
Curran Contracting Company

COVID-19 PANDEMIC RESPONSE PLAN

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GOTOWEBINAR

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DISCLAIMER

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FOCUS AREAS



Monitor &
Communicate



Workplace
Preparedness



Supply Chain
Management



Trucking &
Logistics



Employment
Policies



Preparing
Employees



Consistent Positive
Messaging

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COVID-19 PANDEMIC RESPONSE PLAN

- > Environmental & Personal Hygiene
 - > Social Distancing
 - > Visitors
 - > Travel
 - > School or Child Care Facility Closure
 - > If You Have Been Exposed
 - > If You or a Member of Your Household Experience Symptoms
 - > Isolation vs Quarantine
- > Telemedicine
 - > Adhering to Customer & Public Health Policy
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ENVIRONMENTAL & PERSONAL HYGIENE



Covering coughs & sneezes



Hand washing & sanitizing



Stay home if you're sick

Routine Enhanced Cleaning

Production & Field Work Environm



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SOCIAL DISTANCING

> Definition

> Team Activities

> Meetings & Functions

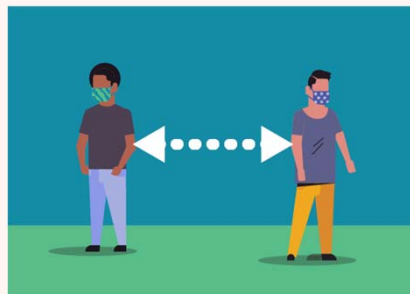
> Meal & Rest Breaks

> Office Work

> Working From Home

> Production Facilities

> Field Work



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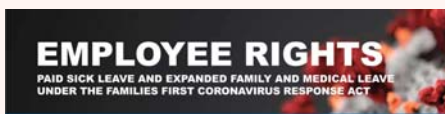
VISITORS & TRAVEL

- Health Screening Questionnaire
- Nonessential Travel Suspended
- Returning Employee Health & Travel Review



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PAID SICK & FAMILY LEAVE PROGRAMS



The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

- Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:
 - 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,115 total; and
 - ⅔ for qualifying reasons #4 and 5 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #6 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave requested may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #6 below.

QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; | 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or |
| 2. has been advised by a health care provider to self-quarantine related to COVID-19; | 6. is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services. |
| 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; | |
| 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | |

ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or notifies a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



- Response to School or Childcare Facility Closure
- Company Paid Sick & Family Leave Policies
- NOT IN PLAN - Separate Company Policies

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IF YOU MAY HAVE BEEN EXPOSED

- > 5 step assessment protocol
 - > The following strictly adheres to the U.S. Centers for Disease Control (CDC) “Public Health Recommendations for Community-Related Exposure” published March 30, 2020.
 - > <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
 - > If you currently have no symptoms of respiratory illness, but you may have been exposed to someone who is known to have COVID-19 or is medically suspected to have COVID-19, please review and complete the following:
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POTENTIAL EXPOSURE “DRY RUN”

Employee A calls in sick with symptoms of respiratory illness. He has called the telemedicine provider and has been sent for COVID-19 testing and been told to isolate at home and follow the CDC’s “What To Do If You Are Sick.”


You call Employee B who regularly works with Employee A and Employee B states that he did ride in a pickup with Employee A for about 30 minutes yesterday but Employee A seemed fine and had no symptoms. They weren’t wearing any face masks or other protection in the vehicle.

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Step 1	Have you potentially been exposed to someone who is now displaying or was previously displaying symptoms such as fever, cough, and shortness of breath and has been diagnosed with COVID-19 or is medically suspected of potentially having COVID-19?	
	<input type="checkbox"/> YES – Continue to Step 2.	<input type="checkbox"/> NO – Skip to Step 5.
Step 2	If you answer YES to <u>any</u> of the following, continue to Step 3. If you answer NO to <u>all</u> of the following, skip to Step 5.	
	Were you exposed to them when they had they symptoms?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	Were you exposed to them within 2 days (48 hours) <u>before</u> they had the symptoms?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	Were you exposed to them within 3 days (72 hours) <u>after</u> their symptoms and fever* disappeared?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	Were you exposed to them within 7 days <u>after</u> their symptoms first appeared?	<input type="checkbox"/> YES / <input type="checkbox"/> NO

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Step 3	If you answer YES to <u>any</u> of the following, continue to Step 4. If you answer NO to <u>all</u> of the following, skip to Step 5.	
	If you answered YES to #1 and #2 above, is this person a member of your household?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	If you answered YES to #1 and #2 above, is this person an intimate partner?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	If you answered YES to #1 and #2 above, is this person someone who you are providing care for without using CDC recommended infection control precautions?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	If you answered YES to #1 and #2 above, is this person someone who you have had close contact with (within 6 feet)** for a prolonged period of time*** without utilizing additional approved protective measures such as a face mask?	<input type="checkbox"/> YES / <input type="checkbox"/> NO



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Step 4	Employer and CDC Recommended Precautions
	<ul style="list-style-type: none"> • Contact your supervisor and health care provider immediately, and- based on your supervisor and health care provider recommendations, choose either: <ol style="list-style-type: none"> 1. Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times, self-monitor for symptoms, check temperature twice a day, watch for fever*, cough, shortness of breath, OR: 2. Follow the CDC Safety Practices for returning to work including pre-screening, regular monitoring, wearing a mask at all times, social distancing, and cleaning and disinfecting <u>work spaces</u> – only with supervisor approval. • Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure) (See CDC web page “People who are at higher risk for severe illness”) • Follow CDC guidance if symptoms develop (See CDC web page “What <u>To</u> Do If You Are Sick”) • Contact your company Human Resources contact for information about Sick and Family Leave policies.

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Step 5	All U.S. residents, other than those answering YES above
	<ul style="list-style-type: none"> • Are considered as possible unrecognized COVID-19 exposures in U.S. communities. • Should be alert for symptoms, including <ul style="list-style-type: none"> ○ Watch for fever*, cough, or shortness of breath ○ Take temperature if symptoms develop • Should practice social distancing <ul style="list-style-type: none"> ○ Maintain 6 feet of distance from others ○ Stay out of crowded places • Should follow CDC guidance if symptoms develop (See CDC web page “What <u>To</u> Do If You Are Sick”)

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IF YOU OR A MEMBER OF YOUR HOUSEHOLD EXPERIENCE SYMPTOMS

> CDC COVID-19 "What To Do If You're Sick":

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>



Steps to help prevent the spread of COVID-19 if you are sick

Follow the steps below: If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.



Stay home except to get medical care

- **Stay home.** Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other [emergency warning signs](#), or if you think it is an [emergency](#).
- **Avoid public transportation, ride-sharing, or taxis.**



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ISOLATION VS QUARANTINE



"**Isolation** means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order."



"**Quarantine** in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease."

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TELEMEDICINE

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APPENDICES

- **Appendix A – Cleaning and Disinfecting Surfaces**
 - **Appendix B – Work Site Safety Protocols (Training)**
 - **Appendix C – Visitor, Returning, & New Employee Questionnaire**
 - **Appendix D – Potential Exposure Assessment**
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EMPLOYEE HEALTH MONITORING

Joe Spinelli



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