12.1 There are three (3) circumstances in which personnel should seek COVID-19 testing. These situations are coming into physical contact with persons infected with COVID-19, have traveled from an area with ongoing community spread of the virus, or if such personnel are experiencing symptoms discussed in Section 6.0 of this procedure.

12.2 When personnel come into physical contact with infected personnel or have traveled from an area where the virus is spreading, it should be remembered that symptoms will not always become active. It is critical to get tested to prevent from becoming a carrier of the virus.

12.3 Upon discovery of being infected a doctor will recommend treatment for any symptoms or complications that develop. Similar coronaviruses such as SARS and MERS do have vaccines and treatments. Some treatments for these similar viruses include:

12.3.1 Antiviral or retroviral medications.

12.3.2 Breathing support, such as mechanical ventilation.

12.3.3 Steroids to reduce lung swelling.

12.3.4 Blood plasma transfusions.

## 13.0 Work Environment Process

13.1 Employee self-identification of illness while at work should be addressed immediately to isolate them from other employees in the work environment. A competent person, supervisor, foreman, etc. must be knowledgeable of the COVID-19 symptoms (Section 6) to respond appropriately. Anytime an employee is advising of illness, an assessment to remove them from the work environment is necessary. If the employee is expressing symptoms of COVID-19, promptly implement the procedures of Engineering Control (Section 9), Administrative Controls (Section 10), and Personal Protective Equipment (Section 11). Use the Center for



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Disease Control (CDC) and Prevention Guidelines to instruct the employee to go home for self-isolation and consultation with their personal medical provider. After the employee has vacated the work environment, consider potential routes of exposure to other employees. Assess the possibility of close contact with the sick employee that may have unknowingly spread the virus during early incubation stage.

- 13.2 Supervision identification of potentially infected employee is possible by assessing employee behavior and questioning the employee. Declining performance and physical condition are key indicators of employee health. Under the recent changes to Department of Labor work practices it is permissible for the employer to question employees regarding their health. Employers may choose to monitor employee body temperature as a tool for assessing COVID-19 infection. All supervisors must understand documentation of an employee's health is a protected medical record, thus recording of the employee's body temperature is discouraged. If based on observations, past or present, the supervisor believes an employee may be ill and suspects the illness is communicable, isolate the employee prior to engaging in a discussion. Document the discussion, determinations and action taken. Follow the procedures of Engineering Control (Section 9), Administrative Controls (Section 10), and Personal Protective Equipment (Section 11). Use the Center for Disease Control and Prevention guidelines to instruct the employee to go home for self-isolation and consultation with their personal medical provider. After the employee has vacated the work environment consider potential routes of exposure to other employees. Assess the possibility of close contact with the sick employee that may have unknowingly spread the virus during early incubation stage.
- 13.3 Supervision should frequently and routinely remind all personnel of the symptoms of COVID-19 and encourage self-monitoring for signs they have contracted the virus. Leadership personnel should closely monitor the practices of Engineering Controls (Section 9) and Administrative Controls (Section 10). Limiting opportunities for public interaction may greatly reduce the potential for exposure to the workforce. Restriction of unnecessary deliveries, visitors and family members are ways to preserve the health of the workforce.
- 13.4 Reporting of illness prior to coming to work via a telephone is critical to ensuring the work environment is not a source of exposure to COVID-19. Supervision must ensure employees are reminded of the contact number to call in sick. Supervision is encouraged to question the employee as to why they are calling in sick. Infected family member living in the same household is cause for the employee to remain out of the work environment. Human



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Resources professionals will document the employee absence in accordance with employment guidelines.

- 13.5 Work environment exposure to COVID-19 may be a recordable illness under current guidelines provided by the Occupational Safety and Health Administration (OSHA). Follow the link for latest updates from OSHA pertaining to COVID-19.  
<https://www.osha.gov/SLTC/covid-19/standards.html>