



COVID-19 Mitigation Measures for Protection of Workers Plan



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GUIDANCE

1. SUMMARY:

- a. COVID-19 is a new disease and we are still learning about how it spreads and the severity of the illness it causes. The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (less than 6 feet for a cumulative time of 15 minutes or greater).
 - Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - COVID-19 may be spread by people who are not showing symptoms (pre-symptomatic or asymptomatic).
- b. 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. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.
- c. The risk of COVID-19 spreading from animals to people is considered low.
- d. Anyone can have mild to severe symptoms.
- e. Among adults the risk for severe illness from COVID-19 increases with age; with older adults having a higher risk.
 - As an individual gets older, the risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.
- f. People of any age with underlying medical conditions **are at increased risk** of severe illness from COVID-19:
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease) and other chronic lung diseases
 - Immunocompromised state (weakened immune system) from blood, bone marrow, or organ transplant; HIV, malignancies; use of corticosteroids; or use of other immune weakening medicines such as chemotherapeutics
 - Obesity (body mass index [BMI] of 30 or higher)
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease

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- Type 2 diabetes mellitus
 - Asthma (moderate to severe)
 - Cerebrovascular disease (affects blood vessels and blood supply to the brain)
 - Cystic fibrosis
 - Hypertension or high blood pressure
 - Neurologic conditions (e.g., dementia)
 - Liver disease
 - Pregnancy
 - Pulmonary fibrosis (having damaged or scarred lung tissues)
 - Smoking
 - Thalassemia (a type of blood disorder)
 - Type 1 diabetes mellitus
- g. Personnel at risk or who have medical or other concerns should contact their respective American with Disabilities Act (ADA) Coordinator for further guidance. All communications must be compliant with ADA confidentiality requirements, keeping information related to an individual's health as confidential as possible.
- h. Mitigation measure protocols are intended to minimize risk of exposure to COVID-19 and are developed based on authoritative guidance (e.g., Centers for Disease Control and Prevention [CDC], Occupational Safety and Health Administration [OSHA] and other World Health Organizations).

2. OBJECTIVES:

- a. Provide a set of consistent protocols to be initiated immediately that will enhance worker protection while minimizing exposure risk.
- b. Reduce the potential for transmission among individuals.
- c. Maintain a healthy business operations and work environment.

3. KEY ASSUMPTIONS:

- a. The Nevada Enterprise (NvE) will be reassessing the people, the supporting documentation, and the added controls to ensure the NvE are "COVID-19 safe" prior to releasing individuals back to work.
- b. Work activities will be reviewed to implement mitigation measures for the detailed work activities.
- c. These mitigation protocols will be updated regularly and will be implemented until the COVID-19 health status has been lifted.
- d. All personnel will be briefed on the mitigation measures to be implemented.
- e. It is everyone's responsibility to ensure a safe and healthful work environment. The foundation of our safety culture is that we care about each other and this extends beyond the workplace. We must be vigilant and challenge one another when poor and noncompliant behaviors are observed.

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- f. NvE personnel are expected to comply with the COVID-19 protocols while on duty. Failure to comply may result in disciplinary action, up to and including unpaid suspension or termination, and/or denied access to the Nevada National Security Site (NNSS) and NNSS controlled facilities.
- g. Non-NvE personnel (e.g., subcontractors, visitors, vendors) are expected to comply with the COVID-19 protocols while on the NNSS and in NNSS controlled facilities. Failure to comply may result in denied access to the NNSS and NNSS controlled facilities.
- h. All personnel are expected to comply with mandated state and local municipality COVID-19 safety requirements at all times per their mandate. Failure to do so may result in individual isolation/quarantine and denied access to the NNSS and NNSS controlled facilities, as directed by Occupational Medicine.

4. MITIGATION MEASURE PROTOCOLS

a. **Target Audience:**

- All NvE personnel engaged in recovery, restart, and limited operations at the NNSS, North Las Vegas Facility (NLVF), and other outlying locations.
- Subcontractors, visitors, vendors, etc., shall be provided this plan and expected to follow the requirements. It is the responsibility of the subcontract technical representative (STR) or host to ensure receipt, understanding, and compliance. Any deviations or additional measures will be reviewed and approved by the Site Occupational Medical Director.
- Labor Relations will be notified of any updates to any COVID-19 protocols that impact bargaining unit personnel as soon as possible. Labor Relations will be responsible for communicating, as necessary, to the Unions, in conjunction with management.

b. **Travel:** Applies to international and domestic travel.

