

# COVID-19

## EXPOSURE CONTROL

### GUIDE



Safe operating procedures & return to work guidelines for Therma employees

SYMPTOMS / DIAGNOSIS	STAY AT HOME	RETURN TO WORK
<p>Fever (temp &gt;38°C/100°F)</p>	<p>STAY AT HOME</p>	<p>After at least 72 hours of no fever without the use of antipyretics (ie., fever reducing medications such as Motrin, Tylenol etc.)</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Symptoms have significantly improved</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Contact Mike Fisher at 408-210-2300 prior to return to work</li> </ul>
<p>One or more of these symptoms without fever</p> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Sore throat</li> <li>• Nasal congestion/runny nose</li> <li>• Body aches</li> </ul>	<p>STAY AT HOME</p> <ul style="list-style-type: none"> <li>• If these symptoms get better after 2 days call Mike Fisher at 408-210-2300 prior to return to work</li> <li>• If these symptoms worsen after 2 days</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• If you develop a fever, then continue to stay home &amp; contact Mike Fisher at 408-210-2300</li> </ul>	<ul style="list-style-type: none"> <li>• <b>If able</b>, work from home</li> <li>• <b>If able</b>, attend meetings by phone/video</li> <li>• <b>If symptoms get better after 2 days</b> &amp; you feel well enough to work, but have cough, cold or allergy symptoms wear a face mask to work after confirming your return to work with Mike Fisher at 408-210-2300</li> <li>• Disinfect your hands after touching items others may have touched</li> <li>• Do not shake hands with others</li> </ul>
<p>Diagnosis of COVID-19</p>	<p>Stay at home, self isolate &amp; monitor your symptoms</p>	<ul style="list-style-type: none"> <li>• 14 Days after onset of symptoms</li> <li>• 5 days after resolution of symptoms</li> </ul> <p>WHICHEVER IS LONGER</p> <p>OR</p> <ul style="list-style-type: none"> <li>• If you develop a fever, then continue to stay home &amp; contact Mike Fisher at 408-210-2300</li> </ul>

# COVID-19

## FOREMAN ASSESSMENT SURVEY

Steps to mitigate the community spread



To mitigate the community spread of COVID - 19, supervisors are required to review the recommendations outlined below and complete the survey with their team each day before the start of work. Make sure your daily briefing is documented.

### Recommendations to Stop the Spread of Germs:

- If you have a fever, cough, shortness of breath, sore throat, nasal congestion/runny nose, or body aches, you must stay home.
- See Stay at Home Guidelines for more details.
- Regularly wash hands with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and disinfect frequently touched objects and surfaces.
- Practice social distancing (maintaining 6' distance from others).
- Avoid sharing personal items with coworkers (dishes, cups, utensils, towels, tools)
- Disinfect your workspace, tools and equipment daily

### Questions for employees:

1. Do you have signs of fever or measured (100.4F or greater) fever, cough, shortness of breath, sore throat, nasal congestions/runny nose, or body aches?
2. Have you, or anyone that you have been in close contact with (within 6 feet for at least 5 minutes), been diagnosed with COVID-19?
3. Have you been issued a public health order to enforce isolation, quarantine or conditional release related to COVID-19?

### RESPONSES and ACTIONS:

1. No to ALL questions, the worker(s) may begin and/or continue work.
2. **YES** to ANY question, the worker(s) is required to immediately leave the project and remain off work for the durations outlined in the Stay at Home Guidelines. (FEVER: Can return after a minimum 72 hours fever-free while not taking any fever reducing medications, AND symptoms significantly improved. SYMPTOMS without fever: Can return after a minimum 48 hours, AND symptoms significantly improved, AND no fever develops. Therma employees must call Mike Fisher prior to return to work).
3. **YES** to any question the supervisor must complete the Illness/Health Assessment Questionnaire and forward to Mike Fisher. (mfisher@therma.com)

# COVID-19 ILLNESS/HEALTH ASSESSMENT QUESTIONNAIRE

Key questions to ask when assessing close contact exposure



1. Are you experiencing any symptoms such as fever, cough or shortness of breath?

☐ Yes

☐ No

Comment:

2. Have you been in close contact with anyone who has been diagnosed with COVID-19?

CLOSE CONTACT is defined as:

- 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)

☐ Yes

☐ No

Comment:

3. Have you had close contact\* with anyone who may have COVID-19 but is yet to be confirmed?

☐ Yes

☐ No

Comment:

4. Are you currently in close contact with anyone, such as a family member, who is experiencing symptoms or has been confirmed as positive for COVID-19?

