Pandemic/Influenza Guideline

RECORD OF REVISIONS AND VERSION

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Version</th>
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<tbody>
<tr>
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<tr>
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<tbody>
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</tr>
</tbody>
</table>
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2.0</td>
<td>REFERENCES</td>
<td>3</td>
</tr>
<tr>
<td>3.0</td>
<td>DEFINITIONS</td>
<td>3</td>
</tr>
<tr>
<td>4.0</td>
<td>RESPONSIBILITIES</td>
<td>4</td>
</tr>
<tr>
<td>4.1</td>
<td>IPSC Corporate</td>
<td>4</td>
</tr>
<tr>
<td>4.2</td>
<td>Facility Plant Managers</td>
<td>4</td>
</tr>
<tr>
<td>4.3</td>
<td>Facility Ownership</td>
<td>4</td>
</tr>
<tr>
<td>4.4</td>
<td>IPSC Ops Directors</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>IPSC Safety Director</td>
<td>4</td>
</tr>
<tr>
<td>5.0</td>
<td>INSTRUCTIONS</td>
<td>5</td>
</tr>
<tr>
<td>5.1</td>
<td>Phase I: Pandemic Alert</td>
<td>5</td>
</tr>
<tr>
<td>5.2</td>
<td>Phase II: Pre-Pandemic</td>
<td>5</td>
</tr>
<tr>
<td>5.3</td>
<td>Phase III - Pandemic Outbreak</td>
<td>6</td>
</tr>
<tr>
<td>5.4</td>
<td>Phase IV - Maximum Disruption</td>
<td>7</td>
</tr>
<tr>
<td>5.5</td>
<td>Phase V - Prolonged Recovery</td>
<td>7</td>
</tr>
<tr>
<td>6.0</td>
<td>ASSOCIATED AND CORRESPONDING FORMS</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>ATTACHMENT 1 - Pandemic Screening Stations</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>ATTACHMENT 2 - Social Distancing Guidelines</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>ATTACHMENT 3 - Area Cleaning Guidelines</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>ATTACHMENT 4 - Respiratory Hygiene Guidelines</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>ATTACHMENT 5 - Family Support Plan</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>ATTACHMENT 6 - Cleaning and Disinfecting Guidelines</td>
<td>12</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

This document outlines IHI Power Services Corporation (IPSC) general guideline for the fleet and Facility/Plant/General Managers to use as a foundation for guiding their planning to prepare their facility for the potential effects of any declared pandemic and also establishes the protocol for cleaning and disinfecting areas that have been subjected to an exposure of the Coronavirus.

Information contained in this outline was drawn from the World Health Organization (WHO) and the Center for Disease Control (CDC). This document addresses the continued safe operation of IHI Power Services Corporation fleet and does not address other potential business area issues expected to confront IPSC as a company.

Corporate support will be provided to the IPSC fleet is referenced in areas such as HR policy, global pandemic monitoring, business continuity planning, communications, information technology and medical support.

2.0 REFERENCES

Centers for Disease Control and Prevention (CDC) - Business Pandemic / Influenza Planning Checklist

Occupational Safety and Health (OSHA) - Guidance on Preparing Workplaces for an Influenza/Pandemic OSHA 3327-02N (2007)

Occupational Safety and Health (OSHA) – COVID-19 Control and Prevention (2020)

World Health Organization (WHO) - Pandemic Influenza Risk Management (2017)

3.0 DEFINITIONS

A. Cleaning: the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs but by removing the germs, it decreases their number and therefore any risk of spreading the infection.


C. Commodities – Defined as main fuel source, back-up supply, chemicals and other bulk commodities used to produce power.

D. Consumables - Goods used by individuals and businesses that must be replaced on a regular basis. Examples include emergency food supplies, coffee, stationary products, cleaning supplies, etc.

E. Disinfecting - The killing of germs on surfaces using chemicals. Disinfecting does not necessarily clean dirty surfaces or remove germs, but killing the germs remaining on a surface after cleaning further reduces the risk of spreading the infection.

F. Phase I - Pandemic Alert

Federal and state governments are notified that a pandemic is possible. Planning should be conducted to deal with potential outbreaks.

G. Phase II - Pre-Pandemic
Localized outbreaks of the disease are occurring with human-to-human transmission. This is expected to occur in third world countries. At this point, resources associated with pandemic response should be specifically identified and contingency plans reviewed. Information distribution to the public and to employees should occur during this phase.