- Coronavirus infection is global.
- Travel increases your risk to possible exposure.
- Medical services may be limited at your destination.
- Please check the CDC travel webpage for additional information and any travel health notices (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)
- Coordinate with your respective Human Resources department and supervisor/manager prior to embarking on personal travel to understand your employer's policy on Paid Time Off or Leave Without Pay eligibility to work from home while in quarantine.
- **Personal International Travel:**
 - The CDC is advising that all international travel be avoided at this time.
 - Review the CDC COVID-19 Travel Recommendations by Country to understand the potential health risk (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>).
 - Review the Department of State COVID-19 Traveler Information for the current information for travelers returning to the United States (<https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-information.html>).
 - Enroll in the [Smart Traveler Enrollment Program \(STEP\)](#) to receive up-to-date safety and security information.

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- If you choose to travel outside of the United States (international) then notify your supervisor and Occupational Medicine of your travel route and dates.
- Upon return to the United States, take the following steps to protect yourself and others:
 - Stay home and avoid contact with others (do not go to work or school) for 14 days.
 - Monitor your health for 14 days.
 - If you have any COVID-19 like symptoms or any symptoms that are concerning to you, contact your primary health care provider and Occupational Medicine.
- Note:** You may be allowed to return to work early under specific direction from Occupational Medicine and supervision in accordance with the CDC Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19. Coordinate with your supervisor and Occupational Medicine for the consideration.
- **Personal Domestic Travel:**
 - Notify your supervisor of any personal domestic travel and provide travel route and dates.
 - Depending on local conditions you may have to self-quarantine upon arrival to your destination or upon your return.
 - Review the CDC Considerations for domestic travel (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>).
 - Review the CDC COVID Data Tracker and select the “Cases in Last 7 Days” view to identify states and territories with high new cases (Darker Color) to understand your potential personal health risk with the planned travel (<https://www.cdc.gov/covid-data-tracker/index.html#cases>).
 - Review the Harvard Global Health Institute webpage for risk information by U.S. County (<https://globalepidemics.org/>).
 - Review the health department websites for each state and territory that you will be traveling through to understand specific protocols and restrictions (<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>)
- **Mission Essential Travel:**
 - National Nuclear Security Administration (NNSA) directed/funded mission essential travel will be conducted in accordance with the most current version of the “National Nuclear Security Administration Travel Restart Plan.”
 - Non-NNSA directed/funded mission essential travel will be conducted in accordance with the direction provided by the highest governmental entity directing/funding the mission essential travel (e.g., U.S. Department of Energy [DOE] Environmental Management or Department of Defense).
 - Mission essential travel is defined in consideration and not limited to the following:
 - Travel is to perform essential duties related to the protection of life and property.
 - Travel is required by statute or contract.
 - Travel is for systems or equipment inspections if those systems or equipment are integral to security, safety, or proper functioning of the mission.

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- Travel is for meetings or trainings required by a grant or to maintain grant funding.
- Travel is for training to meet certification or licensing requirements or to maintain critical functional or occupational competencies.
- Travel is for activities essential to national security.
- Mission essential travel is limited by the current pandemic phase. Currently there are three phases defined. If the travel start location and destination are in different phases, the lowest phase drives the approval process.
 - **Phase 0 and Phase 1** — Only mission essential travel may be authorized. All training and other learning activities will be conducted virtually.
 - NNSA international travel must be approved by the NNSA administrator.
 - NNSA domestic travel is approved by the Field Office Manager for federal staff, Management and Operating (M&O) Contractor Senior Leadership for M&O personnel and subcontractors, and Contracting Officer Representative for Support Service Contractors.
 - **Phase 2** — Mission essential and limited non-mission essential travel may be authorized with the expectation that training and other learning activities should be conducted virtually whenever possible.
 - NNSA international and domestic travel must be approved by Field Office Managers for federal staff, M&O Contractor Senior Leadership for M&O personnel and subcontractors, and Contracting Officer Representative for Support Service Contractors.
 - **Phase 3** — Mission essential and non-mission essential travel may resume.
 - NNSA international and domestic travel will resume and be approved under the respective travel approval processes.
- **Pre-Trip Risk Assessment** — The traveler must understand and accept the risks associated with each travel event. The traveler must not travel if they are sick or have been exposed to someone symptomatic or confirmed positive for COVID-19 in the past 14 days. The following questions will assist the traveler in understanding and accepting identified travel risks.
 - Domestic Travel
 - Is this trip mission essential?
 - Can the goal of this trip be accomplished via other means?
 - Can this trip be postponed with little or no impact to mission?
 - Are you or someone you live with at increased risk for severe illness?
 - What is the availability of medical services at the destination?
 - Have you planned out where to go to access healthcare, if necessary?
 - Is a 14-day quarantine required upon destination arrival?
 - Are COVID-19 cases trending upward at your departure and/or destination?
 - Will you be using mass transit at your destination?
 - What are the cleaning strategies in use at the hotel?

