

TJNAF Resumption of On-Site Operations Plan

Revision 4 February 11, 2021

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Revision History

Revision	Date	Description of Change
0	May 13, 2020	Initial
1	June 1, 2020	<ul style="list-style-type: none"> (i) Added reference to Administrative Policy 205.12 to the accommodation process for high risk employees in Section 2.1 (page 5) (ii) Updated explanation of use of PHE leave in Section 2.1 (page 5-6) (iii) Updated Figure 3, Daily Worker Health Self-Certification Card (page 9) (iv) Added additional details to social distancing administrative controls in Section 2.2.7 (page 12) (v) Added additional details to additional engineered controls in Section 2.2.11 (page 14) (vi) Added Appendix B (vii) Added Appendix C
2	September 2, 2020	<ul style="list-style-type: none"> (i) Revised Figure 1 to show actual dates transitioning between Medcon levels (page 4) (ii) Revised Table 1 to remove confusion about approximate number of workers on-site and remote during each phase (page 4) (iii) Replaced Figure 3 with Revision 8 of the Daily Health Self-Certification Card (page 9) (iv) Expanded Section 2.2.3 to provide requirements for subcontractor and construction contractor access, to include (a) instruction for pre-job/bid visits and (b) a registration and badging process (page 10) (v) Revised PPE requirements in Section 2.2.7 (page 15) (vi) Guidelines for on-site dining were changed to eliminate the need to call orders in ahead of time

3	September 23, 2020	(i) Revised to extend use of PHE leave through 30 November 2020 where necessary.
4	February 11, 2021	<ul style="list-style-type: none"> <li data-bbox="824 363 1409 552">(i) Revised Section 2.1 to reflect extension of use of PHE leave and new requirement for use on a case-by-case basis with additional approvals. <li data-bbox="824 562 1377 667">(ii) Revised Section 2.2.5 regarding official business travel under MEDCON 5. <li data-bbox="824 678 1336 783">(iii) Removed terms isolation and quarantine and replaced with medical restriction <li data-bbox="824 793 1377 993">(iv) Removed the term cloth when referring to face coverings since some highly effective face coverings may be of other materials. <li data-bbox="824 1003 1385 1108">(v) Revised Section 2.2.10 to reflect changes in in-person meeting controls for MEDCON 5. <li data-bbox="824 1119 1409 1318">(vi) Revised Section 2.1 to reflect changes in Executive Orders from the Governor of Virginia and the Emergency Temporary Standard 16VAC25-220. <li data-bbox="824 1329 1385 1518">(vii) Revised Appendix B to reflect authorization for up to 4 hours of administrative leave (per shot) to receive the COVID-19 vaccine effective February 10, 2021

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1. Introduction and Planning Assumptions

This plan describes additional hazard controls necessary to resume on-site operations at the Thomas Jefferson National Accelerator Facility (TJNAF) following the suspension of most on-site operations starting on March 23, 2020, due to the growing risk of COVID-19¹ infection to the workforce.

In some cases these additional controls require significant adjustments to how we plan and conduct work at TJNAF. This plan includes direction to staff and supervisors to ensure consistent application across the organization, while we resume on-site operations within the framework of our responsibilities under the TJNAF Management and Operating (M&O) contract and direction from the Department of Energy (DOE).

This plan applies to all work at TJNAF including that performed by the prime contractor (Jefferson Science Associates [JSA] LLC), their subcontractors, facility Users, and technology transfer partners. The plan also applies to DOE personnel assigned to TJNAF and visitors to TJNAF. This plan does not apply to the Residence Facility managed by SURA or the Applied Research Center (ARC) owned by the City of Newport News Economic Development Agency and operated and maintained by JSA.

Full and immediate distribution of this document to all workers is therefore authorized and encouraged.² Employee notification of hazards and hazard controls is achieved by completion of COVID-19 controls specific training (see Section 3 of this plan).

Release of this plan is not a substitute for direct engagement by all supervisors with their subordinates to coordinate individual implementation and resolve questions. Supervisors will consult with the COO to resolve ambiguities or contradictory direction. No provision of this plan supersedes the terms and conditions of either the TJNAF M&O contract or existing JSA subcontracts or agreements.

This plan supplements the TJNAF Worker Pandemic Protection and Response Plan of March 13, 2017. This supplemental plan is necessary to address the unique nature of the COVID-19 hazard and the expectation that an elevated health risk will continue for an extended period, perhaps up to two years.

Both the TJNAF Worker Pandemic Protection and Response Plan and this supplementary plan are components of the TJNAF Worker Safety and Health Program.³ The program is intended to provide a place of employment that is free from recognized hazards that are causing — or have the potential to cause — death or serious physical

¹ Following the CDC precedent, the term COVID-19 is used to refer to the disease and SARS-CoV-2 to the virus that causes COVID-19.

² Public release requires coordination with the Jefferson Lab Communications Office and approval by DOE.

³ See TJNAF Worker Safety and Health Program Description, Revision 6.1, approved October 27, 2020.

harm to workers, as required by the DOE Worker Safety and Health Program requirements of 10 CFR Part 851.

Unlike other workplace hazards, SARS-CoV-2 is ubiquitous and is a risk to workers whether they are off duty and off campus or at work. A high degree of personal responsibility by all workers is required to maintain a workplace where the infection risk is as low as reasonably achievable.

To this end, our hazard control approach seeks to do the following:

1. Reduce the likelihood that the virus enters the campus.
2. Reduce the exposure of workers to an unrecognized virus on campus.
3. Contain the spread of the virus once we recognize it has entered the campus.

The unique characteristics of SARS-CoV-2 make designing effective controls to achieve these objectives challenging. People carrying the virus may be unaware they are infected and may spread the virus for days before recognizing they are symptomatic and then self-isolating. Until there is a widely available, reliable, and rapid diagnostic test or widespread immunity, we suggest all employees assume anyone on campus be considered a possible carrier.

This aspect of the threat requires we limit site access, impose controls to keep people separated, require face coverings when moving around the campus, and require the use of PPE where people must perform required work that does not allow them to be so separated.

We also recognize that undetected carriers may deposit the virus on surfaces that remain active transmission points for hours after deposition. This requires enhanced hand hygiene by all workers and robust regular sanitization of surfaces across the laboratory.

The hazard control measures described in this plan follow current best practices from public health authorities.⁴ The application of these hazard controls will evolve over time as the changing prevalence of SARS-CoV-2 and further information from public health authorities dictate. We will revise this plan as needed, and readers should always verify they have the latest version.

Please direct questions about this plan or suggested improvements to Michael W. Maier, Chief Operating Officer, at mmaier@jlab.org.

⁴ Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), accessible at <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

2. Phased Resumption of On-Site Operation

Figure 1 depicts the response of TJNAF to COVID-19, actions taken to date since, and our concept for resuming on-site operations.