H. Phase III - Pandemic Outbreak

General outbreaks of the disease across national borders will signal the failure of initial containment efforts. Execution of contingency plans and response plans should occur in this phase.

I. Phase IV - Maximum Disruption

Pandemic affects local area and employees. High absentee rates (up to 40%) and associated fatalities would begin to affect the workforce and product delivery. This phase could last for several months. There may be multiple waves of the pandemic, with each wave lasting six to eight weeks.

J. Phase V - Prolonged Recovery

Altered business conditions will prevail. Loads will be unpredictable. The economy will be weakened. Basic services such as supply chain, law enforcement and other government agencies may be limited. This phase could last up to six months following containment of the pandemic.

K. SARS-CoV-2: Severe Acute Respiratory Syndrome (SARS) is a viral respiratory illness caused by a strand of coronavirus that causes the disease COVID-19

4.0 RESPONSIBILITIES

4.1 IPSC Corporate

4.1.1 Corporate support will be provided to the IPSC fleet is referenced in areas such as HR policy, global pandemic monitoring, business continuity planning, communications, information technology, travel policy, and medical support.

4.2 Facility Plant Managers

4.1.2 It is the responsibility of the Plant Manager to ensure that the plant is prepared in the event of a pandemic and will oversee all daily operations of the plant from production to ensuring policies and procedures are followed.

4.3 Facility Ownership

4.1.3 Will partner with IPSC Corporate and Facility leadership to develop capacities for mitigating the effects of a pandemic, including robust contingency and business continuity plans and provide resources as needed.

4.4 IPSC Ops Directors

4.1.4 Will work directly with Facility Plant Managers in creating and overseeing facilities preparation for pandemic. Will communicate with IPSC Corporate, Facility Ownership, and IPSC Safety Director on status and resources needed.

4.5 IPSC Safety Director
4.1.5 Will provide guidance and updates to all parties with the latest information provided by Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and local EMS providers.

5.0 INSTRUCTIONS

5.1 Phase I: Pandemic Alert

5.1.1 Human cases of influenza/illness have been identified. Not easily spread by human-to-human transmission.

5.1.2 IPSC develops pandemic strategy and response plans.

5.1.3 IPSC distributes communications re: personal pandemic preparedness with employees.

5.1.4 IPSC promotes safe hygiene practices.

5.1.5 IPSC Corporate will provide facility management with the most up-to-date information available.

5.1.6 Plant Management to work with Ownership to determine target inventory levels for commodity required at start of pandemic to support estimated plant needs during pandemic.

5.1.7 Develop a plan to reach consumables inventory levels.

5.1.8 Identify key operating positions and minimum staffing levels required to continue operations.

5.1.9 Determine the available personnel who possess the necessary training and experience to fill key positions.

5.2 Phase II: Pre-Pandemic

5.2.1 Government begins an information distribution program to promote appropriate actions/behaviors for citizens and employees.

5.2.2 Verify all Crisis Management Protocols are tested, updated, and reviewed with staff. Verify emergency communication systems (911, Satellite phones, etc.) are functioning and all local emergency response numbers are current.

5.2.3 IPSC IT prepares remote access and conference call capabilities.

5.2.4 Implement consumables inventory strategies developed in Phase I. Buy and stockpile required supplies early and have contracts in place for support.

5.2.5 Continue to train personnel to assume key positions.

5.2.6 Evaluate all planned outages, accelerate completion of ongoing outages. Identify individuals to staff positions required.

5.2.7 Establish process for dealing with incubated employees.
5.2.8 IPSC promotes safe hygiene practices. Sick employees must stay home. Distribute informational fliers to employees' families giving guidance regarding precautions to take included cleaning procedures, disinfection and stockpiling of supplies.

5.2.9 IPSC supervisors discuss contingency strategies with their employees in the event the outbreaks escalate. Specific personnel are assigned to maintain critical operations.

5.2.10 Increase housekeeping/custodial services. Clean more frequently. Instruct custodial staff to use an all-purpose disinfectant to clean all doors, door handles, hand rails, coffee stations, elevator buttons, common area tables and chairs, restrooms, etc. For operations with shift work, clean and ventilate workspace between shifts.

5.2.11 Employees will be responsible for cleaning their own workstations, including desk surface, keyboard, mouse, and phone.

5.2.12 If an employee travels (non-business) to a pandemic active region, upon completion of the travel, they will be required to maintain a 14-day quarantine without pay.