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- What are the conditions of the work site and what mitigation measures are in place?
- Review the hyperlinked websites in the Personal Domestic Travel Section
- International Travel
 - What is the current State Department travel warning level and is the Embassy allowing travel?
 - Is the destination a travel-restricted country that requires the traveler to reenter the U.S. by going through a process for enhanced medical screening at specially designated airports?
 - Is the trip mission essential?
 - Can the goal of this trip be accomplished via other means?
 - Can this trip be postponed with little or no impact to mission?
 - Are you or someone you live with at increased risk for severe illness?
 - What is the availability of medical services at the destination?
 - Have you planned out where to go to access healthcare, if necessary?
 - What restrictions are in place upon entry?
 - Are COVID-19 cases trending upward at your departure and/or destination?
 - Are flights, hotels, and in-country transportation available?
 - Have other areas been impacted by COVID-19 (e.g., security and availability of food)?
 - If there are layovers, what is the level of COVID-19 in those areas, in case flights are delayed, cancelled, etc.?
 - What will the conditions be at the work site and what mitigation measures are in place?
 - Review the hyperlinked websites in the Personal International Travel Section
- c. **Daily Health Self-Assessment:** Implement the following daily screening protocol for all personnel and visitors.
 - **Daily** prior to leaving their residence and throughout the work day personnel shall assess their health through the following questions:
 - Am **I experiencing** any of these symptoms?
 - Fever or Chills
 - Cough
 - Shortness of Breath or Difficulty Breathing
 - Fatigue
 - Muscle, Body, or Joint Aches
 - Headache
 - New Loss of Taste or Smell
 - Sore Throat
 - Congestion or Runny Nose
 - Nausea or Vomiting
 - Diarrhea

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- Have **I had close contact (less than 6 feet for a cumulative time of 15 minutes or more)** with a person experiencing any of the above symptoms or who is positive for COVID-19 regardless of face covering usage?
- If personnel are experiencing any of the above symptoms (not all inclusive) or any other symptoms that are severe or concerning or have had close contact exposure they shall:
 - Notify their supervisor/manager of need to leave/stay home.
 - Separate themselves from others.
 - Stay home or go home safely if at work.
 - Contact Occupational Medicine (702.295.1473).
- Personnel should also:
 - Consult the [CDC Self-Checker](#) to assist in determining potential COVID-19 infection and appropriate medical care.
 - Contact their Primary Health Care Provider.
- If it is a medical emergency, call 911.
- The supervisor/manager shall also contact Occupational Medicine (702.295.1473) and provide the name and contact information for the individual.
- Occupational Medicine will conduct contact tracing as deemed necessary in context of local exposure circumstances. For example, if an ill individual was in the workplace 48 hours prior to the onset of symptoms, Occupational Medicine will request the names and contact information for all individuals in the work place who had close contact during the preceding 48 hours to assist with contact tracing.
- Occupational Medicine will provide isolation instructions to personnel who are symptomatic and/or positive for COVID-19 and quarantine instructions to personnel who may have been exposed (close contact).
- **Isolation** is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected. People who are in isolation should stay home until it is safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific “sick room” or area and using a separate bathroom (if available).
 - **Who needs to isolate?**
 - People who have COVID-19.
 - People who have symptoms of COVID-19 and are able to recover at home.
 - People who have no symptoms (are asymptomatic) but have tested positive for infection with SARS-CoV-2.
 - **Steps to take**
 - Stay home except to get medical care.
 - Monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately.
 - Stay in a separate room from other household members if possible.
 - Use a separate bathroom, if possible.

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- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- Wear a mask when around other people if possible.
- **When to end isolation?** When you can be around others (end home isolation) depends on different factors for different situations.
 - ***I think, or know, I had COVID-19 and I had symptoms***
 - At least 10 days since symptoms first appeared, and
 - At least 24 hours with no fever without fever-reducing medication, and
 - Other symptoms of COVID-19 are improving (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.)
 - Note:** If you had severe illness from COVID-19 (you were admitted to a hospital and needed oxygen), your healthcare provider may recommend that you stay in isolation for longer than 10 days after your symptoms first appeared (possibly up to 20 days) and you may need to finish your period of isolation at home. If testing is available in your community, your healthcare provider may recommend that you undergo repeat testing for COVID-19 to end your isolation earlier than would be done according to the criteria above. If so, you can be around others after you receive two negative tests results in a row, from tests done at least 24 hours apart.
 - ***I tested positive for COVID-19 but had no symptoms***
 - 10 days have passed since the date you had your positive test and no symptoms.
 - You are symptom free and have had two successive negative COVID-19 test at least 24 hours apart.
 - If you develop symptoms after testing positive, follow the guidance above for “I think, or know, I had COVID-19 and I had symptoms.”
 - ***I had COVID-19 or I tested positive for COVID-19 and I have a weakened immune system***
 - If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days. Talk to Occupational Medicine and your healthcare provider for more information.
 - You may be asked to undergo repeat testing for COVID-19. You can be with others after you receive two negative test results in a row taken at least 24 hours apart.
 - Occupational Medicine and your healthcare provider may also work with an infectious disease expert at your local health department to determine when you can be around others.
- **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

