



Jody Miller Construction Inc.

Pandemic Protocol

1.0 Purpose

The following is a guide to monitoring and addressing a pandemic event or respiratory outbreak at one of our job sites and or offices. While the events of the current COVID-19 outbreak are fluid and consistently changing, we want to provide proactive steps to address several concerns an outbreak may cause. First and foremost, we want to maintain a safe and healthful workplace and encourage and/or adopt practices protecting the health of employees, customers, visitors and others. We also want to ensure the continuity of business operations in the event of a severe outbreak where it is reasonable to do so. The following outlines the steps and procedures we are proposing in the event a staff member, worker, or visitor shows symptoms or tests positive for COVID-19.

2.0 Scope

The policies described within this protocol are to provide clarity and actionable tasks to address the concerns outlined in section 1.0. As always, our efforts will be guided by and in accordance with all applicable federal, state, and local laws. We will continue to monitor information and provide advice on this important issue via emails and modify or supplement these policies as required.

Questions regarding this protocol should be directed to the following:
Fiona Hutchinson fiona@jodymillerconstruction.com

3.0 Responsibility

3.1 Management

Jody Miller Construction Inc. will ensure that adequate pre-planning is conducted to address infection control for all project site and office locations. Owners, clients, and subcontract partners will be notified by Jody Miller Construction Inc., in the event of a potential and/or actual exposure.

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3.2 Supervision

Superintendents shall ensure that their personnel are adequately trained on identifying signs and symptoms, and response protocols as addressed within this policy. Superintendents must ensure that contaminated areas are properly sanitized in accordance with Center for Disease Control (CDC) and local ordinances such as the applicable State Department of Public Health and Services. Superintendents shall maintain a log of all visitors, workers, and personnel that have been in contact with staff or project functions. This log shall be maintained on a daily basis.

3.3 Workers

Employees are required to sign in on a daily basis to project sites, offices, and locations shared with other staff members. Employees who have symptoms of acute respiratory illness as defined in section 4 are required to stay home and not come to work. Employees are required to notify management to discuss next steps. If the employee has been to a Level 3 country within the last 14 days, they are required to stay home per CDC requirements <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html> and self-quarantine. If the employee has been informed that they have come in contact with someone who has tested positive for a respiratory illness, they should stay home and contact their supervisor following section 5.1

4.0 Definitions

We believe it is important for all staff and clients to have a common understanding of terms and definitions. Our communication in the terms of an outbreak are based on the following definitions from the CDC (Centers for Disease Control and Prevention).

Symptoms compatible with COVID-19 infection - for the purpose of these recommendations, include subjective or measured fever (temperature above 100.4° F or 37.8° C), cough, or difficulty breathing.

Self-observation - people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone

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from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring - people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision - for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

Self-monitoring with public health supervision - public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. CDC recommends that health departments establish initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing, and as resources allow, check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and

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territorial health departments with jurisdiction for the travelers' final destinations.

Active monitoring - that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Close contact - defined as in CDC's [Interim Guidance for Healthcare Professionals](#).

EMS – Emergency Medical Services

HCF – Health Care Facility

PUI – Person under Investigation for COVID-19

Public health orders - legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of [quarantinable communicable diseases](#) for which federal public health orders are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

Isolation - the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of

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the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

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

Conditional release - a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Controlled travel - exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or [federal public health travel restrictions](#) to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

Congregate settings - public places where close contact with others may occur. Congregate settings include settings such as shopping centers, movie theaters, stadiums, [workplaces](#), and schools and other classroom settings.

Social distancing - remaining out of congregate settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is recommended, presence in congregate settings or use of local public transportation should only occur with approval of local or state health authorities.

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5.0 Prevention and Testing

5.1 Preventing the Spread of the Respiratory Illnesses COVID-19 in the Workplace

We ask all Jody Miller Construction Inc. employees and those visiting our sites and offices to cooperate in taking steps to reduce the transmission of both seasonal and novel H1N1 influenza or COVID-19 in the workplace. By all reports, the best strategy for reducing the transmission of respiratory illnesses remains the most obvious-frequent hand washing with warm, soapy water, covering mouths with tissues whenever you sneeze, discarding tissues when sneezing and refraining from touching your face. We also will provide alcohol-based hand sanitizers throughout the workplace and in common areas. Disinfecting of workstations, lunchrooms, hardware will be required during periods of outbreak and periodically throughout the year. Immunizations will be encouraged when available. We will also be practicing social distancing.

5.2 Recommended Resources for Positive COVID-19 Exposure

- Employees who are well but who have a sick family member at home with a confirmed positive COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure. Jody Miller Construction Inc. will do an assessment in consultation with regional health professionals while also following CDC guidelines.
- If an employee is confirmed to have COVID-19, Jody Miller construction Inc. 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.