5.2.13 Travel restrictions will start to be implemented based off available information.

5.3 Phase III: Pandemic Outbreak

5.3.1 IPSC announces pandemic policies, including social-distancing and work-from-home strategies, screening station procedures, and travel restrictions.

5.3.2 Implement a process for screening personnel entering facilities. – Guidance has been provided below and each facility should work with their local Occupational Clinic or Hospital for further information.

5.3.3 Post notices at facility entry points, advising employees not to enter if they have flu/ influenza symptoms.

5.3.4 Each facility shall establish personnel accountability for their personnel.

5.3.5 Increase "social distancing" by limiting face-to-face meetings, closing cafeterias, canceling training, and eliminating all non-essential employee travel. Make maximum use of e-mail, telephone, teleconference and Live Meeting capabilities.

5.3.6 Sick employees stay at home until medically approved to return to work.

5.3.7 Employees will need access to food and water rations, waste facilities, and protective gear.

5.3.8 If necessary, review facility site security plan.

5.3.9 Remove items, such as magazines, papers, non-disposable cups, dishes, and silverware, from common areas (cafeterias, lobbies).

5.3.10 In the event an employee becomes ill at work, thoroughly disinfect the workspace.
5.3.11 Critical operations will be maintained with reduced staff in the field, and from home. Modified HR policies will be developed and implemented. Generating plants will be staffed by four rotating shifts. Maintenance and support personnel will be assigned to these operating shifts as necessary. Minimum staffing of operations will be maintained while the balance of personnel will remain at home on "Stand-by." Those required to report to work and those on stand-by will be rotated.

5.4 Phase IV: Maximum Disruption

5.4.1 IPSC instructs the majority of its employees to stay home, except for those employees sustaining the most critical operations.

5.4.2 For quarantined or potentially-affected facilities, produce a roster of employees, from the employee roster, who accessed the site on the date of concern.

5.4.3 To maintain critical operations, the IPSC may need to request assistance from employees in other facilities. Assess the need for complete separation of staff and shared personnel.

5.4.4 Maintain security for critical facilities and operational areas.

5.5 Phase V: Prolonged Recovery

5.5.1 Setup a process to facilitate the return of employees to work, following an illness, quarantine, or a general closure of business.

5.5.2 Restore security access for those employees restricted from entering company facilities during the pandemic outbreak. Assess gaps in coverage, and direct security guard forces to restore normal operating procedures.

5.5.3 Conduct major cleaning of office environment, including HVAC system, workstation surfaces, PC keyboards and mice, phones, restrooms, doors, cafeterias, and meeting rooms. Shampoo carpet. Use citrus-scented cleaning supplies to reduce employee concerns regarding the scent of chemicals.

5.5.4 Hire third party vendors to conduct a thorough cleaning of restrooms, using high pressure, steam sanitizing techniques.

5.5.5 Replenish hand-sanitizer dispenser supplies. Keep dispensers in place.
Attachment 1 - Pandemic Screening Stations

Purpose

During a pandemic outbreak, to minimize the potential transmission of infectious disease in the workplace amongst essential personnel that must report to a company facility, screening stations and procedures will be implemented at the main entry points.

Mobilization

The implementation of screening stations and procedures is a Phase III strategy when human-to-human transmission of pandemic flu is reported across international borders and within the United States. The decision to implement this strategy will be made between IPSC management and Facility ownership. The Plant Manager will direct the setup and management of the screening stations at company facilities using guidance from the CDC, OSHA, and local occupational clinic or hospital.

Locations

The IPSC Management and Facility Ownership will determine which company locations must remain open during a pandemic. Screening stations will be established at the main entry point of each company facility. Security will restrict access to a single-entry point, while maintaining emergency egress routes.

Staffing

While assigning screening station staff with extensive medical training and experience may be impossible, due to the minimal resources available, the following roles should be staffed at each screening station if staff is available to provide. Recommendation below is for a facility with larger staffs. Facilities with smaller staffs will need to adjust staffing and screening station accordingly like Incident Command Response.

- Medical screener - To perform basic medical screening, and act as the lead coordinator for the screening station
- Medical clerk -To assist with screening surveys and the completion of necessary paperwork
- Security guard -To provide access control, and prohibit access for employees who fail the medical screening and/or survey
- Custodian -To assist with the stocking and replenishment of supplies, cleaning of surfaces, and safe removal of bio-hazard materials.

