COVID-19 Mitigation Measures for Protection of Workers Plan

GUIDANCE

1. BACKGROUND:
   a. On February 11, 2020, the World Health Organization announced an official name for the disease that caused the 2019 novel coronavirus outbreak, first identified in Wuhan, China. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV.” The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease.

2. HOW COVID-19 SPREADS
   a. COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet).
   b. People who are infected but do not show symptoms can also spread the virus to others.
   c. Cases of reinfection with COVID-19 have been reported but are rare.
   d. We are still learning about how the virus spreads and the severity of illness it causes.
   e. COVID-19 Spreads Very Easily from Person to Person
      • How easily a virus spreads from person to person can vary. The virus that causes COVID-19 appears to spread more efficiently than influenza, but not as efficiently as measles, which are among the most contagious viruses known to affect people.
   f. COVID-19 Most Commonly Spreads During Close Contact
      • People who are physically near (within 6 feet) a person with COVID-19 or have direct contact with that person are at greatest risk of infection.
      • When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. These droplets can range in size from larger droplets (some of which are visible) to smaller droplets. Small droplets can also form particles when they dry very quickly in the airstream.
         o Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.
         o Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
         o As the respiratory droplets travel farther from the person with COVID-19, the concentration of these droplets decreases. Larger droplets fall out of the air due to gravity. Smaller droplets and particles spread apart in the air.
With passing time, the amount of infectious virus in respiratory droplets also decreases.

### Sometimes COVID-19 Can be Spread by Airborne Transmission

- Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air from minutes to hours. These viruses may infect people who are farther than 6 feet away from the infected person or after that person has left the space. This kind of spread is referred to as **airborne transmission** and is an important way that infections like tuberculosis, measles, and chicken pox are spread.

- There is evidence that under certain conditions, people with COVID-19 may have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising.

  - Under these circumstances, scientists believe that the amount of infectious smaller droplets and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people through airborne transmission. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left.

- Available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission.

### COVID-19 Spreads Less Commonly Through Contact with Contaminated Surfaces

- Respiratory droplets can land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.

- Spread from touching surfaces is not thought to be a common way that COVID-19 spreads.

- Recent data indicate that the risk of infection through contact with a contaminated surface is less than 1 in 10,000.

### COVID-19 Rarely Spreads Between People and Animals

- It appears that the virus that causes COVID-19 can spread from people to animals in some situations. Centers for Disease Control and Prevention (CDC) is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Learn what you should do [if you have pets](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-and-work/care-for-pets.html).

- At this time, the risk of COVID-19 spreading from animals to people is considered to be low. Learn about [COVID-19 and pets and other animals](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-and-work/care-for-pets.html).

### People at Increased Risk


### Other People Who Need Extra Precautions


• **People with Disabilities**
• **Developmental and Behavioral Disorders**
• **Drug Use and Substance Use Disorder**
• **People Living in Rural Communities**
• **Others**

I. People 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.

m. Mitigation measure protocols are intended to minimize risk of exposure to COVID-19 and are developed based on authoritative guidance (e.g., CDC, Occupational Safety and Health Administration [OSHA] and other World Health Organizations).

3. **OBJECTIVES:**
   a. The health and safety of the workforce and public is the highest priority.
   b. Provide a set of consistent protocols to be initiated immediately that will enhance worker protection while minimizing exposure risk.
   c. Halt the spread of COVID-19 by relying on the best available data and science-based public health measures. Such measures include wearing masks when around others, physical distancing, and other related precautions recommended by the CDC. Put simply, masks and other public health measures reduce the spread of the disease, particularly when communities make widespread use of such measures, thus saving lives.
   d. Maintain a healthy business operations and work environment.

4. **KEY ASSUMPTIONS:**
   a. The Nevada Enterprise (NvE) will reassess 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. All personnel must continue to adhere to the current DOE and NNSA mitigation measures while at any DOE- or NNSA-controlled facilities. While in the workplace, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives.
   f. During widespread community transmission, telework and remote work will be maximized for those who work is conducive to telework/remote work or who have extenuating circumstances. Individuals currently working remotely or not regularly on site will remain in telework status. A minimum of 2 weeks advance notice will be provided to teleworkers before returning to the physical workplace. Nuclear Emergency Support Team personnel on telework must be able to report to their duty station within 4 hours of notice during duty hours, when not otherwise on leave or travel status.
g. In general, for sites experiencing high community prevalence or transmission where the majority of the employees can effectively telework, the goal is to operate at 25% of normal building occupancy standards or lower. This is accomplished through additional controls at building entrance points, management monitoring, and other means. Occupancy limits and widespread community transmission are defined and discussed in the Secretary’s Memorandum, DOE COVID-19 Workplace Safety Plan Approach to Building Occupancy (March 2021).