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- **Who needs to quarantine?**
 - People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.
 - People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again.
 - People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.
- **What is considered close contact?**
 - You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more.
 - You provided care at home to someone who is sick with COVID-19.
 - You had direct physical contact with the person (hugged or kissed them).
 - You shared eating or drinking utensils.
 - They sneezed, coughed, or somehow got respiratory droplets on you.
- **Steps to take**
 - Stay home for 14 days after your last contact with a person who has COVID-19.
 - Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19.
 - If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.
- **When to end quarantine?**
 - After 14 days of your last contact with a person who has COVID-19 regardless of a negative test result and asymptomatic.
 - The 14 day quarantine period will reset if you have close contact with anyone who has COVID-19 during your quarantine.
- All personnel who have any COVID-19 related symptoms or have been confirmed with COVID-19 will process through Occupational Medicine prior to returning to work.
- Personnel will return to work based on Occupational Medicine discretion, CDC guidance on discontinuance of home isolation, and coordination with the applicable supervisor/manager.
 - Once approved, these individuals may continue to work if they remain asymptomatic, wear a face covering, and follow the requirements of this plan.
- Visible reminders identifying the list of symptoms shall be posted in work areas, facility access points, busses, and other high traffic areas.
- d. **Facility/Building Disinfection:** Disinfection protocols for a suspected/confirmed ill individual in the workplace.
 - Supervision ensures that personnel are removed from the affected areas and the areas are closed off.
 - Adjacent operations greater than a 6 feet distance to affected areas do not need to be suspended.

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- Prior to disinfection post signage or use Yellow (Caution) tape at the entrances to the affected areas that state, “Do Not Enter.” If the area is lockable, then close and lock doors and post “Do Not Enter” signage.
- Coordinate a cleaning/disinfection request through Facility Management or if in leased spaces, through the custodial service provider. Regular cleaning staff can clean and disinfect affected areas.
- The building, room, office, cubicle, etc., location and identification information of the affected area will be provided to the COVID-19 Monitoring Team.
- Increase air circulation in the affected area as reasonable (e.g., increase fresh air exchange rate, use localized fans).
- If possible to wait 72 hours, then disinfection is not necessary. A wipe down of hard surfaces with soap and water should occur prior to releasing the affected area.
- Hard Surfaces:
 - If visibly dirty, clean using soap and water or commercial cleaner. Focus should be placed on high touch surfaces (e.g., tables, countertops, doorknobs, light switches, handles, phones, toilets, faucets, sinks).
 - Disinfect using an EPA-registered disinfectant (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) per manufacturer’s instructions with focus on high touch surfaces. The NNSS Mercury warehouse has approved disinfectants.
 - Do not wipe dry, allow to air dry.
- Soft Surfaces:
 - Such as carpets, rugs, cubicle walls, chairs, etc.
 - Items can be removed or segregated (e.g., covered in plastic sheeting) for a minimum of 72 hours to eliminate the need for disinfection.
 - Launder items (if possible) according to the manufacturer’s instructions. Use the warmest water setting and dry completely. Additional disinfection is not necessary.
 - If visibly dirty, clean using soap and water or commercial cleaner appropriate for these surfaces.
 - Disinfect using an EPA-registered disinfectant per manufacturer’s instructions. The NNSS Mercury warehouse has approved disinfectants.
- Electronics:
 - Such as tablets, monitors, touch screens, keyboards, mice, remote controls, etc.
 - Consider the use of a wipeable or disposable cover on electronics.
 - Follow manufacturer’s instructions for cleaning and disinfecting.
 - If no guidance, then disinfecting wipes or a 70% alcohol solution may be used. Use caution when using on LCD displays.
- Laundry:
 - Such as towels, linens, and other items.
 - Do not shake laundry.