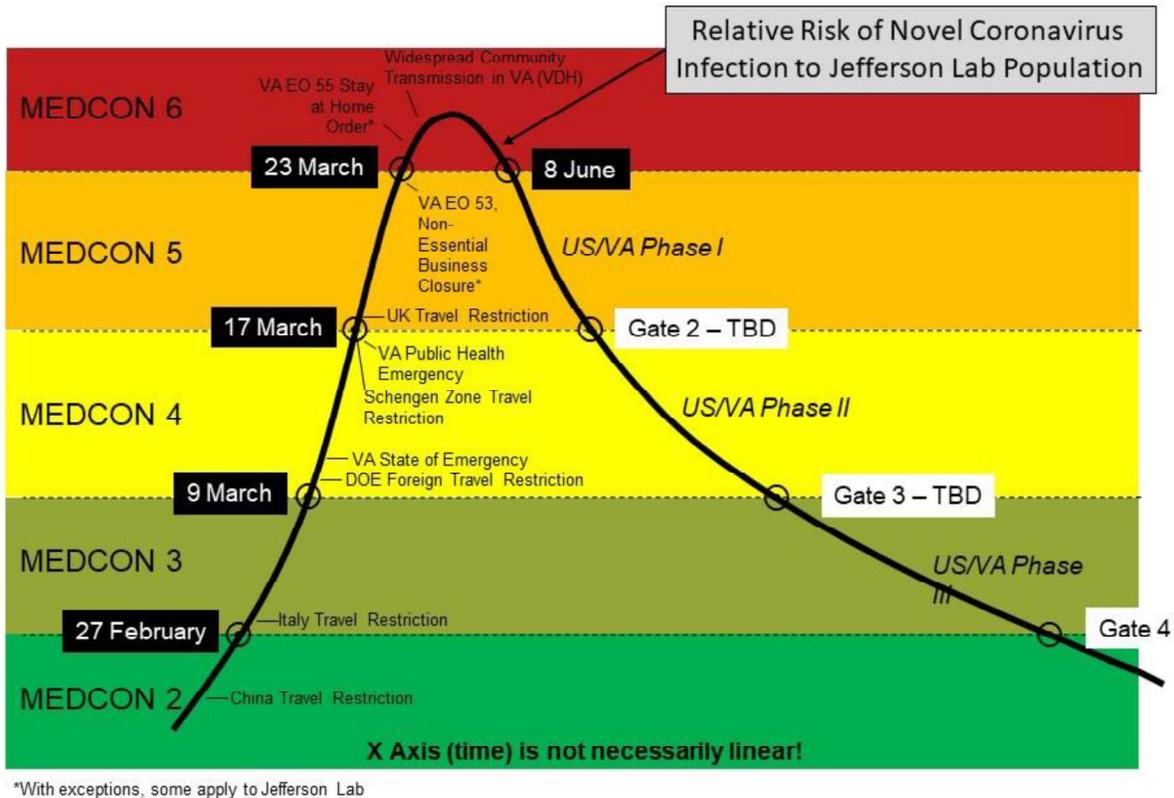


Figure 1. TJNAF response to COVID-19 and generalized resumption of operations concept.

We will resume on-site operations in phases by stepping back through the TJNAF Medical Condition (MEDCON) levels, with each level relaxing hazard controls consistent with reduction in the COVID-19 threat. Gating criteria described in the next section of this plan provide a framework for laboratory leadership to decide when to transition to a lower MEDCON level. The gating criteria described are not absolute — subject to modification as circumstances warrant — and all decisions will be coordinated with DOE.

This plan makes no assumptions about the duration of any phase; the transition to each phase is based on condition—not driven by schedule. The idealized model in Figure 1 shows a hypothetical decline in the relative risk of SARS-CoV-2 infection to the Jefferson Lab population. We recognize the infection risk may come and go in waves,

requiring prolonged periods in an elevated MEDCON level, or the possibility of moving back to a higher MEDCON level and reinstating more rigorous hazard controls should the risk warrant.

TJNAF leadership will follow the lead of national and state authorities in deciding when we can safely move to a reduced MEDCON level and relax controls. The Virginia Forward Blueprint released by the Commonwealth of Virginia on May 8, 2020, is aligned with the national recovery phases outlined by the Centers for Disease Control and national leadership. The phase transitions are based on persistent declines in COVID-19 cases along with other factors, such as the capacity of the health care system to treat the sick.

2.1 Recovery Phases and Gating Criteria

Table 1 summarizes the planned recovery phases. Definition of the terms used in the table are found below.

Table 1. Summary of Planned Recovery Phases

	TJNAF Medical Condition Levels			
	MEDCON 6	MEDCON 5	MEDCON 4	MEDCON 3
Civil Authority Reopening Phases		I	II	III
DOE Phase Terminology	Safe Standby	Limited Operations	Normal Operations with Maximum Telework	Normal Operations
TJNAF On-Site Work Scope	Safe Standby	Performance-Critical Operations	Full Operations	Full Operations
• Approximate Number of On-Site Workers*	30	Up to 300	360	1000**
TJNAF Remote Work Scope	Maximum	Maximum	Expanded	Normal
• Approximate Number of Remote Workers*	690	420	360	0**
Public Health Emergency (PHE) Leave Authorized	Yes	Yes***	No	No

*Typical weekday. Actual number of on-site workers will vary depending on approved projects and tasks and whether staggered shifts are employed.

**To be adjusted once the Jefferson Lab Telework Policy is finalized, and we have a better understanding of how many employees will eventually be authorized regular telework.

***Only as authorized per prime contract clause H.3 clause, paragraph (a)(2).

TJNAF On-Site Work Scope

Safe Standby: On-site work limited to actions needed to preserve the lab’s facility and scientific systems in a secure, safe, and stable configuration.

Performance-Critical Operations⁵: On-site work limited to that required to meet PEMP Notable Outcomes (see Appendix A), maintain essential business systems and functions, keep the campus and those working on it safe and secure, perform

⁵ This phase is specific to TJNAF and is not to be confused with the term mission essential, which DOE defines to be certain activities immediately essential to the national mission of the agency, and does not apply to TJNAF.

authorized facility construction, and pursue other tasks as approved by the Lab Director.

Full Operations: No limits other than those imposed by COVID-19 hazard controls (see Section 2.2).

Remote Work Scope

Maximum: All workers will work remotely unless authorized for on-site work to meet safe standby requirements.

Expanded: All workers who can work productively in a remote setting including those requiring accommodation due to higher risk of severe illness from COVID-19. See important notes below.

Normal: Workers may work remotely as provided under the Jefferson Lab Telework Policy (in development). See important notes below.

Important Note about Remote Work (i.e., Telework) – Employees should not assume the widespread use of telework during the COVID-19 pandemic emergency is an indefinite right or benefit and no action or expense to establish a permanent telework arrangement is authorized. Under the forthcoming JSA Telework Policy employees may, at a later date, be authorized for regular remote work but will be subject to requirements for routine on-campus attendance—and only employees with acceptable performance ratings may receive approval for regular remote work.

Important Note about Employees at Higher Risk of Severe Illness – Employees 65 years or older and those of any age having certain underlying medical conditions are at higher risk of severe illness if they contract COVID-19 (see your health care provider or refer to <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html> for details). Employees who believe they are at higher risk of severe illness may request an accommodation to limit their exposure while continuing to perform their job either on-site or from home. See Administrative Policy 205.12 for procedures on requesting an accommodation.

Public Health Emergency Leave (PHE) Authorized

Yes: From March 17, 2020 through the end of authorization identified in JSA's prime contract H.3 clause paragraph (a)(2), which is currently March 31, 2021, employees who are healthy but unable to work remotely due to COVID-19 will use PHE leave. PHE leave is only authorized for scheduled hours when the employee is unable to perform their normal duties, or other duties as may be assigned, from home. PHE leave may not be used when employees who could work from home encounter resource constraints (such as computer failures or loss of connectivity) or dependent care interruptions. Employees seeking to use PHE leave after December 11, 2020, shall obtain advanced approval from the HR Director and CFO. See Appendix B for detailed guidance on employee timekeeping during MEDCON conditions.