h. Final determinations on the number of personnel allowed on site and the work authorized at NNSA laboratories, plants, and sites will continue to be made by M&O Leadership in partnership with Field Office Managers based on expert guidance, mission priorities provided by Program and Functional Offices, and using a safe, cautious, iterative, and data-driven approach.

i. Supervisors are required to enforce the physical distancing and face covering (“mask”) requirements of this plan.

j. 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.

k. NvE personnel are expected to comply with the COVID-19 protocols while on the Nevada National Security Site (NNSS) and in NNSS controlled facilities and buildings. Failure to comply may result in disciplinary action, up to and including unpaid suspension or termination, and/or denied access to the NNSS and NNSS controlled facilities and buildings.

l. Non-NvE personnel (e.g., subcontractors, visitors, vendors, or public) are expected to comply with the COVID-19 protocols while on the NNSS and in NNSS controlled facilities and buildings. Failure to comply may result in denied access to the NNSS and NNSS controlled facilities and buildings.

m. All personnel are expected to comply with their respective mandated state and local municipality COVID-19 safety requirements; however, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives. Failure to do so may result in individual isolation/quarantine and denied access to the NNSS and NNSS-controlled facilities and buildings, as directed by Occupational Medicine.

5. MITIGATION MEASURE PROTOCOLS

a. Target Audience:
   - All NvE personnel engaged in recovery, restart, limited operations, and normal operations with maximized telework at the NNSS, North Las Vegas Facility (NLVF), and other outlying locations.
   - Subcontractors, visitors, vendors, public, etc., shall be provided this plan and are expected to follow the requirements. It is the responsibility of the Subcontract Technical Representative (STR) or host to ensure receipt, understanding, and compliance. This plan should be included in all applicable subcontractor agreements and work documents. 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 and ongoing.
- Travel increases your risk to possible exposure to COVID-19. Staying home is the best way to protect yourself and others from COVID-19.
- 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)
- You can get COVID-19 during your travels. You may feel well and not have any symptoms, but you can still spread COVID-19 to others. You and your travel companions (including children) may spread COVID-19 to other people including your family, friends, and community for 14 days after you were exposed to the virus.
- Don’t travel if you are sick or if you have been around someone with COVID-19 in the past 14 days. Don’t travel with someone who is sick.
- 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 possible quarantine or isolation.

- **Personal International Travel:**
  - Notify counterintelligence, your supervisor, and Occupational Medicine of your international travel route and dates.
  - Travel increases your chance of getting and spreading COVID-19. COVID-19 risk in most countries is high, and travelers should avoid nonessential travel to high-risk destinations. Travelers at increased risk for severe illness should consider postponing all travel, including essential travel, to high-risk destinations. To check a destination’s COVID-19 risk level see [COVID-19 Travel Recommendations by Destination](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html).
  - If traveling internationally or across international borders, check with the destination’s Office of Foreign Affairs or Ministry of Health or the United States (U.S.) Department of State, Bureau of Consular Affairs, Country Information page for details about entry requirements and restrictions for arriving travelers, such as mandatory testing or quarantine. Local policies at your destination may require you to be tested for COVID-19 before you are allowed to enter the country. If you test positive on arrival, you may be required to isolate for a period of time. You may even be prevented from returning to the U.S., as scheduled.
Enroll in the Smart Traveler Enrollment Program (STEP) to receive up-to-date safety and security information.

- **CDC International Travel Recommendation for Fully Vaccinated People**
  - **Before you travel:**
    - Make sure you understand and follow all airline and destination requirements related to travel, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination’s requirements, you may be denied entry and be required to return to the U.S.
    - Check the current COVID-19 situation at your destination.
  - **While you are traveling:**
    - Wear a mask over your nose and mouth. Masks are required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the U.S. and in U.S. transportation hubs such as airports and stations.
    - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
    - Wash your hands often or use hand sanitizer (with at least 60% alcohol).
  - **Before you arrive in the U.S.:**
    - All air passengers coming to the U.S., including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the U.S.
  - **After travel:**
    - Get tested with a viral test 3–5 days after travel.
    - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
    - Follow all state and local municipality recommendations or requirements after travel; however, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives.