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- Launder items according to the manufacturer’s instructions. Use the warmest water setting and dry completely.
 - Clean and disinfect laundry bins and laundry collection areas.
 - Outdoor Surfaces:
 - Such as, railings, benches, grab bars, etc., do not require disinfection.
 - High touch surfaces should be cleaned routinely with soap and water or commercial cleaner and allowed to air dry.
 - Precautions
 - Wear a face covering
 - Wear disposable gloves
 - Wear a disposable outer garment such as a gown, smock, lab coat, Tyvek like suit, etc.
 - Provide users instructions on how to safely remove gloves and disposable outer garment.
 - Dispose of items in regular trash.
 - Wash or sanitize hands after glove and/or disposable outer garment removal.
 - Return to Use
 - Affected areas can be returned to use if unoccupied and unused for greater than 72 hours.
 - Affected areas can be returned to use post disinfection and all surfaces are dry.
 - All signage and access controls will be removed prior to return to use.
- e. **Social Distancing:** The CDC recommends social distancing, also called “physical distancing,” separation space between individuals of 6 feet as a measure to reduce the spread of COVID-19, whenever possible.
 - To the extent possible, a social distancing protocol of 6 feet separation between personnel is in effect.
 - Contact among workers shall be minimized by utilizing social distancing, physical barriers (e.g., mobile white boards, hard walled offices, sneeze guards), use of open air/large rooms and/or replacing face-to-face meetings with virtual and telework options.
 - Individual offices/cubicles are off limits except to the occupant or in case of emergency. Otherwise, an office/cubicle will be considered an individual’s “sanctuary” — others can enter with the individual’s permission; all other guidelines apply (e.g., keep distance, wear face covering, minimize time, clean surfaces).
 - Face coverings are not required when you are working alone in segregated spaces (e.g., cubicles with walls and private offices). If there is a concern with face covering use in a segregated work space, please contact an industrial hygiene or health and safety subject matter expert (SME). The SME, in coordination with the Real Estate Operations (REOP) Holder, will evaluate the work space and work activity to identify and implement the appropriate COVID-19 mitigation controls.
 - Practice social distancing to the extent possible when eating meals.

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- In areas of high-volume traffic, use spacing tools for checks and lines. For example, put tape on the floor as a visual marker to keep people adequately spaced.
- A person or persons should be designated to ensure that people standing in any lines, meeting in rooms, access/congregation points stay 6 feet apart; inside and outside.
- Meetings and Auditoriums
 - Occupancy is limited to 50% of room capacity or occupancy number based on 6 feet social distancing requirement, whichever is the lowest occupancy number shall be used.
 - Seating/standing arrangements will be implemented to ensure the minimum 6 feet social distance measure during entry, meeting duration, and exit. Use of visible markings (e.g., tape and signage) is encouraged.
 - All attendees must wear a face covering due to emergency action social distancing constraints.
 - Do not allow congregating of meeting attendees during breaks.
 - Meeting host is responsible for ensuring hard surfaces and shared electronics are cleaned upon completion of the meeting.
- For work activities where personnel are less than 6 feet from one another, work activities shall not be performed until personnel put on a face covering or the appropriate engineering, administrative, or personal protective equipment (PPE) control has been identified through consultation with the REOP holders and health and safety SMEs and implemented as a public health measure to minimize the potential risk of exposure to COVID-19.
- Definition and examples of controls:
 - Engineering Controls — Isolate personnel from the hazard. Examples, not limited to:
 - Use of high-efficiency air filters in the work area
 - Increased ventilation rates in the work area
 - Maximized building intake of fresh outside air
 - Installation of physical barriers, such as sneeze guards
 - Use of localized negative ventilation in the work area
 - Administrative Controls — Change the way personnel work. Examples, not limited to:
 - Symptom pre-screening
 - Regular symptom monitoring
 - Social distancing
 - Use of shifts and alternate work days to reduce number of individuals in the work environment
 - Use of face coverings

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- Cleaning/Disinfecting
 - Limited personnel occupancy in building areas with low air flow and undiluted air exchange zones
 - Personal Protective Equipment — Protection of personnel with worn equipment. Examples, not limited to:
 - Face Shields
 - Filtering Face Masks
 - Respirators
 - Gloves
- f. **Face Coverings:** Based on new data about how COVID-19 spreads, along with evidence of widespread COVID-19 in communities across the country, CDC recommends that people wear a cloth face covering to cover their nose and mouth in the community setting. This is to protect people around you if you are infected but do not have symptoms. A significant portion of individuals with COVID-19 lack symptoms (asymptomatic) and even those who eventually develop symptoms (pre-symptomatic) can transmit the virus to others before showing symptoms. In the spirit of BeyondZero our “Culture of Caring,” face coverings shall be worn when the social distancing measure of 6 feet cannot be maintained and in all common areas as a protective measure to reduce workplace transmission. All personnel must wear a face covering when dealing with the public.
- As used in this plan, a “Face Covering” means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face. Examples of face coverings include a scarf or bandana; a neck gaiter; a homemade covering made from cloth, a t-shirt, towel, etc., held on with ties, elastic, or rubber bands; or a mask, such as a KN-95, surgical, or other, which need not to be medical-grade.
 - Filtering Facepiece Respirator (FFR)
 - Is a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium (29 CFR 1910.134(b)). Examples include, elastomeric half-mask respirators such as an N-95 and KN-95.
 - N-95 respirators are in very limited inventory and unable to be procured at this time due to healthcare provider restrictions. Per DOE policy, N-95 respirators should not be issued as a face covering. N-95 respirators can be worn as a face covering in areas that have no identified respiratory hazards when the employer allows employees to voluntarily use an N-95.
 - Voluntary use of an N-95 – 29 CFR 1910.134, “Respiratory Protection, Appendix D, “(Mandatory) Information for Employees Using Respirators When Not Required Under the Standard”
 - Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your