No: Use of PHE is not authorized. Employees unable to work either on-site or from home must use sick leave, vacation, or leave without pay (LWOP). See Appendix B for detailed guidance on employee timekeeping.

We expect Virginia public health authorities to closely follow the Opening Up America Again Guidance from the Centers for Disease Control and White House and use these criteria to enter Phase I:

1. A downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period and a downward trajectory of COVID-like syndromic cases reported within a 14-day period.
2. Downward trajectory of documented cases within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period.
3. Hospitals capable of treating all patients without crisis care, and with a robust testing program — including emerging antibody testing — in place for at-risk health care workers.

This determination may be made on a state-wide basis or for regions within a state. Moving to Phase II and Phase III requires continued improvements over successive 14-day intervals with no rebound. On May 8, Virginia announced it planned to enter Phase I no earlier than May 15, 2020.⁶ Figure 2 summarizes changes in state policy under Phase I.

⁶ Executive orders by the Governor of Virginia never required suspension of all businesses across the state; only certain businesses identified as non-essential were directed to close. Moreover, Executive Order 55, the Stay at Home Order, does not preclude Jefferson Lab employees from traveling between home and their place of work. These orders were further relaxed under Executive Order 61, which initiated Phase I reopening of Virginia, and Executive Order 67, which relaxed restrictions on businesses. Executive Order 72 added additional restrictions and modified the stay at home order through January 31, 2021, which was subsequently extended to February 28, 2021.

Forward Virginia: Phase One

	NOW	PHASE ONE
NON-ESSENTIAL RETAIL	Open with 10 person limit	Open with 50% capacity
RESTAURANTS AND BEVERAGE SERVICES	Takeout and delivery	Takeout and delivery; outdoor seating at 50% capacity
ENTERTAINMENT AND PUBLIC AMUSEMENT	Closed	Closed
FITNESS AND EXERCISE	Closed	Closed (limited to outdoor fitness classes)
BEACHES	Exercise and fishing only	Exercise and fishing only
GATHERINGS	10 person limit	10 person limit
TELEWORKING	Strongly encouraged	Strongly encouraged
FACE COVERINGS	Strongly encouraged	Strongly encouraged
CHILDCARE	Open for working families	Open for working families
PLACES OF WORSHIP	Drive-in services; 10 person limit	Drive-in services; 50% capacity
PERSONAL GROOMING	Closed	Appointment only
PRIVATE CAMPGROUNDS	Closed	Open
OVERNIGHT SUMMER CAMPS	Closed	Closed
STATE PARKS	Day use only	Day use; Overnight in phases
SCHOOLS	Closed	Closed

Forward Virginia: Phase Three

	PHASE TWO	PHASE THREE
NON-ESSENTIAL RETAIL	Open with 50 percent capacity	Open
RESTAURANTS AND BEVERAGE SERVICES	Indoor and outdoor seating at 50 percent capacity	Open
ENTERTAINMENT VENUES	Low-contact indoor and outdoor open; high-contact closed	Open with 50 percent capacity
FITNESS AND EXERCISE	Open with 30 percent capacity	Open with 75 percent capacity
BEACHES	Open	Open
GATHERINGS	50-person limit	250-person limit
TELEWORKING	Strongly encouraged	Strongly encouraged
FACE COVERINGS	Required	Required
CHILDCARE	Open	Open
PERSONAL GROOMING	Appointment only	Open
PRIVATE CAMPGROUNDS	Open	Open
OVERNIGHT SUMMER CAMPS	Closed	Closed
STATE PARKS	Open	Open

Figures 2 and 3. Commonwealth of Virginia Reopening Plan, Phases One – Three.

As Virginia makes the decision to enter a new reopening phase, Jefferson Lab management will review our readiness to make the transition to the next lower MEDCON level and coordinate that action with the DOE. Once all prerequisites are satisfied, directions to frontline supervisors and all employees will follow.

Effective July 27, 2020, the Commonwealth of Virginia Department of Labor and Industry adopted an emergency temporary standard for infectious disease prevention: SARS-CoV-2 Virus That Causes COVID-19 (19VAC25-220). While this standard does not apply to federal facilities, Jefferson Lab has reviewed the standard and confirmed that our controls meet or exceed the Commonwealth standard.

2.2 COVID-19 Hazard Controls

Table 2 summarizes the COVID-19 specific hazard controls applied in each recovery phase. Definition of the terms used in the table immediately follow the table and may include details specific to each MEDCON level.

Table 2. COVID-19 Specific Hazard Controls in Each Recovery Phase

Objective	COVID-19 Hazard Control	Recovery MEDCON Level			
		MEDCON 6	MEDCON 5	MEDCON 4	MEDCON 3
Reduce likelihood of virus entering campus	Daily Worker Health Self-Certification	Required	Required	Required	Required
	User Access	None	Invitation Only	Limited	Limited
	Subcontractor and Construction Contractor Access	Limited	Limited	Limited	Limited
	Visitor and Student Access	None	None	Limited	Limited
	Official Business Travel	None	None	Limited	Limited
	Personal Travel	Medical Restrictions May Apply			
Reduce worker exposure to an unrecognized virus on campus	Social Distancing	Required	Required	Required	
	Capacity Restrictions	Required	Required	Required	
	Face Covering	Required	Required	Required	
	In-person Meetings	None	None (with limited exceptions)	Limited	
	Enhanced Sanitation	High	High	Moderate	
	Availability of Cleaning Supplies	Required	Required	Required	
	On-site Food Service	None	Limited	Limited	
Contain the virus once recognized on campus	Medical Restriction of Those Potentially Infected	Required	Required	Required	Required
	Deep Cleaning of Potentially Exposed Areas	Required	Required	Required	Required

2.2.1 Daily Worker Health Self-Certification

Given that workers and visitors are the exclusive vector for bringing the virus onto the TJNAF campus, the single most important control is to keep those who may be infected from entering the facility and possibly infecting others.

Before reentering MEDCON 5, Jefferson Lab’s Environment, Safety, and Health (ES&H) Division will print and distribute laminated Daily Worker Health Self-Certification cards to all employees (Figure 3). Employees will be required to complete online training course SAF003, COVID-19 Hazard Awareness and Controls, which will describe their responsibility to follow the directions on the card—and what to do with if they develop symptoms of COVID-19, or have been in close personal contact with someone who has been diagnosed with it. ES&H will disseminate directions on how to access and complete the training, as part of the all-staff messaging to announce the transition to MEDCON 5.

Depending on one’s symptoms, health of close personal contacts, and travel history, Occupational Medicine may restrict the employee from working on-site and refer them to their personal health care provider for testing and treatment. Employees will be reminded to call Occupational Medicine from home and not come to the clinic on-site.