- **CDC International Travel Recommendation for Unvaccinated People**
  - **Before you travel:**
    - Get tested with a viral test 1–3 days before your trip.
    - Make sure you understand and follow all airline and destination requirements related to travel, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination’s requirements, you may be denied entry and be required to return to the U.S.
    - Check the current COVID-19 situation in your destination.
  - **While you are traveling:**
    - Wear a mask over your nose and mouth. Masks are required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the U.S. and in U.S. transportation hubs such as airports and stations.
Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.

Wash your hands often or use hand sanitizer (with at least 60% alcohol).

Before you arrive in the U.S.:

- All air passengers coming to the U.S., including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the U.S.

After travel:

- Get tested with a viral test 3–5 days after travel AND stay home and self-quarantine for a full 7 days after travel.
  - Even if you test negative, stay home and self-quarantine for the full 7 days.
  - If your test is positive, isolate yourself to protect others from getting infected.
- If you don’t get tested, stay home and self-quarantine for 10 days after travel.
- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.
- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
- Follow all state and local recommendations or requirements after travel; however, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives.

International Travel Infographic

**CORONAVIRUS DISEASE 2019 (COVID-19)**

<table>
<thead>
<tr>
<th>International Travel</th>
<th>Not Vaccinated</th>
<th>Fully Vaccinated</th>
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<tbody>
<tr>
<td>Get tested 1-3 days before traveling out of the US</td>
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<tr>
<td>Mandatory test required before flying to US</td>
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<tr>
<td>Get tested 3-5 days after travel</td>
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<td>Self-quarantine after travel for 7 days with a negative test or 10 days without test</td>
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<tr>
<td>Self-monitor for symptoms</td>
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<tr>
<td>Wear a mask and take other precautions during travel</td>
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• **Personal Domestic Travel:**
  - Notify your supervisor of any personal domestic travel and provide travel route and dates.
  - State, local, and territorial governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and quarantine requirements upon arrival. Follow state, local, and territorial travel restrictions; however, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives. For up-to-date information and travel guidance, check the state, territorial, tribal and local health department where you are, along your route, and where you are going. Prepare to be flexible during your trip as restrictions and policies may change during your travel.
  - 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)
  - Contact NNSS Occupational Medicine, Matt Miele at 702.295.0917 or MIELEMA@NV.DOE.GOV for quarantine determinations.
  - 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).
  - **CDC Domestic Travel Recommendations for Fully Vaccinated People**
    - **People who are fully vaccinated with an FDA-authorized vaccine can travel safely within the U.S.**
    - **You do NOT need to get tested or self-quarantine if you are fully vaccinated or have recovered from COVID-19 in the past 3 months. You should still follow all other travel recommendations.**
    - If you are fully vaccinated, take the following steps to protect others if you travel:
      - **During Travel:**
        - Wear a mask over your nose and mouth. Masks are required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the U.S. and in U.S. transportation hubs such as airports and stations.
        - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
        - Wash your hands often or use hand sanitizer (with at least 60% alcohol).
      - **After Travel:**
        - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
Follow all state and local recommendations or requirements; however, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives.

- **CDC Domestic Travel Recommendations for Unvaccinated People**
  - If you are not fully vaccinated and must travel, take the following steps to protect yourself and others from COVID-19:
    - **Before you travel:**
      - Get tested with a viral test 1–3 days before your trip.
    - **While you are traveling:**
      - Wear a mask over your nose and mouth. *Masks are required* on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the U.S. and in U.S. transportation hubs such as airports and stations.
      - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
      - Wash your hands often or use hand sanitizer (with at least 60% alcohol).
    - **After Travel:**
      - **Get tested with a viral test 3–5 days** after travel AND stay home and self-quarantine for a full 7 days after travel.
        - Even if you test negative, stay home and self-quarantine for the full 7 days.
        - If your test is positive, isolate yourself to protect others from getting infected.
      - If you don’t get tested, stay home and self-quarantine for 10 days after travel.
      - Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.
      - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
    - Follow all state and local municipality recommendations or requirements; however, the DOE COVID-19 Workplace Safety Plan and the NNSS COVID-19 Mitigation Measures for Protection of Workers Plan supersede any state or local municipality directives.
Official Domestic and International Travel:

- Official domestic and international travel is limited to only mission critical travel and will be conducted in accordance with applicable CDC guidance, state, and local guidelines, as possible, and the January 21, 2021, Executive Order Promoting COVID-19 Safety in Domestic and International Travel.