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voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

- Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations. Please note that OSHA has interim guidance that allows use of an N-95 respirator beyond the manufacturer shelf life (“expiration date”) and allows extended use or reuse.
 - Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
 - Do not wear a respirator into atmospheres containing contaminants for which the respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
 - Keep track of your respirator so that you do not mistakenly use someone else’s respirator.
- KN-95 respirators are FFRs certified to the People’s Republic of China: GB 2626-2006; and GB 2626-2019 standards. In a good-faith effort these can be used as a face covering per OSHA enforcement guidance. These are currently available in the NNSS Mercury warehouse.

Note: Any mask or face covering that incorporates a non-filtered one-way exhalation valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling is not an approved Face Covering under this plan and is not in compliance with this plan’s requirements. Valves of this type permit droplet release from the mask, putting others nearby at risk. Masks or face coverings with a filtered (physical barrier between the exhalation valve and the face of the wearer that prevents free respiratory droplet release) one-way exhalation valve are authorized for use under this plan.

- Personnel are encouraged to use face coverings they have made or purchased. If personnel cannot provide their own face covering, then one will be provided as available. Contact your supervisor/manager to request one.
- Personnel who have medical concerns with the use of a face covering such as claustrophobia, asthma, COPD, hearing impaired, sensory sensitivities, or other conditions should contact their respective ADA Coordinator for further guidance on accommodations.
- Individuals who work in a setting where face coverings may increase the risk of heat-related illness or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with an industrial hygiene or occupational safety and health professional to determine the appropriate face covering for their setting. Outdoor workers may prioritize use of face coverings when in close contact with other people, like during group travel or shift meetings, and remove face coverings when social distancing is possible.

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- Face shields worn without the use of a face covering are not approved alternatives to face covers unless authorized as a non-restrictive alternative as a medical, disability, safety, or specific use accommodation per the Site Occupational Medical Director, the M&O Environmental, Safety and Health Director, or the ADA Coordinator in coordination with REOP holders. Once approved, Face Shields must be used in accordance with the specific direction for use.
- Face coverings should:
 - Fit snugly but comfortable against the side of the face.
 - Extend above the nose and below the chin.
 - Completely cover the mouth and nostrils.
 - Not interfere with eyewear.
 - Include multiple layers of fabric.
 - Allow for breathing without restriction.
 - Be laundered and machine dried without damage or change to shape.
 - Be put on/removed by handling straps/loops only and without touching eyes, nose, and mouth and wash hands immediately after putting on and removal.
 - Not be shared.
 - Not create additional hazards.
 - Be carried by individuals and available to put on in case the social distancing measure of 6 feet cannot be maintained.
- Face Covering Use:
 - Worn when the social distancing measure of 6 feet cannot be maintained and guaranteed.
 - Worn when entering/exiting buildings.
 - Worn in hallways, stairwells, and elevators.
 - Worn in all common areas such as restrooms, break rooms, conference rooms, parking lots, common printer areas, and any area where you may come into contact within 6 feet or less of another individual.
 - Worn when dealing with the public.
 - Worn while sharing a vehicle; both private (when engaged in work activities) and government owned.
 - Worn while commuting to work in any shared vehicle (e.g., bus, train, or car).
 - Not worn while eating.
 - Not worn when working or performing activities outdoors and maintaining 6 feet of social distancing.
 - Limit how often you touch and adjust your face covering.
 - Should be clean, not damaged, and easy to breathe while wearing.
 - Stored in a breathable clean container when not in use (e.g., paper bag, Ziploc bag not fully sealed).