Unless it is an emergency, employees who begin to feel ill while at work are to notify their supervisor and leave the campus immediately—and then call Occupational Medicine

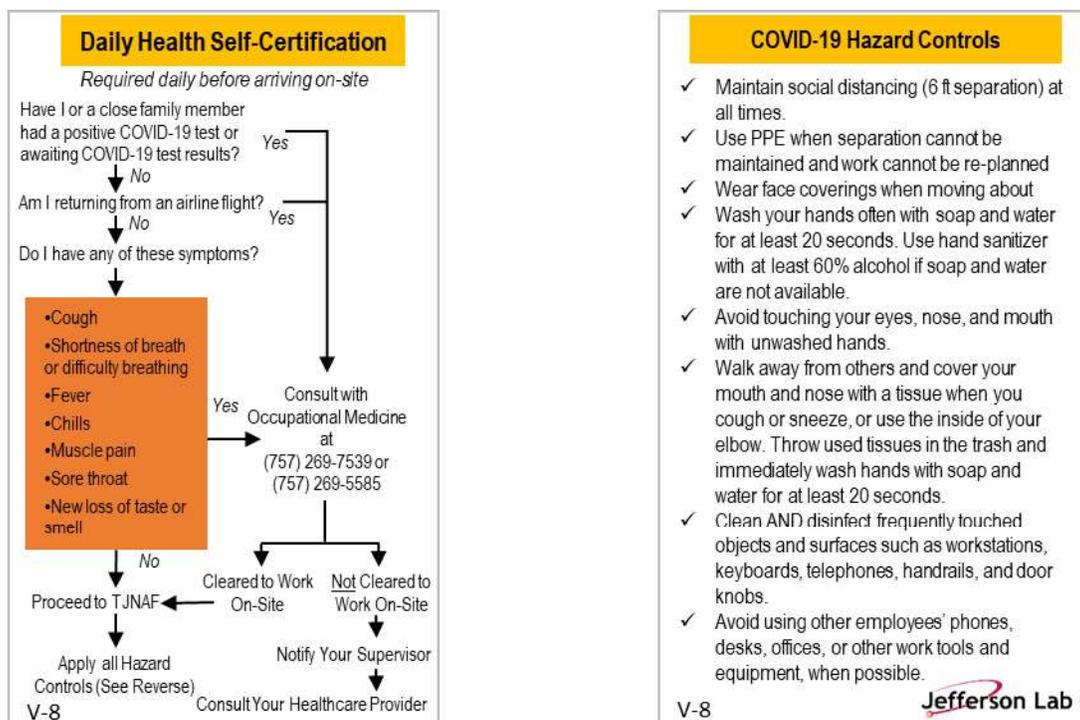


Figure 4. Daily Worker Health Self-Certification Card

Employees who become ill with COVID-19 symptoms are strongly encouraged to call their health care provider without delay and, if possible, get tested to confirm infection. Testing data is important to public health professionals. Employees who feel ill with COVID-19 symptoms, and who are unable to secure a diagnosis through their health care provider, can call Occupational Medicine to arrange for testing at a nearby commercial laboratory.

Once diagnosed by a health care provider, employees must contact Occupational Medicine to coordinate their return-to-work clearance.

2.2.2 Facility User Access

Facility Users are not permitted site access during MEDCON 6. All Facility User site-access privileges have been suspended in CANS and will be reinstated as reentry conditions permit.

In preparation to enter MEDCON 5, Associate Directors will invite those Facility Users required to resume the Spring Experiment Run to register for site access. Under MEDCON 4, all Facility Users may enter the campus. Under MEDCON 5 and 4, as part of the visit-registration process, Users will be required to complete (1) a health and travel questionnaire immediately prior to their planned arrival on-site, and (2) SAF003, COVID-19 Hazard Awareness and Controls online training.

Only Users who certify they have not tested positive for COVID-19 within the past 14 days, have not had symptoms consistent with COVID-19 for the past 14 days, have not had close personal contact with another person who has tested positive within the past 14 days, and have not flown on a commercial aircraft within the past 14 days will be admitted.

2.2.3 Subcontractor and Construction Contractor Access

Only subcontractors required to perform essential services will be permitted site access. Subcontracting Officer Technical Representatives are responsible for assuring that subcontractor employees are authorized to enter the site, are properly registered and badged, and follow the Jefferson Lab COVID-19 control and safety requirements. Site access must have management approval as specified in the paragraphs below.

Access procedures for subcontractors not performing hands-on work (e.g., pre-bid reviews, deliveries, etc.) are described in Section 2.2.3.1—while 2.2.3.2 describes that for subcontractors performing work under a contract or purchase order.

2.2.3.1 Subcontractors not performing hands-on work

1. The SOTR obtains permission from their division head prior to the subcontractor arriving on-site.

2. The subcontractors must be escorted at all times by the designated SOTR while on campus.
3. The subcontractors must follow Centers for Disease Control and Jefferson Lab COVID-19 controls which include the following:
 - a. Complete a daily worker self-certification.
 - b. Wear a face covering that meets CDC guidelines (no gaiters or bandanas).
 - c. Maintain a social distance of at least 6' at all times.
 - d. Use any other PPE required for the environment into which they will enter.

If there is a conflict between CDC and Jefferson Lab requirements, the lab's requirements will take precedence.

4. SOTR coordinates badging and entry access following the procedures in Section 2.2.3.3.

2.2.3.2 Subcontractors performing work

1. In order to work on-site, the SOTR must have designated the subcontractor essential for operations and coordinated their determination with their division head.
2. An approved Worker Safety and Health Plan containing COVID-19 controls in compliance with CDC and Jefferson Lab requirements is required for subcontract award. Those plans are submitted to the SOTR, who forwards them to ES&H for review.
3. Subcontractor Worker Safety and Health Plans must contain the following:
 - a. Daily self-certification requirement. Jefferson Lab daily self-certification cards may be used by the subcontractors and are available from the SOTR.
 - b. Subcontractor employee training that covers symptoms, methods of transmission, and methods to prevent exposure of COVID-19. Jefferson Lab will make available to subcontractors for their use SAF003, COVID-19 Hazard Awareness and Controls. However, the subcontractor management will remain responsible for their employees' compliance.
 - The SAF003 training document for subcontractors is available from the SOTR. The Web-based Training Page can be found here: https://www.jlab.org/div_dept/train/webbasedtraining.html.
 - The SAF003 course describes the symptoms of COVID-19, actions that employees should take to minimize their personal risk of infection, and the additional hazard controls implemented by Jefferson Lab to limit the exposure of individuals to SARS-CoV-2 while on campus.
4. Once the Worker Safety and Health Plan is approved by ES&H, the SOTR or Technical POC notifies Procurement and requests permission from the division

head for the subcontractor to access the site.

5. The Procurement Officer modifies the subcontract to include the approved Worker Safety and Health Plan. The SOTR provides the Facilities Management and Logistics Service Desk Administrator with the relevant information needed to create an active contract in the JLab Registration/International Services (JRIS) Subcontractor Contract Database here:
https://mis.jlab.org/mis/apps/cis/jris_reg_form/rptActiveContracts.cfm.
6. If any lower-tier subcontractors are included in the subcontractor's work team, the Procurement Officer and SOTR must be informed. The SOTR will inform the Service Desk Administrator to add the company to the JRIS Subcontractor Contract Database.
7. An automatic email is sent to the SOTR regarding the contract. The email contains a link to an online form that the SOTR uses to indicate whether dosimetry is required, the subcontractor site access, and minimum training requirements (at least SAF100C for construction or SAF100S for service contracts).

2.2.3.3 Registration

The SOTR coordinates with the subcontractor(s) to complete the following before coming to Jefferson Lab:

1. Request an appointment for a badge 48 hours before the visit.
2. Provide via email a list of names of all of the persons registering, sending it to subcontractor-registration@jlab.org. Also, courtesy copy (Cc) fso@jlab.org and the SOTR in the email. Subject line: Requesting Badging Appointment for Contract Number [e.g., # 01-A2345] and the company name.

Expect a response within 24 hours.