☐ Yes

☐ No

Comment:

5. Have you traveled internationally in the last 14 days?

☐ Yes

☐ No

Comment:

**By signing below, I certify that all the information is true and correct to the best of my knowledge.**

Employee Name: (print)

Employee Signature:

Date:

# THERMA PRE-TASK HAZARD PLAN

<b>Project/Equipment/System Description:</b>			<b>Date:</b>	<b>Time:</b>
<b>Foreman:</b>		<b>Phone:</b>	<b>Company:</b>	
<b>Building:</b>	<b>Floor:</b>	<b>Area:</b>	<b>Job #:</b>	
<b>Work Description:</b>				

<b>Task Specific Work Plans</b>
<input type="checkbox"/> Energized Electrical Work <input type="checkbox"/> Hot work (nonelectrical) <input type="checkbox"/> Building on test (smoke/sprinkler) <input type="checkbox"/> Confined space <input type="checkbox"/> Critical lift (crane) <input type="checkbox"/> Excavation
<input type="checkbox"/> Floor/wall penetrations <input type="checkbox"/> Lock-out/Tag-out procedures <input type="checkbox"/> Line breaking <input type="checkbox"/> Equipment demo work plans
<b>Required PPE</b>
<input type="checkbox"/> Hard hat <input type="checkbox"/> Safety glasses <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles Gloves: <input type="checkbox"/> Leather <input type="checkbox"/> Acid <input type="checkbox"/> Solvent <input type="checkbox"/> Kevlar/cut resistant <input type="checkbox"/> Arm sleeves Foot Protection: <input type="checkbox"/> Boots <input type="checkbox"/> Steel-toe <input type="checkbox"/> Toe covers <input type="checkbox"/> Ear plugs / ear muffs <input type="checkbox"/> Safety vest <input type="checkbox"/> Chemical-resistant suit/apron <input type="checkbox"/> Respirator
<input type="checkbox"/> Additional PPE (see comments)
<b>Fall Protection</b>
<input type="checkbox"/> Ladder inspection completed <input type="checkbox"/> Retractable device required <input type="checkbox"/> Inspected fall protection equipment <input type="checkbox"/> Shock absorbing lanyard required <input type="checkbox"/> Horizontal lifeline system required <input type="checkbox"/> Anchorage point identified <input type="checkbox"/> Fall clearance distance adequate <input type="checkbox"/> Fall rescue/retrieval plan set up