6.0 Site Exposure Guidelines

6.0 In the event of an exposure either through a positive test of an employee, trade partner, owner, or visitor the following steps shall take place:

1. Jody Miller Construction Inc's crisis management plan shall be utilized to contact the appropriate parties both within Jody Miller Construction Inc. but also with the project stakeholders

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(Owners/ Subcontractors/Vendors/Staff). Jody Miller Construction Inc. will notify local public health agencies as required.

2. Each exposure will be addressed individually by Jody Miller Construction Inc's management team. Management will collect the site visitation log to be provided. This log will be utilized to help inform health services of any potential interactions that may have resulted in a potential exposure.

3. A risk assessment will be conducted to evaluate exposure and severity.

4. For a medium risk or low risk event, as defined in section 8, then the above communication steps should be followed. Sanitization of the site and or elements of the site shall be determined in consultation with local health services and Management. This determination may or may not require the shutdown of the location in question in order to perform those services, however staff will be notified of the event through the crisis management plan.

5. For a high-level exposure risk as defined in section 8, we will shut down the project for a period of 48 hours. During this time, we will have the project disinfected by a qualified environmental cleaning service, then reopened. During this time, we will engage local health services and ask for assistance in additional recommendations and communication protocols. When we can re-open the location, we will require personnel associated with the site to monitor their temperature daily if directed by local health authorities. Communication of these steps will be through the HR department and Safety teams.

6. In all circumstances we will follow the guidance of federal, state and local authorities.

7.0 Staying at Home and Reporting

7.0 Staying Home when ill

Many times, even with best of intentions, employees will report to work even when they are feeling ill. We provide employees with PTO, Sick leave and other benefits to compensate employees who are

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unable to work due to illness. Employees will work with management to utilize these benefits. During flu /COVID-19 season and/or an influenza / COVID-19 pandemic, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting.

Currently the Centers for Disease Control and Prevention recommends that people with influenza / COVID-19 like illness remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Employees who report to work ill will be sent home in accordance with these health guidelines. Large groups and meetings should consider other options during periods of outbreaks such as on-line meetings.

7.1 Reporting to Work When Not ill

A severe influenza pandemic could result in a significant level of absenteeism. Some employees may be unable to work if they become ill due to the virus while others may need to remain home to care for ill family members or simply to provide care for children during school closings. During this time, unless otherwise notified, our normal attendance and leave policies will remain in place. Individuals who believe they may face challenges reporting to work during a severe influenza / COVID-19 pandemic should take steps now to develop any necessary contingency plans. For example, employees might want to arrange for alternative sources of childcare should schools close and/or speak with supervisors about the potential to work from home temporarily or on an alternative schedule.

7.2 Requests for Medical Information and/or Documentation

During COVID-19 pandemic, individuals who contract seasonal flu or H1N1 / COVID-19 may never be diagnosed or confirmed as having the viruses. Nevertheless, depending on the circumstances, if you are out sick or show symptoms of being ill, it may become necessary to

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request information from you and/or your healthcare provider. In general, we would want to request information of your illness and how it relates to H1N1 / COVID-19 infection, and that it is appropriate for you to return to work. We ask for a medical release to return to work if you are experiencing H1N1 / COVID-19 symptoms. As always, we expect and appreciate your cooperation when medical information is sought.

7.3 Confidentiality of Medical Information

Our policy at Jody Miller Construction Inc. is to treat any medical information from a disability related inquiry or medical examination, as well as any medical information voluntarily disclosed by an employee, such as contracting H1N1 / COVID-19, as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with superintendents, managers, and government officials as required by law.

8.0 Exposure Categories

8.1 Exposure Risk Categories for COVID-19

These categories should be considered interim and subject to change:

The CDC has established the following exposure risk categories to help guide optimal public health management of people following potential SARS-CoV-2 exposure. These categories may not cover all potential exposure scenarios and should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management. Any public health decisions that place restrictions on a person's or group's movements or impose specific monitoring requirements should be based on an assessment of risk for the person or group.

These risk levels apply to travel-associated and community settings. CDC has provided separate guidance for healthcare settings. All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event.

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High Risk

- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions for home care and home isolation
 - The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
- Recent travel from a Level 3 country

Medium Risk

- Close contact with a person with symptomatic laboratory-confirmed COVID-19 infection, and not having any exposures that meet a high-risk definition.
 - The same risk assessment applies for close contact with a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
 - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction.
- Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation
- Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition

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Low Risk

- Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period but not meeting the definition of close contact
- On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) (AND not having any exposures that meet a medium or a high-risk definition).

No Identifiable Risk

- Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

6.0 References

[CDC Risk Assessment Page](#)

[Interim Guidance for Businesses](#)

[COVID-19 United States Statistics \(Updated daily\)](#)

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