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- Discard disposable or non-functional face coverings in the regular trash.
- Wash or sanitize your hands after handling the face covering.
- Distribution Control:
 - Distribution of face covers will be controlled to ensure an adequate supply is available.
 - M&O supervisors/managers and NvE partners with M&O cost codes can request face coverings for their teams pending availability by using the COVID-19 webpage on InSite (<https://insite.nv.doe.gov/Pages/COVID-19.aspx>) or sending an email to COVID19supplies@nv.doe.gov.
- NNSS warehouse operations will process approved orders and will contact you for pickup/delivery or shipment to satellite locations.
 - Non-M&O face covering requests will be coordinated through their respective organization and approved by NvE local management.
 - Purchase of these items through a P-card is not allowed.
- Face coverings are a public health recommendation and not an occupational health requirement.
- **NNSS Workforce at Main Entrances (NNSS and NLVF):**
 - Inbound checks: Face coverings briefly raised and lowered for confirmation.
 - Outbound Checks: Face coverings do not need to be raised or lowered.
 - As you approach the guard station:
 - The operator of a shared vehicle shall verify that all occupants are wearing their face coverings.
 - Roll down your front and back driver side windows.
 - Multiple occupants in a vehicle, be prepared to briefly lower your face covering one at a time for confirmation when presenting your badge.
 - Single occupant in a vehicle, if wearing a face covering, be prepared to lower your face covering for confirmation when presenting your badge.
 - While at the guard station:
 - All Security Police Officers (SPOs) who get within 6 feet of your car will be wearing masks. If you must cough or sneeze, cover it and direct it towards the interior of your vehicle.
 - The SPO will observe if face coverings are being worn by all occupants in shared vehicles.
 - If face coverings are not worn by occupants, then the SPO will remind occupants to put on a face covering.
 - If face coverings are not available or occupants refuse, then site access will be denied and the SPO will notify the Operations Command Center (OCC) with the names of the occupants who were noncompliant with the requirements of this plan.

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- If face coverings are being worn by all occupants in a shared vehicle then,
 - Present the front and back of your badge to the SPO. They will look at it, but will not touch it.
 - Multiple occupants in a vehicle, lower your face covering when presenting your badge or confirmation or directed by the SPO one at a time. Raise your face covering when done presenting your badge.
 - Single occupant in a vehicle, if wearing a face covering, briefly lower it for confirmation.
- The SPO will look inside your car and ask if you have prohibited articles. Simply answer “yes” or “no”.
- **NNSS Workforce at Device Assembly Facility (DAF) Entry Guard Station and Argus Portal:**
 - Individuals will sanitize hands prior to entering portal.
 - Individuals will use wipes to clean hand geometry unit prior to use.
 - Inbound checks: Face coverings briefly raised and lowered for confirmation.
 - Outbound Checks: Face coverings do not need to be raised or lowered
- **NNSS and Outlying Locations:**
 - If an individual is observed not wearing a face covering as required by this plan, then the observer will kindly remind the individual to put on a face covering.
 - If the individual refuses to wear a face covering, then the observer will report the name (if known) of the individual to the OCC.
 - The observer will not escalate the situation any further.
 - The OCC will then notify the Mission Support and Test Services, LLC Senior Director/Director and/or NvE Organizational Managers for further action and follow-up.

g. **Vehicles**

- Wear a face covering when sharing any vehicle with others on NNSS controlled property.
- Wear a face covering when sharing any vehicle offsite during commuting or while engaged in NvE activities.
- Wear a face covering when sharing any government or company furnished vehicles.
- Wipe down high-touch surfaces prior to and after use.
- Turn off the air recirculation, open the fresh air vent, and crack a window to increase ventilation.
- Wash or sanitize hands after vehicle use.
- Do not leave cleaning supplies in the vehicle.
- Do not leave alcohol based sanitizer in the vehicle.

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h. Instruction and Classroom Protocols

- General Risk Characterization
 - Lowest Risk: Students engage in virtual-only learning options, activities, and events.
 - More Risk: Small in-person classes, activities, and events. Individuals remain at least 6 feet apart, wear face coverings, and do not share objects.
 - Highest Risk: Full-sized in-person classes, activities, and events. Students are not spaced apart, not wearing face coverings, and share objects.
- Shared Objects
 - Discourage sharing of items that are difficult to clean or disinfect.
 - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their own supplies, equipment, computers) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
 - Avoid sharing electronic devices, books, pens, and other learning aids.
- Modified Layouts
 - Classroom size is 50% capacity of the room or minimum occupancy to ensure 6 feet social distancing is maintained, whichever value is the lowest.
 - Space seating/desks at least 6 feet apart when feasible. For lecture halls, consider taping off seats and rows to ensure 6 -feet distance between seats.
 - Host smaller classes in larger rooms.
 - Offer distance learning in addition to in-person classes to help reduce the number of in-person attendees.
 - Provide adequate distance between individuals engaged in experiential learning opportunities (e.g., labs, vocational skill building activities)
- Physical Barriers and Guides
 - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers).
 - Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.
 - Protections for Students at Higher Risk for Severe Illness from COVID-19
 - Offer options for students at higher risk for severe illness that limit their exposure risk (e.g. virtual learning opportunities).

i. General Cleaning/Disinfection Protocols

- Cleaning — removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfection — kills germs on surfaces. By killing germs on a surface by cleaning, you can further lower the risk of spreading infection.
- Clean using soap and water or a commercial cleaner appropriate for the material.