Hazards	Safe Plan of Action (SPA)
<b>Slips, Trips, Falls</b>	<input type="checkbox"/> Inspect for trip/slip hazards <input type="checkbox"/> Area clean/clear of debris <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & material properly stored <input type="checkbox"/> Electrical/emergency equipment clear
<b>Hand: Cut/Bump Hazards</b>	<input type="checkbox"/> Inspected work area for sharp edges <input type="checkbox"/> Found sharp edges and protected <input type="checkbox"/> Inspected walking paths <input type="checkbox"/> Identified hazards and marked as such
<b>Interruptions to Production</b>	<input type="checkbox"/> Area inspected to identify EMO's (electrical connections, valves, pipes, tubing, fittings, gauges, fire sprinklers smoke detection, liquid leak detection, AMHS equipment) <input type="checkbox"/> Protected, guarded or marked
<b>Hand &amp; Power Tools</b>	<input type="checkbox"/> Reviewed safety requirements <input type="checkbox"/> Inspected condition <input type="checkbox"/> Guarding OK <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required <input type="checkbox"/> Inspected electrical cord <input type="checkbox"/> Routed cord overhead or taped/barricaded
<b>Chemical Hazards</b>	<input type="checkbox"/> Area inspected for potential chemical hazard <input type="checkbox"/> MSDS available <input type="checkbox"/> Identify PPE for highest recognized hazard (see left side) <input type="checkbox"/> Reviewed decontamination/disposal or storage procedures <input type="checkbox"/> Reviewed contingency plan and equipment is on hand
<b>Hazardous Energies</b>	<input type="checkbox"/> Lock-out/tag-out/verify <input type="checkbox"/> Confirm that equipment is de-energized <input type="checkbox"/> 1lock/1key/1 person <input type="checkbox"/> Double block & bleed <input type="checkbox"/> Mechanical, electrical, chemical, thermal, stored, radiation
<b>Non-electrical Hot Work</b>	<input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Install weld/spark screens <input type="checkbox"/> Combustible material removed/protected <input type="checkbox"/> Adequate ventilation
<b>Excavation</b>	<input type="checkbox"/> Reviewed as-builts/locates <input type="checkbox"/> Barricades provided <input type="checkbox"/> Proper sloping/shoring <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Excavation inspected by competent person <input type="checkbox"/> <b>Hand dig areas are clearly marked</b> (within 3 feet of utilities)
<b>USA Ticket #</b> _____	
<b>Scaffolds</b>	<input type="checkbox"/> Competent person inspects daily <input type="checkbox"/> Condition tags in place <input type="checkbox"/> Properly secured/wheel locks <input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate
<b>Vehicular Traffic</b>	<input type="checkbox"/> Traffic barricades <input type="checkbox"/> Cones <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure <input type="checkbox"/> Fire lane is clear
<b>Crane or other Lifting Equipment</b>	<input type="checkbox"/> Lifting/rigging equipment inspected <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Areas barricaded <input type="checkbox"/> Overhead utility clearance verified <input type="checkbox"/> Signaller assigned
<b>Barricades</b>	<input type="checkbox"/> Yellow barricade tape <input type="checkbox"/> Red barricade tape <input type="checkbox"/> Rigid barricade required/secured to floor <input type="checkbox"/> Barricade signage <input type="checkbox"/> Emergency egress pathways clearly marked <input type="checkbox"/> Travel paths barricaded/cones to protect foot traffic
<b>Environmental</b>	<input type="checkbox"/> Storm water protected <input type="checkbox"/> Hazardous waste plan <input type="checkbox"/> Ground protected from metal shavings <input type="checkbox"/> Dumpsters covered <input type="checkbox"/> Dust controls in place
<b>Weather</b>	<input type="checkbox"/> Review plans for weather including heat/wind/moisture <input type="checkbox"/> Liquids available <input type="checkbox"/> Cool-down periods <input type="checkbox"/> Sun-screen <input type="checkbox"/> Heat stress symptoms
<b>Crew Congestion / Impact to Occupants</b>	<input type="checkbox"/> Inspected areas for potential impacts to other crews/customers <input type="checkbox"/> Coordinated with adjacent work supervisor/customer

**JOB / TASK**

Major Steps of Task	Tools Required to do Job Safely	Recognized Hazard categories and additional hazards not captured on front page.	Additional safe plans for hazards

<b>Eyewash/Shower Location:</b>	<b>Fire Extinguisher Location:</b>
<b>Phone Location:</b>	

**Team Member Signatures:**

_____	_____	_____
_____	_____	_____

**Foreman Signature:** \_\_\_\_\_ **EHS (as needed)** \_\_\_\_\_

Instructions: 1) Conduct a walk-through of work area, inspecting for hazards. 2) Write the steps of the task. 3) Note possible hazards involved in each step as well as contingencies. 4) In the Safe Plan column, provide the corrective actions that will be taken to mitigate the hazards. 5) List tools needed to do the job, additional safety equipment, etc.

Did conditions change?

**STOP the job!**

Identify control measures.

Update the PTP.

Communicate!