- The foundation for travel is based on a clear need, an understanding of risk and an associated plan to mitigate these risks, and the willingness of the traveler. Travel is limited based on the mission needs of the organization and local conditions at the point of origin, destination, and intermediate stops.

- All mission essential travel must be approved by Senior Site Leadership
  - Official Federal (NNSA) international travel approval may be delegated from NA-1 to the NNSA Heads of Elements or their designee.
  - Official Federal (other than NNSA) international travel requires Under Secretary (or equivalent) approval or their designee.
  - Official NNSA contractor international/domestic travel is approved by contractor leadership.
  - Official Federal domestic travel must be approved by the Head of the DOE/NNSA Element or their designee.
  - Other contractors should work through the cognizant contracting officer representative (COR) to receive appropriate approvals for official travel.
  - Concur should be used to document the travel approvals.

- Mission essential travel is defined in consideration and not limited to the following:
  - Travel is to perform critical duties that cannot be postponed.
  - 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.
  - Travel is for meetings or trainings required by a grant or to maintain grant funding.
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
  - Have I had close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting 2 days before illness onset or for asymptomatic individuals, 2 days prior to test specimen collection).

- If personnel are experiencing any of the above symptoms (not all inclusive), any other symptoms that are severe or concerning, have had close contact exposure, or unsure 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](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/community-checker.html) to assist in determining potential COVID-19 infection and appropriate medical care.
  - Contact their Primary Health Care Provider.

- If personnel are experiencing side effects from a recent COVID-19 vaccination and do not have an associated fever and do not have other COVID-19 symptoms they may return to work when they feel well enough. If symptoms worsen or persist for more than several days, they need to follow the above steps for personnel experiencing symptoms.

- 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 in accordance with CDC and state guidance. 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 use the DOE COVID-19 Hotline case tracking application for new cases and case updates.

• **Occupational Medicine** will provide isolation instructions to personnel who are symptomatic (probable) and/or confirmed for COVID-19 and quarantine instructions to personnel who may have been exposed (close contact).

• **Probable COVID-19 Case** — Report of person meeting clinical AND epidemiological symptoms of COVID-19 but without confirmatory laboratory test results.
  o **Clinical Criteria**
    – At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorders
    – OR at least one of the following symptoms: cough, shortness of breath, or difficulty breathing
    – OR Severe respiratory illness with at least one of the following:
      ▪ Clinical or radiographic evidence of pneumonia, or
      ▪ Acute Respiratory Distress Syndrome (ARDS)
    – AND no alternative more likely diagnosis
  o **Epidemiological Criteria**
    – In a person with clinically compatible symptoms with one or more of the following exposures in the 14 days before onset of symptoms:
      ▪ Travel to or residence in an area with sustained, ongoing community transmission of COVID-19
      ▪ OR close contact with a person diagnosed with COVID-19
      ▪ OR member of a risk cohort as defined by public health authorities

• **Confirmed COVID-19 Case** — Report of a person with COVID-19 meeting confirmatory laboratory evidence.
  o **Laboratory Criteria** — Laboratory evidence using a method approved or authorized by the U.S. Food and Drug Administration (FDA) or designated authority:
    – Confirmatory laboratory evidence:
      ▪ Detection of severe acute respiratory syndrome coronavirus 2 ribonucleic acid (SARS-CoV-2 RNA) in a clinical specimen using a molecular amplification detection test
    – Presumptive laboratory evidence:
      ▪ Detection of specific antigen in a clinical specimen
      ▪ Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection
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 symptoms of COVID-19 and are able to recover at home
  - People who don’t have symptoms but have tested positive for COVID-19

- **Steps to take**
  - Stay home except to get medical care.
  - Monitor 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.
  - Avoid contact with other members of the household and pets.
  - Don’t share personal household items (e.g., 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.)
  - I tested positive for COVID-19 but had no symptoms
    - 10 days have passed since the date of a positive test and no symptoms.
    - 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.
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.

- **Getting tested again for COVID-19**
  - If you have recovered after testing positive for COVID-19, you may continue to test positive for 3 months or more without being contagious to others. For this reason, you should be tested only if you develop new symptoms of possible COVID-19. Getting tested again should be discussed with your healthcare provider, especially if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.
  - If you have symptoms and test positive for COVID-19, follow the guidance above for “I think, or know, I had COVID, and I had symptoms.”

