PURPOSE

As an essential service provider in the energy industry, the health and well-being of our employees, and of our customers remains our top priority. The practices contained herein take recommendations from the CDC, WHO, OSHA and (current and subsequent) Executive Orders issued by the Governor of State of Michigan. It is our intent to follow these practices to the best of our ability.

SCOPE

DJ Conley will do our best to protect our associates and our customers through the use of engineering controls, administrative controls, safe work practices and the use of PPE. The responsibilities described below should offer guidance to help determine what appropriate control measures may be needed.

DEFINITIONS

**COVID-19 compatible symptoms**, for the purpose of these measures, include a subjective or measurable fever, cough, or difficulty breathing.

- **Suspected case** means if you meet any of the following criteria you should be investigated and tested for COVID-19.
  - If you have acute respiratory illness with fever and cough or shortness of breath.
  - If you have a history of travel to or from another country/area/territory reporting local transmission of the disease during the 14 days prior to symptom onset.
  - If you are a person with an existing respiratory illness who has been in contact with a confirmed or probable COVID-19 patient.

- **Probable case** means you are a suspect case for whom testing has been inconclusive.

- **Confirmed case** means you are a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

**Contact** means a person is or has been involved in direct care of COVID-19 patient without the use of the proper PPE, staying in the same close environment as a COVID-19 patient, or being in close proximity of a COVID-19 patient within a 14 day period after the onset of symptoms.

**Disinfecting** by using chemicals to kills germs on surfaces. This process is not intended to clean dirty surfaces but rather to kill germs remaining on a surface after cleaning to reduce the threat of spreading infection.

**Isolation** means separation of a person known or reasonably believed to be infected with a communicable disease from those not infected to prevent the spread. Isolation may be voluntary or compelled by federal, state, or local public health order.

**PPE** for the purposes of COVID-19, refers to a surgical type face mask, a face shield, an N-95 face mask, gloves, and/or N95 NIOSH respirators.

**Quarantine** in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been exposed, to prevent the spread of the disease.
**Self-Monitoring** means taking temperature twice a day and remain alert for persistent cough or difficulty breathing. If any of these are noticed during self-monitoring, the employee should seek self isolation, limit contact with others, and seek advice through a tele-med conversation with a healthcare provider or local health department to determine if further evaluation is needed.

**Social or physical distancing** means remaining out of congregate settings and mass gatherings, maintaining 6 feet or 2 meters from others whenever possible, and using a no-hand shake greeting.

### MANAGEMENT RESPONSIBILITIES

In times of crisis during a pandemic, DJ Conley will identify the person responsible for communication and implementation of response efforts. The flow chart below shows the current (April 2020) breakdown into teams with Upper Management Team Leaders, weekly communications (or sooner if events warrant it), and daily reports from employees to Team Leaders. This is meant to be a fluid chart; in the event of a team leader having a prolonged or serious illness, the team leader positions may change.

1. **Engineering Controls:** Team Leaders will assess what measures need to be taken dependent upon risk factors to protect in office employees & customers, as well as technicians on a job site.
   a. Assess need for protective barriers
   b. Provide proper signage throughout the building for instructions / reminders.

2. **Administrative Controls:** Team leaders are responsible for making sure pandemic procedures are communicated, implemented and followed.
   a. Monitor public health communications with regards to COVID-19
   b. Take appropriate action to educate and monitor employees.
   c. Prepare a plan for handling positive or suspected cases of COVID-19

3. **Safe Work Practices:** Team Leaders will implement safe work practices as necessary for each stage of a pandemic which may be inclusive of the following:
   a. Voluntary health screenings or as required by our customers relative to field service
   b. Physical distancing requirements
   c. Use of PPE when and where required & type required
   d. Scheduled cleaning and disinfecting of public areas
   e. Personal hygiene
   f. Hazard Identification & proper handling of incoming shipments
   g. Procedures for customers entering our building with written record of health assessment

4. **PPE:** Team Leaders are responsible for providing the appropriate PPE and educating employees on the use of it. For pandemic purposes, PPE may include face masks, shields, respirators, and/or gloves.
5. Team Leaders are able to address employee concerns regarding pay, leave, safety, health, and other issues related to a pandemic crisis.