3. Register all persons at the following link:
https://misportal.jlab.org/railsForms/guest_registrations/no_auth.
4. An automatic email will then be sent to the SOTR requesting approval for each registration form submitted. After approval, the Service Desk Administrator will upload the registration into JList. Following successful completion of the registration form, each worker can begin taking any training required by the contract.
5. Use the Web-based Training Page:
https://www.jlab.org/div_dept/train/webbasedtraining.html.

Note: **Each worker must individually register BEFORE attempting to take any training.** The REAL ID Act (Public Law 109-13) now determines which state driver's license can be presented and accepted as a valid ID document for access to Jefferson Lab. **A list of other forms of acceptable valid ID documents can be found at the following link: <http://www.tsa.gov/traveler-information/acceptable-ids>.** (Also see #8 below.)

6. After confirming that the workers are successfully registered and trained, the SOTR will notify the subcontractor to send their workers to the Support Service Center (SSC), Building 28, to obtain badges prior to accessing the work site. The badges will automatically deactivate 60 days following contract end.
7. All persons entering building are required to wear face mask/covering and will not be permitted access to enter without one.
8. A government-issued picture ID is required to proceed with the appointment.

NOTE: ONLY FOUR PERSONS PERMITTED IN THE LOBBY AT ONE TIME.

2.2.3.4 Jefferson Lab Site Access

Once the individual who will make the visit has completed the requirements for entry to Jefferson lab and their registration is complete, they should inform the SOTR—who will then schedule a date for service to begin *as long as the individual has an active badge*.

SOTRs must do the following:

- Plan the work the subcontractor will do.
- Review with the subcontractor the work needing to be done.
- Make sure the subcontractor follows the Jefferson Lab policies and subcontract requirements, according to their approved Worker Safety and Health Plan and the Activity Hazard Analysis.
- Ensure the subcontractor develops and the SOTR approves—with ES&H consultation—the AHA. The AHA is the subcontractor's procedures and instructions and must include COVID-19 controls from their approved Worker Safety and Health Plan that are specific to the task. The AHA review is part of the pre-performance briefing and must be retained at the jobsite.
- SOTRs will undertake frequent inspections of subcontractor and construction contractor work to confirm requirements are consistently met and documented in the Safety Observation Database and Monthly SOTR reports due to Procurement Officers. Subcontractors are always responsible for supervising their employees.

To work on-site each subcontractor employee must perform the daily self-certification before entering the Jefferson lab campus and must be escorted to the work site by the SOTR. If there are any "Yes" answers to the daily-self monitoring questions, the subcontractor will need to inform the SOTR and contact Occupational Medicine, x7539, for clearance.

When the contract is complete, the following must be accomplished:

- Return all badges to the supervisor, where they will be turned into the Badge Return Lockbox outside of Room 52 in SSC (Building 28).
- Future contracts awarded will require the above steps to be repeated for each contractor working under contract.

2.2.4 Visitor and Student Access

Visitors and students not participating as Facility Users are not permitted site access during either MEDCON 6 or 5.

Visitors on official business may be granted campus access starting at MEDCON 4 and continuing through MEDCON 3, but only if consistent with capacity restrictions (see Section 2.2.8) and the on-site meeting restrictions (Section 2.2.10).

All visitors and students will be required to register in advance and complete the health and travel questionnaire within two days of site arrival. Only visitors and students who certify they have not tested positive for COVID-19 within the past 14 days, have not had symptoms consistent with COVID-19 for the past 14 days, have not had close personal contact with another person who has tested positive within the past 14 days, and have not flown on a commercial aircraft within the past 14 days will be admitted.

Students participating in Science Education activities will only be admitted when permitted by their school.

2.2.5 Official Business Travel

All official business travel is suspended under MEDCON 6.

Official business travel by JSA employees is authorized during MEDCON 5 under the following conditions:

1. Travel must be required to pick up, drop off, or inspect material and supplies or equipment where vendor delivery or pick-up service or remote inspection is not feasible.
2. Travel must be to a point not more than 50 miles from TJNAF.
3. Travel must not require an overnight stay.
4. Travel must be by GSA vehicle.
5. If the task requires two or more employees all employees will wear respirators (with exhaust valves covered) when together in the vehicle.

All other Jefferson Lab policies and regulations regarding the use of Government vehicles, material handling, and hazardous material transport are unchanged and remain in force.

Jefferson Lab employees must continue to follow all COVID-19 health and safety controls when traveling off campus. Employees should sanitize vehicle interiors before and after use, avoid using vehicle recirculation settings, and maximize fresh airflow while driving.

New hires required to meet performance critical functions (Appendix A) may be authorized travel to relocate to Jefferson Lab but each relocation requires advanced approval of the TJSO and DOE Office of Science.

Starting at MEDCON 4, and assuming DOE travel restrictions are relaxed, official business travel may resume on a limited basis—and only when travel objectives cannot be achieved through remote means like video teleconference (VTC). Employee relocation travel would resume under MEDCON 4.

Employees who self-identify as being at high risk of severe illness from COVID-19 (see Section 2.1) and receive accommodation to work from home will be not be authorized to travel on lab business. Likewise, Jefferson Lab will not require non-employees who self-identify as being at high risk of severe illness from COVID-19 to travel for lab business.

During MEDCON 4 and 3, travel will not be authorized to areas where widespread community transmission of COVID-19 is ongoing. Occupational Medicine will inform Travel Services of those areas where travel is restricted, based on CDC and Department of State guidance, and Travel Services will publish these restricted areas through the Travel Coordinators on the COVID-19 ServiceNow information page.

Advance approval from the Associate Director and Laboratory Director along with documented justification is required for premium or first-class accommodations to achieve social distancing requirements.

2.2.6 Personal Travel

Employees should recognize that personal travel during a pandemic is risky and may require medical restriction upon return.

Employees who travel by commercial aircraft to destinations or through airports where there is widespread community transmission of COVID-19 or traveled on a cruise ship must contact Occupational Medicine and may be medically restricted for 14 days before resuming on-site work.

Before leaving for personal travel where subsequent medical restriction may be required as a condition for returning to work, employees should coordinate with their supervisors to ensure that remote work will be authorized upon return. Employees who require medical restriction after personal travel and who cannot work remotely will be required to use vacation or LWOP (see Appendix B).

2.2.7 Social Distancing

During MEDCON 6, 5, and 4, employees, Users, subcontractors, and visitors are required to maintain social distance separation (six feet) from all other persons at all times.

Everyone should check areas having limited space — such as entryways, service areas, bathrooms, elevators, and break rooms — for other occupants before entering. Likewise, everyone should use care when walking within and between buildings to provide separation from others in passing. Because responsible professionals work at Jefferson Lab, we will not mark walking lanes on floors.

To limit unintended close contact as employees enter and exit buildings some exterior doors will be marked for entrance only. Doors not marked are for exit only and those CANS card readers will be disabled to prevent use as an entrance.

During MEDCON 6, 5, and 4, only one person at a time may be in any vehicle or golf cart on TJNAF.

During MEDCON 6, 5, and 4, the fitness center in TEDF will be closed.