- **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 (symptoms of COVID-19). People in quarantine should stay home, separate themselves from others, monitor their health, and follow guidelines from their state or local health department.
  - **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 or who are fully vaccinated.
    - People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.
      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.
    - People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.
  - **What counts as 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?**

- If Symptomatic:
  - After 14 days of your last contact with a person who had COVID-19.
- **If Not Symptomatic** (asymptomatic):
  - On day 10 without testing and if no symptoms have been reported during daily monitoring (estimated 1–10% transmission risk).
  - On day 7 after receiving a negative test result (test must occur on day 5 or later).
  - After stopping quarantine continue to monitor for symptoms until 14 days after exposure. If symptoms appear, then immediately self-isolate and contact Occupational Medicine.

- The quarantine period resets 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.

## Contact Scenario Guidance Table

**CONTACT with a COVID-19 Positive Case and Not Fully Vaccinated**

<table>
<thead>
<tr>
<th>Contact Scenario</th>
<th>Can I come to work?</th>
<th>Do I need to be tested?</th>
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</tr>
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<tbody>
<tr>
<td>You tested COVID-19 positive or were told by your doctor you have COVID.</td>
<td><strong>NO!</strong> You must remain self-isolated or quarantined until you meet the conditions, below: Obtain a clearance note from your doctor or Requires: 1. At least 10 days since symptoms first appeared 2. AND at least 24 hours with no fever without fever-reducing medication 3. AND other symptoms of COVID-19 are improving</td>
<td>If your doctor orders it, yes. Inform your close contacts to quarantine 1. Intimate or household contacts 2. Close contact with direct contact (&lt; 6 feet, more than 15 minutes)</td>
<td><strong>Notify Occupational Medicine 702.295.1473.</strong> If your symptoms worsen, contact your care provider immediately.</td>
</tr>
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### CONTACT with a COVID-19 Positive Case and Not Fully Vaccinated

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<td><strong>An intimate partner or household contact tests positive/told they have COVID-19</strong>&lt;br&gt;(Highest Risk—if the positive contact had symptoms)&lt;br&gt;• Someone you live with: roommate, significant other, or intimate partner (includes kissing)&lt;br&gt;  <strong>NO!</strong>&lt;br&gt;Quarantine:&lt;br&gt;  If symptomatic —&lt;br&gt;    • 14 days&lt;br&gt;  If not symptomatic —&lt;br&gt;    • 10 days without testing&lt;br&gt;    • 7 days with negative test&lt;br&gt;  <strong>YES!</strong>&lt;br&gt;Symptoms include: Fever, Chills, Cough, Shortness of Breath, Fatigue, Body Aches, Headache, Loss of Taste or Smell, Sore Throat, Congestion, Nausea, Vomiting or Diarrhea&lt;br&gt;  <strong>Self-monitor symptoms every day for 14 days since last exposure.</strong> If you develop symptoms, contact your care provider.&lt;br&gt;  Notify Occupational Medicine 702.295.1473.&lt;br&gt;  Maintain precautions of physical distancing, mask usage, hand washing, and monitoring symptoms.</td>
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<td></td>
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<tr>
<td><strong>A close contact has COVID-19</strong>&lt;br&gt;(Higher Risk- if the contact had symptoms)&lt;br&gt;• Someone you had direct physical and frequent contact with&lt;br&gt;  (e.g., teammate, close friend, co-worker, car pool, etc.).&lt;br&gt;• You were within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting 2 days before illness onset or, for asymptomatic individuals, 2 days prior to test specimen collection.&lt;br&gt;  <strong>NO!</strong>&lt;br&gt;Quarantine:&lt;br&gt;  If symptomatic —&lt;br&gt;    • 14 days&lt;br&gt;  If not symptomatic —&lt;br&gt;    • 10 days without testing&lt;br&gt;    • 7 days with negative test&lt;br&gt;  <strong>YES!</strong>&lt;br&gt;Symptoms include: Fever, Chills, Cough, Shortness of Breath, Fatigue, Body Aches, Headache, Loss of Taste or Smell, Sore Throat, Congestion, Nausea, Vomiting or Diarrhea&lt;br&gt;  <strong>Self-monitor symptoms every day for 14 days since last exposure.</strong> If you develop symptoms, contact your care provider.&lt;br&gt;  Notify Occupational Medicine 702.295.1473.&lt;br&gt;  Maintain precautions of physical distancing, mask usage, hand washing, and monitoring symptoms.</td>
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<tr>
<td><strong>Coworker or friend has COVID-19 (no close contact)</strong>&lt;br&gt;(Low-Medium Risk—if the contact had symptoms)&lt;br&gt;• Someone who you walked by or were around (worked in same office/facility/shop, near cubicle, etc.), but more than 6 feet away. Someone you were in the same room with, but not within 6 feet for less than a cumulative total of 15 minutes.&lt;br&gt;  <strong>YES!</strong>&lt;br&gt;You can work if you do NOT have symptoms&lt;br&gt;AND you were not in CLOSE CONTACT (see row above)&lt;br&gt;  <strong>NO!</strong>&lt;br&gt;Unless you have symptoms&lt;br&gt;Symptoms include: Fever, Chills, Cough, Shortness of Breath, Fatigue, Body Aches, Headache, Loss of Taste or Smell, Sore Throat, Congestion, Nausea, Vomiting or Diarrhea&lt;br&gt;  <strong>Self-monitor symptoms every day for 14 days since last exposure.</strong> If symptoms develop, contact your care provider.&lt;br&gt;  Notify Occupational Medicine 702.295.1473.&lt;br&gt;  No care needed if you do not have symptoms.</td>
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CONTACT with a COVID-19 Positive Case and Not Fully Vaccinated