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- Disinfect using an EPA-registered disinfectant (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) per manufacturer's instructions with focus on high touch surfaces. The NNSS Mercury warehouse has approved disinfectants.
 - If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Bleach is available in the NNSS Mercury warehouse.
 - Disinfected items are to be allowed to air dry.
 - Common high traffic frequently touched surfaces (e.g., handrails, horizontal desktops/countertops, door knobs, turn-styles, badge readers, vehicle steering wheels, equipment buttons, common phones, and keyboards) shall be cleaned/disinfected at a minimum of twice per day/shift to the greatest extent possible.
 - Tools (electrical, mechanical, or manual) shared between personnel that are not wearing gloves, shall be cleaned/disinfected each time they are shared to the greatest extent possible.
 - Mobile equipment that is shared between personnel shall be cleaned/disinfected each time they are used.
 - Vehicles that are shared between workers or have more than one occupant (e.g., vans, work vehicles) shall be cleaned, at a minimum, once per day/shift.
- j. **BeyondZero General Considerations**
- Assume you are infected and want to protect others.
 - Assume others are infected and you want to protect yourself.
 - Assume any surface or environment that you don't control is contaminated and take additional precautions.
 - Personnel are discouraged from using phones, desks, offices, work tools, equipment, etc., from other personnel to minimize exposure potential. If used, it is the responsibility of the user to clean/disinfect or use a physical barrier such as a clean glove, towel, napkin, etc.
 - Fans such as pedestal fans or hard-mounted fans shall be set up to ensure that air is not blown from one worker directly at another worker. If this cannot be maintained, then the fans shall be removed from use.
 - To reduce the potential spread of any airborne or aerosolized viruses, personal cooling/heating fans shall be removed from the workplace and shall not be used.
 - Hand wash stations or hand sanitizer stations shall be placed in locations near high contact surfaces as reasonable.
 - Paper tissues (e.g., Kimwipes) should be made available for use as a single use hand barrier when accessing high contact surfaces such as doors, turn-styles, etc.
 - When using a keypad consider using a tissue as a barrier, wiping the key pad down prior to use with a disinfectant wipe, or washing/sanitizing hands after using the key pad.
 - Disposable wipes should be available so that commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, phones, and other work tools and equipment) can be wiped down by individuals before each use.

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- Wall mounted hand sanitizer stations will be placed at strategic facility locations (e.g., major entrances to buildings, laboratories, outside bathrooms, as determined by Facilities Management).
 - Disinfectant spray and disinfectant wipes will be placed at strategic facility locations (e.g., large conference rooms, breakrooms along with paper towels and/or Kimwipes, as determined by Facilities Management).
 - Individuals are responsible for the cleanliness and protection of spaces they interact in. When using common areas clean surfaces you will access before and after using. In a conference room wipe down surfaces when entering and exiting.
 - For any common space (e.g., conference room, print room, bathroom, and kitchen): don't congregate, always strive to maintain 6 feet of separation, and minimize the time you are in close proximity.
 - "If you have to meet, make it short and sweet and maintain 6 feet."
 - After using a common space, wash hands with soap and warm water for at least 20 seconds.
 - Liquid soap and paper towels will be available in breakrooms containing a sink.
 - Staggered entries should be made to ensure proper social distancing.
 - Common printer/copier high frequency touchpoints should be wiped down prior to use by the user or the use of a physical barrier such as a glove, towel, and napkin, etc., should be considered.
 - Before heading to a building to visit someone, familiarize yourself with the building layout so you can take the most direct route.
 - When entering a bathroom dispense the appropriate amount of paper towels before touching any surfaces so it is ready once your hands are washed.
 - Most bathroom doors can be entered via pushing. Do this with your body or arm, not your hand. When exiting, use a paper towel to grab the door handle and pull it open, then dispose of the paper towel in the trash.
 - Custodians will check bathrooms and kitchenettes/breakrooms frequently to ensure paper towels and soap are stocked.
 - Custodians will not enter an individual office or cubicle; please place waste bins outside offices/cubicles that are in use.
 - To minimize population density, stagger staff start times/days. This keeps onsite population density low, minimizes doorway/hallway conflicts and bathroom usage.
 - Personnel who are presumed or confirmed ill with COVID-19 must process through Occupational Medicine (702.295.1473) before returning to work.
- k. **Emergencies**
- Follow normal emergency protocols, practice social distancing as reasonable, wear a face covering as reasonable.

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