During MEDCON 6, 5, and 4, any work that requires that two or more people work within the social distance boundary (at distances of less than six feet) must be re-planned, so the same outcome can be achieved without violating the social distance requirement. If there is no way to re-plan the work maintain the social distancing requirement, an Associate Director or equivalent approval is required before substituting PPE in lieu of the social distancing requirement. The minimum PPE requirement for any person working within six feet of another person is:

1. An N95 respirator without an exhalation valve. (If the N95 has such a valve, the exhalation valve must either be covered with a face covering medical-procedure mask—or taped closed)
2. Goggles or safety glasses
3. Nitrile gloves where tools or equipment are shared or there are common touched work surfaces.
4. When physical contact is expected, in addition to the above use Tyvek® or cloth coveralls / overalls (hood not required)

Note: Other combinations of PPE providing an equivalent level of protections may be used as specified by ES&H and Occ Med for specific tasking.

Employees must be trained in the proper fit and use of PPE, to include correct procedures for removing and storage or disposal of used (i.e., potentially contaminated) PPE. See Appendix C for guidance on the allocation and reuse of PPE.

PPE (respirators and overalls) worn when social distancing is violated must undergo a 10 day quarantine prior to re-use.

2.2.8 Capacity Restrictions

During MEDCON 6, 5, and 4, the capacity of all rooms and work spaces will not exceed one person every 170 ft². This capacity restriction is based on a six-foot social distance radius with a 50% factor or safety (in *area*, not radius).

The Facilities Management and Logistics Division will post signs on doors to all common areas, stating the maximum capacity. They will remove, disable, or cover excess chairs in all common areas to be consistent with the maximum capacity.

Division and department heads will evaluate office and work space assignments, to ensure workers recognize and adhere to maximum capacity limits. This may require new approaches to assigning task responsibilities or work scheduling, such as splitting shifts to reduce the density of cubicle-seating areas—or distributing controls to other rooms and areas to minimize staff density in control rooms.

2.2.9 Face Coverings

During MEDCON 6, 5, and 4, all employees, subcontractors, Users, and visitors will — consistent with CDC and DOE guidance — wear face coverings when moving around the campus. Such coverings do not need to be worn when sitting or working in an area well separated from others, or separated by floor to ceiling walls.

Unlike respirators, face coverings are not considered PPE—and therefore not suitable for working closer than the social distancing boundary. The covering simply reduces the potential spread of SARS-CoV-2 to others if an employee carries the virus, and provides an additional layer of protection in a multi-layer defense-in-depth approach.

We expect employees to provide their own face coverings. Face coverings are widely available commercially, or can be easily made, and are in nearly universal use when in public (and required for access to many stores and businesses). As with employee attire, face coverings should be appropriate for a professional environment and may not be offensive. Gaiters are not considered effective face coverings and are not recommended, and bandanas are not suitable face coverings.

2.2.10 In-person Meetings

During MEDCON 6 and 5 in-person meetings or conferences shall be held virtually using available VTC capability through BlueJeans, BlueJeans Events or Microsoft Teams. Employees shall not circumvent controls by holding in-person meetings off-site that are not authorized on-site.

When planning virtual events, employees shall follow published guidance to ensure online security considerations are followed where non-public information will or may be discussed. Additional guidance is found here: [MEDCON 5 Meeting, Events and Tour restrictions](#).

Conference rooms may be reserved for in-person meetings if the number of attendees are less than the MEDCON-restricted maximum allowable occupancy posted for the room. The room meeting space will remain in the existing configuration as approved by Occupational Medicine and the Facilities Management and Logistics Division to keep within the approved MEDCON 5 guidelines.

Limited exceptions to a room's configuration and maximum number of attendees may be considered with prior approval by the ES&H Director and the Chief Operations Officer. To modify MEDCON 5 controls for an in-person meeting, an exception request from the meeting organizer is required detailing the additional controls that will be in place to conduct the meeting safely.

During MEDCON 4, additional in-person meetings may resume, but will be limited by the posted capacity limits for the room, and each participant will maintain the minimum six-foot separation and wear face coverings when not presenting.

2.2.11 Enhanced Sanitation

During MEDCON 6 and 5, Facilities Management and Logistics will direct the janitorial contractor to undertake enhanced sanitation of all common spaces, high traffic areas, and high touch areas twice each day. The contractor will be required to use cleaning protocols, techniques, and chemicals recommended by the CDC guidance or EPA List N: Disinfectants for Use Against SARS-CoV-2. The SOTR will perform daily monitoring and spot-checking to confirm compliance.

ES&H will review the continued use of common space coffee machines, refrigerators and water fountains during MEDCON 5 and 4. These appliances are prone to heavy usage and may require additional controls—or be taken out of service.

During MEDCON 4, the sanitation frequency will be reduced to once daily, of all common spaces, high traffic areas, and high touch areas, while continuing to follow CDC guidance.

Before resuming on-site operations under MEDCON 5 Facilities Management and Logistics will increase the duty cycle of building HVAC systems to increase air circulation and where possible upgrade air filters to MERV 13 or 14. Likewise, we will retrofit all bathrooms with at least one hands free toilet, urinal, and soap dispenser.

2.2.12 Availability of Cleaning Supplies

During MEDCON 6, 5, and 4, Facilities Management and Logistics will maintain and distribute, to common areas across the campus, disinfecting wipes and sprays, as well as alcohol-based hand sanitizer containing at least 60% alcohol. The Stockroom will carry these supplies for use by lab staff, to disinfect personal work areas, tools, equipment, and vehicles.

Facilities Management and Logistics will also notify the lab leadership of any anticipated shortages of cleaning supplies. If cleaning supplies become limited, the lab management will evaluate the need to close or limit lower-priority areas or operations, and consolidate remaining supplies in high-priority areas or operations.

2.2.13 On-Site Food Service

During MEDCON 6, there will be no on-site food service or catering.

During MEDCON 5 and 4, the café may resume breakfast and lunch service at subcontractor discretion. Catering will only be authorized when social distancing is possible and catered food must be individually prepackaged.

The café subcontractor will apply controls to limit the number of patrons in the café to the capacity of the service area (see Section 2.2.8). The subcontractor will also ensure that all of their employees meet Virginia state requirements for food service worker use of PPE, as well as Jefferson Lab requirements for daily health checks.

2.2.14 Identification of Those Potentially Infected

If a worker, subcontractor, or User believes they have symptoms of COVID-19 (see Section 2.2.1), or tests positive for COVID-19, they are required to call their supervisor and Occupational Medicine immediately.

Occupational Medicine will guide the individual and the supervisor through a series of questions to determine the extent of contacts with others at TJNAF, and to coordinate with Facilities Management and Logistics the extent of work spaces that may be contaminated and require sanitation.

Once Occupational Medicine identifies those close contacts, they will be notified by their supervisor(s) of possible exposure to COVID-19, will be medically restricted from campus, and will receive return-to-work instructions from Occupational Medicine. See Appendix B for timekeeping guidance for employees who are required to self-isolate.

With the exception of those who have come in close contact, Jefferson Lab will not publicly identify to the lab community those individuals having potential or actual infection. We will share general information on the number of persons with potential or actual infection, work areas that may be closed for sanitation, and the number of contacts with all employees.

2.2.15 Deep Cleaning of Potentially Exposed Areas

If a staff member with a potential or actual infection has been on campus within the last 24 hours, the affected areas will be identified by the supervisor or sponsor and Occupational Medicine—and immediately posted as an affected area. To allow any residual aerosol to settle, when feasible these areas will be vacated for at least 24 hours from the last time the staff member, User, or subcontractor was in the areas.

Facilities Management and Logistics will then take the following actions:

1. Disable the proximity card readers, to control access to the affected areas.
2. Communicate to occupants the affected area closures.
3. Direct the sanitation subcontractor to clean and disinfect the affected areas, following CDC and EPA guidelines.
4. Reactivate access controls and notify occupants—once cleaning and disinfection is completed and it is deemed safe to reenter.