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<td>has COVID-19 (Minimal Risk)</td>
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<tr>
<td>• Your best friend’s mother, your spouse’s co-worker, etc.</td>
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d. **When to Clean and When to Disinfect**

- Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces.

- When no people with confirmed or suspected COVID-19 are known to have been in a space, **cleaning once a day is usually enough** to sufficiently remove virus that may be on surfaces and help maintain a healthy facility.

- Disinfecting (using U.S. Environmental Protection Agency (EPA)’s List N) kills any remaining germs on surfaces, which further reduces any risk of spreading infection.

e. **Routine Cleaning:**

- High-touch surfaces should be cleaned at least once a day. Examples of high-touch surfaces include: pens, counters, shopping carts, tables, doorknobs, light switches, handles, stair rails, elevator buttons, desks, keyboards, phones, toilets, faucets, and sinks.

- 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 at a minimum of once per day/shift to the greatest extent possible.

- Tools (electrical, mechanical, or manual) shared between personnel that are not wearing gloves, shall be cleaned each time they are shared to the greatest extent possible.

- Mobile equipment that is shared between personnel shall be cleaned 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.

- More frequent cleaning might be needed when:
  - High transmission of COVID-19 in the community
  - Low number of people wearing masks
  - Infrequent hand hygiene, or
  - the space is occupied by people at increased risk for severe illness from COVID-19
f. **Facility/Building Disinfection:** Disinfection protocols for a suspected/confirmed ill individual in the workplace.

- Supervision and Facility Manager ensure 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.
  - 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](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.
o 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.

o Laundry:
  – Such as towels, linens, and other items.
  – Do not shake laundry.
  – 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.

o 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.

o 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.

o 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.

g. Physical Distancing: The CDC recommends physical distancing, also called “social distancing,” separation space between individuals of 6 feet as a measure to reduce the spread of COVID-19, whenever possible.
  - A physical distancing requirement of 6 feet or more separation between personnel is in effect.
  - Contact among workers shall be minimized by utilizing physical distancing, physical barriers (e.g., mobile white boards, hard walled offices, sneeze guards), use of open air/large rooms, replacing face-to-face meetings with virtual and telework options, and staggering use of shared spaces.
o 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).

o Restrooms
  – Maintain a minimum of 6 feet physical separation when entering/exiting and using restroom facilities. This may require limiting the number of people that can be in a restroom at a given time to allow for physical distancing.

o Elevators
  – Building/Office elevators limit occupancy to a maximum of 4 personnel at a time.
  – Place visual indicators on the floor of the elevator or use signage to direct occupants to the 4 corners.
  – Place signage outside of the elevator on the occupancy limit.
  – Non-Building/Office elevators shall establish occupancy limits in coordination with their local Safety and Industrial Hygiene SMEs.

o Stairwells
  – Designate stairwells as one directional when possible to ensure physical distancing.
  – Place signage indicating the directional flow and directions to other stairwell with the opposite designated flow.