6. Team Leaders shall receive completed forms pertaining to COVID-19 and are to remain on file for a period of 7 years.

7. **If an employee is confirmed to have COVID-19**, Team Leaders will inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
   a. Upon return to work after the recommended isolation period, employee must complete the DJ Conley Return to Work form.

**NOTE:** Any hardships experienced by the employee during this time should be communicated to your Team Leader. The DJ Conley company will do all it can to mitigate stress brought on by isolation.

**EMPLOYEE RESPONSIBILITIES**

1. Employees are encouraged to self-monitor, stay home when sick and, as much as possible, to physically distance themselves from others by using the accepted 6 ft radius.

2. If an employee is not feeling well:
   a. They must notify their supervisor of their symptoms or illness.
   b. If the illness requires a visit to a clinic or an ER, supervisors must also be notified.
   c. If an employee is tested for COVID-19, test results must be reported to their supervisor.
   d. If the test is inconclusive, employee must follow the CDC quarantine guidelines.
   e. If the test is positive, the employee must follow the CDC isolation guidelines.

3. If an employee becomes ill or is not feeling well while on a customer's jobsite:
   a. They must immediately notify a DJ Conley supervisor.
      i. The supervisor will gather the appropriate information in a quick manner.
         1. Is employee experiencing any of the following symptoms: fever, cough, shortness of breath, sore throat or diarrhea?
         2. Has employee had close contact with an individual diagnosed with COVID-19?
         3. Has employee traveled via public transportation (airplane, train, bus, etc.) (internationally or domestically) within the last 14 days?
   b. The Supervisor will immediately notify the Project Manager on the job site.
   c. Employee will be removed from the job site.
   d. Employee will be tested for COVID-19, with test results reported to DJ Conley supervisor.
   e. If test results are positive or inconclusive, the DJ Conley Supervisor will follow-up with customer and notify of a possible exposure to COVID-19 in the workplace while maintaining the employee confidentiality as required by the Americans with Disabilities Act (ADA).

4. Employees are encouraged to disinfect touch surfaces, door handles, keyboards, desk & cell phones, desk areas, refrigerators, coffee pots, microwaves, light switches, equipment, and tools with the use of isopropyl alcohol or a disinfectant containing at least 60% alcohol.

5. Employees are encouraged to practice good hygiene and respiratory etiquette by the thorough washing of hands several times a day and specifically after coughing, sneezing, nose blowing, using the restroom, before eating or prepping food, after contact with animals or pets, and before entering / after leaving a job site.

6. Employees entering a customer’s job site will complete one of the following:
   b. The customer required form for entry
   c. The DJ Conley “Fit to Work” form attached to the back of this Response Plan.
7. DJ Conley employees are considered in the “Lower Exposure Risk” by OSHA standards and will, at all times, follow the recommended practices of our customer when provided while on their worksite, including owner-controlled checkpoints. In tandem with or in addition to, we have instituted our own best practices including physical (or social) distancing, the use of PPE, communications and job site reviews, personal and job site hygiene and the completion of a form prior to entering a customer’s jobsite.

8. Employees are discouraged from borrowing tools and PPE from others.
COVID-19 - EMPLOYEE RETURN TO WORK FORM

Purpose: This form verifies employee information relative to travel outside Michigan which is the current precautions taken as Best Business Practice as of 5-7-2020 and offers the employee and employer opportunity verify known health status internally or if requested by a customer.

Basic Terms: Fill out after a full 48 hours after return to your home from stated travel.

EMPLOYEE NAME______________________________

RETURN FROM TRAVEL DATE __________________________

Have you or someone you’ve been in close contact with traveled to China, South Korea, Italy or any CDC Warning Level 3 country with restricted entry into the U.S. in the past 14 days?

☐ YES ☐ NO

Have you experienced any cold or flu-like symptoms in the past 14 days, including fever, cough, sore throat, congestion, respiratory illness, and/or difficulty breathing?

☐ YES ☐ NO

Have you had any close contact with, or cared for someone diagnosed with COVID-19 in the last 14 days?

☐ YES ☐ NO

Temperature reading __________________________

Signature __________________________________ Date __________________

Notes/Comments (if any) ____________________________

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