If the staff member, User, or subcontractor has been out of the office more than 24 hours but fewer than 7 days, the same process will be used—except cleaning and sanitation will begin immediately. If the staff member has been out of the office for seven or more days, there is no requirement for specialized cleaning and sanitation, as any virus spread to surfaces is no longer active.

Additional details can be found in the TJNAF Disinfection Plan for Presumptive or Positive COVID-19 Cases, the current version of which is available from the Security and Services Manager.

3. Training

The ES&H and Human Resources Divisions collaborated on the development of an online training course SAF003, COVID-19 Hazard Controls. This course describes the symptoms of COVID-19, actions that all staff members, Users, or subcontractors should take to minimize their personal risk of infection, and the additional hazard controls implemented by Jefferson Lab to limit the exposure of individuals to SARS-CoV-2 while on campus.

Completion of SAF003 will be required before employees, subcontractors, or Users can return to campus following the move to MEDCON 5. New employees hired on or after May 18, 2020 — while MEDCON 3 or higher is in effect — are required to complete this course during their new-hire orientation.

A COVID-19 Operational Safety Procedure has been developed and describes in additional detail the application of controls described here, such as social distancing, PPE requirement (including the use and authorized reuse of PPE), and human performance considerations.

4. Staff Communications and Awareness

Jefferson Lab leadership will keep all employees informed of changes in lab operating status through all-staff email, Insight, and posting to the COVID-19 information portal (ServiceNow).

The ES&H Division developed and posted COVID-19 awareness posters throughout the campus prior to entering MEDCON 5. These will remain posted through MEDCON 3.

The posters describe not only symptoms but also employee responsibilities to minimize infection risk and apply hazard controls.

Facilities Management and Logistics will also post and maintain signs marking capacity limits to all public areas and conference rooms. Divisions and departments will be responsible for marking capacity limits in their work spaces to meet the requirements of Section 2.2.8.

5. Establishing Readiness to Resume Hazardous Operations

Prior to resuming suspended operations, supervisors shall require all employees to review and re-sign Work Planning and Control documentation, Task Hazard Analysis (THA), Operational Safety Plans (OSPs), and Temporary Operational Safety Plans (TOSPs). This review will include the implications of COVID-19 precautions on the hazards and controls detailed in the associated THA, and will be documented in signed pre-job briefings before initiating any task covered by these plans. Supervisors will confirm employee training and certifications have not lapsed before employees resume covered work.

Supervisors will require all systems and equipment to be visually inspected, to confirm system integrity and the presence of required safety controls and barriers, before systems are reactivated or equipment is used.

Supervisors will also verify that employees recognize the additional COVID-19 hazard controls described in this plan, and understand and agree how these controls will be applied to their work assignments. Supervisors will further assist workers in redesigning work plans to (1) avoid the need for violating the social distancing requirement, (2) ensure that correct PPE is used if social distancing cannot be maintained and the work cannot be re-planned, and (3) suspend activities that require PPE—if PPE is not available. See Appendix C for guidance on how PPE is allocated and conditions for reuse.

Appendix A – Performance-Critical Operations (FY20)

PEMP Objective	Performance-Critical Operations	Program Office
2.1	Execute the assigned LCLS-II-HE project scope in compliance with the technical performance specifications and within the established DOE performance goals for cost and schedule.	BES
2.1	Effectively deliver the PPU project scope in compliance with the technical performance specifications and within the established DOE performance goals for cost and schedule.	BES
2.2	Execute the assigned LCLS-II project scope in compliance with the technical performance specifications and within the established DOE performance goals for cost and schedule.	BES
2.3	Demonstrate improved gradient performance relative to FY 2019 12 GeV operations.	NP
3.1	Work effectively and positively with BNL and NP to determine distribution of EIC project scope throughout the national laboratory complex.	NP
4.1	Positively and publicly endorse the EIC site selection and strive to promote unity within the general public and scientific community.	NP
4.2	Develop a plan to address the findings and recommendations from the scheduled peer review of the laboratory's diversity and inclusion efforts, conducted by the SC Office of the Deputy Director for Science Programs. Brief SC on the plan by June 1, 2020.	SC
4.2	Keep senior SC leadership informed of key events (e.g., VIP/protocol visits, news releases, media requests) through timely population of the <u>Science News Dashboard</u> with all the relevant information on such activities and/or through other appropriate mechanisms.	SC
4.2	Demonstrate full implementation of program(s) that protect sensitive government information, technologies, equipment, intellectual property, and assets as reflected in applicable regulations and DOE Orders (O 142.3A, <i>Unclassified Foreign Visits and Assignments</i> ; P 485.1, <i>Foreign Engagements with DOE National Laboratories</i> ; O 486.1, <i>Foreign Government Talents Recruitment Programs</i> ; O 550.1, <i>Official Travel</i> ; O 481.1E, <i>Strategic Partnership Projects</i> ; and O 483.1B, <i>DOE Cooperative Research and Development Agreements</i>).	SC

PEMP Objective	Performance-Critical Operations	Program Office
4.4	Ensure that all communication with interested stakeholders on DOE/SC program priorities/objectives are aligned with DOE/SC goals, strategies, and guidance.	SC
5.1	Leverage the results of the Director's Electrical Safety Program Review to develop and implement strategies to improve electrical safety performance. Components are to include undertaking safety culture improvement initiatives, adding rigor to the closure of identified electrical safety issues, and back-filling key vacancies in safety leadership and electrical safety program management.	TJSO
8.2	Ensure appropriate completion of the Plan of Actions and Milestones (POAM) for Email Multi-Factor Authentication.	TJSO

Appendix B – Timekeeping Guidance Under COVID-19

Paid Leave to Receive COVID-19 Immunization

Per the direction from the TJSO CO, and following the DOE Head of the Contracting Activity Memo of February 10, 2021 JSA employees are entitled to up to 4 hours of administrative leave per shot to obtain the COVID-19 Vaccine starting February 10, 2021. This authority continues until the end of the COVID-19 pandemic.

JSA will provide a separate, distinct leave charge code for employees using administrative leave to receive the COVID19 vaccination.

Employees unable to work on-site and previously authorized to use PHE leave are not eligible to receive additional administrative leave for vaccination because they are expected to obtain their vaccination under the PHE leave already authorized.