o Shared Kitchen Areas and Dining Areas
  – Restrict the number of people allowed in kitchen and dining room at one time to ensure 6 feet of physical distancing.
  – Do not share dishes, drinking glasses, cups, or eating utensils.
  – Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water in a dishwasher.
  – Use gloves when removing garbage bags and handling and disposing of trash.
  – Wash hands.
  – Kitchens and dining areas operated under oversight from a local health agency shall operate per local health agency guidance.

o Laundry Rooms
  – Restrict the number of people allowed in laundry rooms at one time to ensure physical distancing.

o Exercise Rooms and Recreational Rooms
  – Restrict the number of people allowed in at one time to ensure physical distancing.
  – Ensure cleaning and disinfection supplies are provided with instructions to clean and disinfect equipment surfaces after each use.
  – Discourage close contact activities (e.g., pool, card games).

o Practice physical distancing when eating meals.
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 room occupancy number based on 6 feet physical distancing requirement.
- Seating/standing arrangements will be implemented to ensure the minimum 6 feet physical 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 physical distancing constraints.
- No eating or drinking during meetings.
- 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 safety and Industrial Hygiene 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:
  - Modify or adjust seats, furniture, and workstations to maintain physical distancing of 6 feet between employees, where possible.
    - Install transparent shields or other physical barriers where possible to separate employees and visitors where physical distancing is not an option.
    - Arrange chairs in reception or other communal seating areas by turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs to maintain physical distancing.
  - Use methods to physically separate employees in all areas of the building, including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.
    - Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to show where to stand when physical barriers are not possible.
    - Replace high-touch communal items, such as coffee pots and bulk snacks, with alternatives such as pre-packaged, single-serving items. Encourage employees to bring their own water to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area:

- Increase the percentage of outdoor air, (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
- Increase total airflow supply to occupied spaces, if possible.
- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Consider using natural ventilation (e.g., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.
- Improve central air filtration:
  - Increase air filtration to as high as possible without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times, in accordance with industry standards.
- Generate clean-to-less-clean air movements by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open).
- Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher-risk areas). Please contact an Industrial Hygiene or Safety SME for evaluation.
- Ensure exhaust fans in restroom facilities are functional and operating at full capacity when the building is occupied.
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplemental technique to inactivate potential airborne virus in the upper-room air of common occupied spaces, in accordance with industry guidelines. Please contact an Industrial Hygiene or Safety SME.

- **Administrative Controls** (Change the way people work) Examples, not limited to:
  - Conduct daily health checks.
  - Perform regular symptom monitoring.
  - Stagger shifts, start times, and break times as feasible to reduce the number of employees in common areas such as screening areas, break rooms, and locker rooms.
Consider posting signs in parking areas and entrances that ask guests and visitors to phone from their cars to inform the administration or security when they reach the facility.

Consider posting signs in parking areas and entrances that ask guests and visitors to wear cloth face coverings, to not enter the building if they are sick, and to stay 6 feet away from employees.

Provide directions for visitors to enter the building at staggered times.

Follow policies on the use of face coverings.

Follow policies on cleaning and disinfection.

Limit personnel occupancy in building areas with low air flow and undiluted air exchange zones.

Post instructions and reminders at entrances and in strategic places on hand hygiene, COVID-19 symptoms, wearing cloth face coverings, and cough and sneeze etiquette. This should include signs for non-English speakers.

- Personal Protective Equipment — Protection of personnel with worn equipment.

Examples, not limited to:

- Face Shields
- Filtering Face Masks
- Respirators
- Gloves

Face Coverings (e.g., Masks): in accordance with Executive Order 13991 "Protecting the Federal Workforce and Requiring Mask-Wearing," The Department of Energy (DOE) issued a policy on January 21, 2021, requiring all individuals to wear a mask while in DOE buildings and in leased space, including all public and work areas within a building (e.g., garages, hallways, snack bars, cafeterias, elevators, and restrooms). The policy also applies to facilities leased or owned by DOE contractors and in which DOE Federal or contractor employees work. Masks are a simple barrier to help prevent your respiratory droplets from reaching others. Studies show that masks reduce the spray of droplets when worn over the nose and mouth. You should wear a mask even if you do not feel sick. This is because several studies have found that people with COVID-19 who never develop symptoms (asymptomatic) and those who are not yet showing symptoms (pre-symptomatic) can still spread the virus to other people. The main function of wearing a mask is to protect those around you in case you are infected but not showing symptoms. A mask also offers some protection to you. How well it protects you from breathing in the virus likely depends on the fabrics used and how the mask is made (e.g., the type of fabric, the number of layers of fabric, how well the mask fits). CDC is currently studying these factors. It is especially important to wear a mask when you are unable to stay at least 6 feet apart from others since COVID-19 spreads mainly among people who are in close contact with one another (within about 6 feet). CDC’s recommendations for masks will be updated as new scientific evidence becomes available.

