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Doc. Type: **Safety Program**

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Form 2

## APPENDIX 6 – CONTAINMENT AT WORKSITE – CLEANING

\*\*All chemicals must be handled in accordance with GHS best practices and labeled properly and the SDS must be available for each product.

- Bleach Dilution Mixture: Disinfection of material contaminated with blood and body fluids. Should be used in well-ventilated areas. Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids to avoid release of chlorine gas.
- Lysol and other disinfecting solutions: good for airborne and non-porous surfaces
- Alcohol: i.e. Isopropyl 70%, ethyl alcohol 60%. Good for use on smooth metal surfaces, tabletops, and other surfaces on which bleach cannot be used.

**Appropriate PPE is required!**



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## APPENDIX 7 – COMMUNICATION PROTOCOL

### a) Notification

Any employees exhibiting signs of significant illness OR possible COVID-19 cases must be reported to our **1st Incident Commander, Susan Aldridge or to 2nd Incident Commander, Christin Godkins**. See Appendix 3 for contact information.

### b) Daily Procedure:

1. To begin and end each day, please follow these steps:

Health Officer (Foreman) will hold daily meeting (Roll Call) at beginning of shift to ascertain health and fitness for duty of each employee. If the risk level still allows group meetings, the Health Officer will have each employee answer and sign the meeting record stating their answers to the health questions. If risk level is high, social distancing (6 feet apart) will be enforced.

Verbal confirmation will be obtained from each employee in response to the following questions:

- Do you have a fever, feel sick, or have flu-like symptoms?
- In the past 14 days, have you or a household member been to one of the Level 3 countries (China, European countries, Iran, UK Ireland)?
- Have you been in contact with a person who is under evaluation or confirmed for coronavirus (COVID-19) or are you awaiting test results?

2. The Health Officer will record each employee's response in the meeting notes.

3. At the conclusion of the day, the same procedure will be asked to ensure there are no new symptoms reported by employees before leaving the jobsite. The above verbal and/or written records will apply.

### c) Reporting:

If there is a concern of exposure or an employee shows symptoms of illness, please follow these steps:

- Secure the scene
- Collect employee contact information (use cell phones or radio to keep safe distance)
- Inform employee that HR, Safety and/or Compliance will call so be sure to answer the phone
- Remove employee from the jobsite
- Contact Incident Commander(s)

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- Contact the Safety Manager/Coordinator for the project, then
- Contact the Director/Supervisor of the company/division
- Follow instructions of Incident Commander and the Safety Manager (these may include removal of employees from jobsite, have other employees maintain a safe distance from each other, mark any areas of exposure, sanitizing of exposure areas, etc.)
- Fill in form (Appendix 5) with all information and submit to Safety Manager & DL PHEP from your company email

**d) Follow Up (PHEP Team will instruct on these steps):**

- The Safety Manger will contact Incident Commanders immediately
- Employee monitoring/tracking will begin
- Sanitizing instructions will be communicated to the Health Officer
- Employee monitoring instructions will be communicated to the Health Officer
- PHEP team will alert client per requirements

**e) Roles & Responsibilities:**

- Health Officer – report all instances of illness, exposure or symptoms
- Safety Manager – receive field calls and communicate all information to Health Officer and to Incident Commander
- Incident Commanders – contact PHEP team and hold meeting
- HSE Director – instruct and train Safety personnel
- HR Director – handle employee questions, pay, sick/PTO questions, personnel concerns
- Legal Compliance Manager – track all instances of employee exposure; keep record of control for employee tracking; communicate to HSE and HR Directors any follow-up items required
- Chief Legal Officer/EVP & General Counsel – review all documentation and protocols as needed. Determine notice to external parties. Finalize decisions concerning employees that must be isolated to prevent spread to others.
- Huwa Entities Director(s) – maintain communication with field regarding essential operations

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## APPENDIX 8 – PERSONAL PANDEMIC PLANNING

### General Personal Health Practices and Feedback from Employees

- Eat, rest well and exercise in moderation
- Wash your hands frequently with warm water and soap
- Cover your nose and mouth when coughing or sneezing
- Minimize visitors at home
- Check up on friends and family who live alone
- Teach your children to wash hands frequently with soap and water
- Stay informed – watch for updates from public health providers
- Washing your hands is one of the most important ways to prevent the spread of influenza
- Stay away from crowds
- Stock up on basic items (food, water, medical supplies)
- Shop at smaller stores with smaller line-ups
- Shop at off peak hours
- Consider pre-ordering groceries and then just pick up or have delivered
- Pay bills electronically
- Minimize the amount of time you spend around people
- Stay healthy at work
- If you are not feeling well, STAY HOME and notify your supervisor
- Postpone family gatherings, outings, trips
- Work from home (requires supervisor notification/approval)
- Use waterless sanitizing gel to clean hands
- Clean objects and hard surfaces that are handled by many people
- Use stairs instead of crowded elevators
- Cancel non-essential meetings and use teleconferencing if possible



## Informational Questionnaire

**As a part of our ongoing effort to prevent the spread of the COVID-19 virus and provide a safe environment for everyone, we kindly require all staff and visitors to complete and sign this questionnaire prior to entering any of our offices, jobsites or facilities.**

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**1.** Do you feel sick or have flu-like symptoms, which could include a fever greater than 100.4°F, cough or shortness of breath?

Yes  
 No

**2.** In the past 14 days, have you or a household member been to one of the US DOH CDC Level 3 countries (currently: China, France, Germany, Greece, Hungary, Iceland, Iran, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City, or other level 3 countries as of April 16, 2020)?

Yes  
 No

**3.** Have you been in close contact with anyone in a high-risk position (healthcare professionals, law enforcement, other first responders) and/or do you have a relative in your home with COVID 19?)

Yes  
 No

**4.** Have you been in close contact with a medium-risk position (warehouse worker, high-density retail employee (i.e. Walmart), package handler, etc.)?

Yes  
 No

**5.** Have you recently been informed by a licensed healthcare professional that he or she believes that you likely have, or do have, as evidenced by a positive test, COVID-19?

Yes\*  
 No

*If you answered "yes" to any of the above questions, your ability to enter Huwa Enterprises or any of its affiliates' offices/facilities may be denied. Please contact your supervisor who will advise on next steps. Furthermore, if you answered NO to the above questions, please understand we are doing what we can to risk the transmission of COVID-19, but it is your choice to be at the office or facility and please take all social distancing and protective measures when entering any office or facility.*

As a courtesy, please answer the following questions:

**6.** Have you visited an area or been in a situation where you feel was a high-risk area? (i.e., a nursing home, assisted living facility, emergency medical facility, other) in the past 14 days?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**7.** Have you traveled outside of your state/region? And how did you travel (mode – vehicle, airplane, etc.)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Notes: \_\_\_\_\_

Thank you for your cooperation.

Statement of responsibility: We encourage all employees and visitors to act responsibly during this time and put their own health and safety first and respect the health and safety of our community and our fellow employees and families.

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Name and Company**

\_\_\_\_\_  
**Signature**