Charging when Medically Restricted from Site by Occupational Medicine

JSA employees may be restricted from site, or restricted while on-site, by Occupational Medicine under the following conditions:

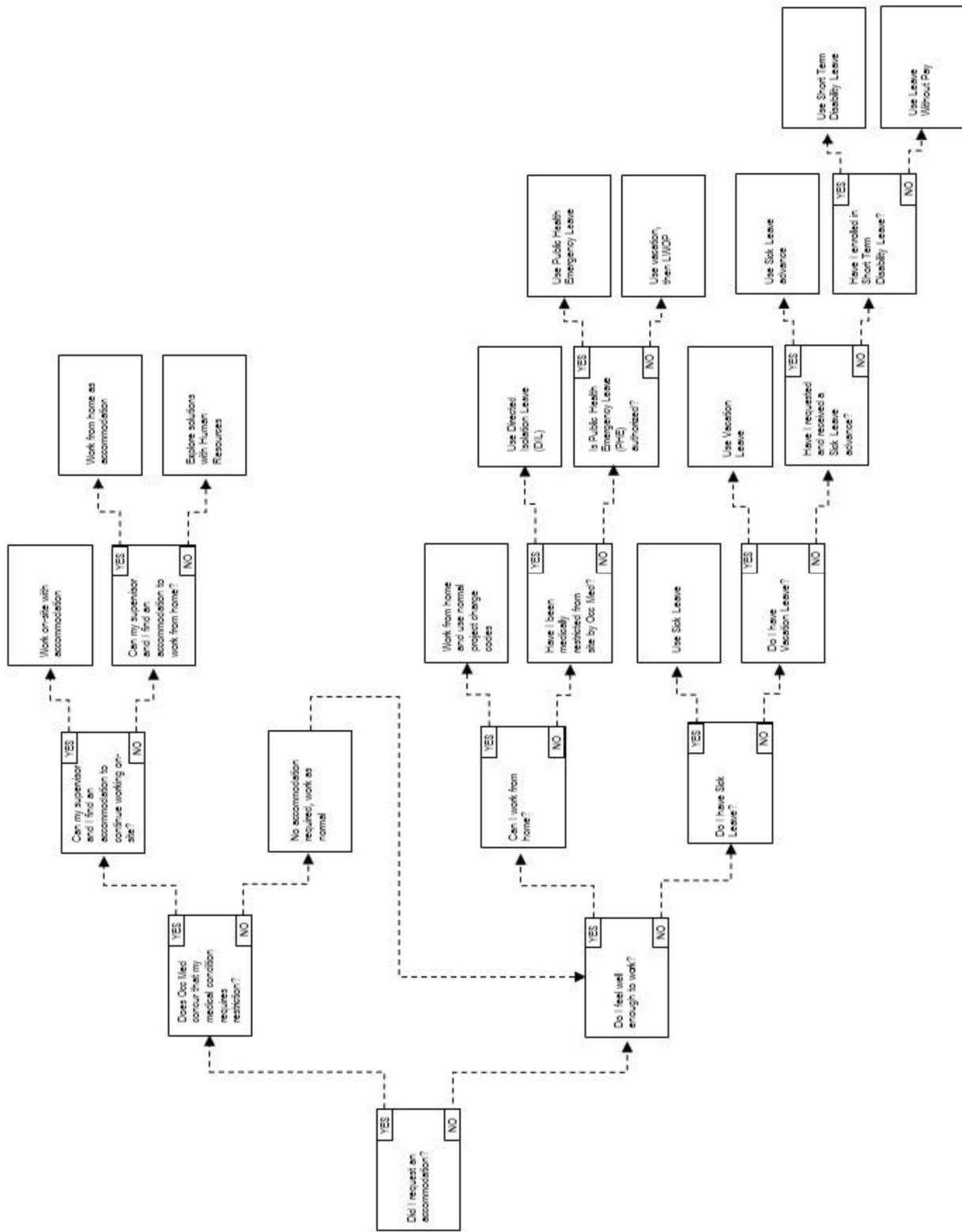
Restrictions to Reduce the Risk to Others

- Employee tests positive for COVID-19 or is awaiting diagnostic test results
- Employee has symptoms of COVID-19
- Employee has had close personal contact with someone who has tested positive for COVID-19 or is awaiting diagnostic test results
- Employee has returned from commercial airline travel

Restrictions to Reduce the Risk to the Employee

- Employee's medical condition precludes them from working safely on-site which initiates an interactive process with supervisor and HR to find a reasonable accommodation for them to continue working from home if possible

Depending on these conditions, various timekeeping options apply and are summarized in the following flow chart. This is a generalized description of options, employees should consult the Business and Finance Division for guidance if unique circumstances apply.



Appendix C – Allocation and Reuse of Personal Protective Equipment

Personal Protective Equipment (PPE) is essential to protect Jefferson Lab employees from industrial and radiologic hazards in the routine conduct of lab operations. The introduction of the additional hazard due to the potential presence of SARS-CoV-2 among the lab workforce adds additional requirements for PPE use when social distancing cannot be maintained and work cannot be re-planned to separate workers by more than 6 ft.

Given the limited supply of PPE and the potential for long delays in replenishing supplied due to increased worldwide demand Jefferson Lab must introduce procedures to rigorously control when PPE is used and allocate to the highest priority work. Failure to manage our limited PPE inventory may force us to discontinue high priority tasks creating delays in mission performance.

To this end Jefferson Lab has created this process to manage the allocation of PPE to the highest priority needs and reuse PPE to the maximum extent possible. This process is managed by the ES&H Division which has ultimate responsibility to control the allocation of PPE following laboratory priorities set by the Director and to engage the Director if clarification is required.

ES&H maintains a spreadsheet to track the inventory, distribution, and burn rates of PPE. Access to the spreadsheet is controlled by the ES&H Director. In maintaining this process ES&H will:

1. Routinely update PPE needs, inventory and burn rate from one data set
2. Limit requests to one place, by a limited set of staff, so that no request gets lost
3. Provide a data set that is visible to senior management, 24/7, of the approved tasks and PPE impacts

Each PPE using division or department will identify up to three people who will be given permission to access the spreadsheet and input inventory and use requirements. The information would also be visible to ADs and Department Managers. The intent is to look forward with this tool so any PPE previously distributed does not require reentry.

One of challenges we face resuming operations is the management of a limited supply of personal protective equipment (PPE), primarily TYVEK suits and N95 respirators, and our limited ability to restock. It is important, therefore, to establish an efficient process to request and receive these resources.

JSA has established a SharePoint site so that line organizations can request PPE, ES&H can make that PPE available and provide training, and JSA management can understand the impact on our critical supplies.

Each of you are requested to identify members of your organization that will receive access to this SharePoint site. ES&H will then contact these staff, provide an orientation to the system, and begin the process to collect and input PPE needs for the activities anticipated under MEDCON 5. You, and the rest of the leadership team will also have access so the information is transparent to you.

Used and serviceable PPE will be stored long enough to destroy viable COVID-19 virus. PPE must be stored for a minimum of 10 days prior to re-use. PPE shall only be re-used by the same person that previously wore the items.

*Discard and **DO NOT** retain the following:*

- *Items used for lead, beryllium, or other hazardous materials tasks,*
- *PPE that has visible damage such as tears, rips, or holes,*
- *Tight-fitting nitrile gloves – dispose,*
- *ES&H Face shield – clean with disinfecting wipes.*

Industrial Hygiene (IH) will provide the following products:

- Various sized paper storage bags
- Desiccant
- Tape
- Replacement PPE for items that are damaged or cannot be used

After doffing PPE per IH instructions previously received, the following items will be collected and stored:

- Tyvek suit / coverall
- P95 respirator

Storage instructions:

1. Obtain a large, medium, and small size paper bag and 4 packets of desiccant at the bottom to absorb any moisture.
2. Don nitrile gloves.
3. Ensure your mask is free of damage, then place in a small individual dry paper bag. Leave the bag open, do not close.
4. Ensure your Tyvek suit is free of damage, then place in a medium size paper bag. Leave the bag open, do not close.
5. Place the individual paper bags into the large paper bag.
6. Doff nitrile gloves and dispose in trash.
7. Perform hand hygiene.
8. Close the outer bag and tape closed.
9. Write your name and start date on the outer bag.
10. Transport the sealed bag to ES&H Building Room 11 (Storage Room) and place on shelf marked "Pandemic PPE".
11. If PPE is needed prior to the 10 day wait period, a new set will be issued with paper bags for collection/storage.