- As used in this plan, a “Face Covering/Mask” means a covering made with a breathable cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face with no large gaps and is composed of two or more layers. Novelty/non-protective masks, masks with ventilation valves, or face shields are not considered an acceptable substitute for masks. For additional information please refer to the CDC “Your Guide to Masks.”
• Filtering Facepiece Respirator (FFR)
  o 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.
  o 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.
      ▪ 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 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 respirator’s 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. The National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services (NIOSH) 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.
  o 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.
• 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.
COVID-19 Mitigation Measures for Protection of Workers Plan

- Personnel who have medical concerns with the use of a face covering such as claustrophobia, asthma, COPD, hearing impaired, sensory sensitivities, etc., or religious reasons should contact their respective ADA Coordinator for further guidance on requesting 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 professional to determine the appropriate face covering or alternative COVID-19 hazard mitigation for their setting.

- Face coverings should:
  - Have two or more layers of washable, breathable fabric (gaiters and bandanas shall have two or more layers, simply fold them to create additional layers).
  - Completely cover your nose and mouth.
  - Fit snugly against the sides of your face, nose and chin with no large gaps.
  - Not interfere with eyewear.
  - 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.
  - Not be worn under your nose.
  - Not be worn only on your chin.
  - Not be worn dangling from one ear.

- Face Covering Use:
  - Worn by everyone in all NNSS-controlled facilities and buildings, including all public and work areas within a building (e.g., garages, hallways, snack bars, cafeterias, elevators, and restrooms).
  - Worn in all face-to-face meetings.
  - Required at all security checkpoints.
  - Worn when the minimum physical distancing measure of 6 feet cannot be maintained and when in outdoor shared spaces.
  - Worn when entering/exiting buildings.
  - Worn in hallways, stairwells, and elevators.
  - Worn in all common areas or shared workspaces (e.g., open floor plan office space, restrooms, break rooms, conference rooms, parking lots, common printer areas, cubicles, hallways, and other workspaces) even when physically distant.
  - Worn when dealing with the public.
  - Worn while sharing a vehicle; both private (when engaged in work activities) and government owned.
o Worn while commuting to work in any shared vehicle (e.g., bus, train, or car).

o Not worn while eating as long as maintaining 6 feet or more of separation from others is possible.

o Not worn when working or performing activities outdoors and maintaining 6 feet of physical distancing.

o Face coverings may be removed when alone in an office with floor-to-ceiling walls and the door shut.

o Limit how often you touch and adjust your face covering.

o Should be clean, not damaged, and easy to breathe while wearing.

o Stored in a breathable clean container when not in use (e.g., paper bag, Ziploc bag not fully sealed).

o Discard disposable or non-functional face coverings in the regular trash.

o Wash or sanitize your hands after handling the face covering.

• Distribution Control:
  
o Distribution of face covers will be controlled to ensure an adequate supply is available.

  o 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.

  o Non-M&O face covering requests will be coordinated through their respective organization and approved by NvE local management.

  o Purchase of these items through a P-card is not allowed.

• NNSS Workforce at Main Entrances (NNSS and NLVF):

  o Inbound checks: Face coverings briefly raised and lowered for confirmation.

  o Outbound Checks: Face coverings do not need to be raised or lowered.

  o 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 to include commuter buses/vans, be prepared to briefly lower your face covering one at a time for confirmation when presenting your badge.

    – Single occupant in a vehicle, 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 may direct individuals to lower or temporarily remove their face covering to verify identity.
- 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.
  - 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, 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.
  - 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.
COVID-19 Mitigation Measures for Protection of Workers Plan

i. 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.

j. 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 occupancy is limited to room occupancy number based on 6 feet physical distancing requirement.
  - Space seating/desks at least 6 feet apart. 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).
o 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.
o 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).

k. **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. If you have questions contact Industrial Hygiene or Safety personnel for guidance.
- 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.
- 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 physical 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.

I. Emergencies

• Follow normal emergency protocols, practice physical distancing, wear a face covering.

6. References:

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• New Requirements for Mask Wearing in All DOE Buildings and Leased Spaces, DOECAST, 1/21/2021