Supplies and Equipment

Each screening station should be equipped with the following supplies and equipment:

- (2) folding tables and (4) chairs
- (2) trashcans for disposal of bio-hazard materials
- Screening station "poster" with advisories for posting at entrance
- Large supply of survey questionnaire
- Basic supply of office supplies, including pens and notepads
- Personal protection for screening station staff
- Non-latex gloves
• N95 masks (If required employees must be fit tested for this mask)
• Hand-sanitizer
• Supply of no-touch thermometers
• Supply of custodial supplies, including trash bags, disinfectant spray, disposable wipes, etc.
• Supply of surgical masks for suspected pandemic illness victims
• Supply of medical recommendations for suspected pandemic illness victims

Screening Station Process

To check symptoms, the medical screener should first check the employee for a fever.

• Show the thermometer reading to the employee and medical screener
• Working with the medical screener, the medical clerk should then complete the appropriate forms. Based on the employee's temperature, the medical screener should continue with the screening process, and if symptoms indicate, ask the employee to leave.
ATTACHMENT 2 - Social Distancing Guidelines

To reduce the transmittal of the virus from person to person, the following guideline should be utilized:

- Minimize staffing levels. If one person can man plants during 12-hour shifts, no social meetings will occur. (See staffing guides.) Shift turnover communications should be done via electronic means with no face-to-face meeting during turnover. Should more than one person be required to operate site, the following guidelines apply:
- No face-to-face meetings shall take place (people within 6 feet)
- Conference calls should be used as much as possible
- Any personal interaction that has personnel within 6 feet of each other, then masks and gloves shall be utilized
- Maintenance teams shall consist of 2-person teams. These teams shall not be interchangeable. Once paired up, this team shall work together for the duration of the extended shift. Jobs shall be completed by one technician where safe and possible.
- Workers shall set up individual work stations and shall restrict their movement to this area.
- Workers shall be responsible maintaining their worker area a "virus free" area by frequent cleaning of their area.
- All classroom training will be cancelled. Live Meeting and Web conferencing solutions should be utilized
- All cafeterias will be closed
- Employees sharing equipment (computers, phones, etc.) with co-workers will use anti-bacterial wipes or spray to clean equipment after each use
- Those business areas with critical operations should rely extensively on telephone, email, and telephone/web conferencing capabilities
- Remote access to the IT network should be reserved for critical operations/emergent circumstances only
- No HANDSHAKES

Employees are reminded that individual responsibility is necessary. As during any flu season, remember to:

- Stay home when you're sick or have flu symptoms. Check with your health care provider, as appropriate.
- Avoid close contact with people who are sick.
- Wash your hands often with soap and water or an alcohol-based sanitizer.
- Avoid touching your eyes, nose or mouth.
- Get plenty of rest, eat nutritious foods and drink lots of water.


ATTACHMENT 3 - Area Cleaning Guidelines

To reduce the transmittal of the virus from person to person, the following guideline should be utilized:

- Consider all areas as "virus contaminated" until cleaned by yourself
- Common Phones shall be cleaned after each use
- Consider the frequent use of gloves as an additional barrier whenever working
- Consider the lock down of certain areas of the plant to reduce the areas which must be maintained clean
- At the beginning and end of each extended shift, it is the expectation that you will clean your area of responsibility.
- Utilize the use of computer keyboard and phone covers to facilitate cleaning
- Restroom and shower facilities will be cleaned after each use
ATTACHMENT 4 - Respiratory Hygiene Guidelines

Please refer to your facilities Respiratory Protection Plan or IPSC PRO-SAP-504 Respiratory Protection for guidance.

ATTACHMENT 5 - Family Support Plan

Plant Management should ensure adequate planning considerations are put into place to allow the employee to take care of his/her family during the Pandemic.

<table>
<thead>
<tr>
<th>Description</th>
<th>Phase 1 Alert</th>
<th>Phase 2 Pre-Pandemic</th>
<th>Phase 3 Outbreak</th>
<th>Phase 4 Maximum Disruption</th>
<th>Phase 5 Prolonged Recovery</th>
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<td><strong>Human to human outbreaks outside of USA.</strong> Check Resources</td>
<td>General outbreaks across national borders. Execute contingency plans.</td>
<td>General local outbreaks Absentee rates up to 40% last six to eight weeks</td>
<td>Weak Economy Basic Services limited Could last six months</td>
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<td>Employee health</td>
<td>Be sure emergency contact information is on file for all employees</td>
<td>Review criteria for staying away from job site due to employee being sick available sick benefits</td>
<td>Enforce criteria for staying away from job site and assist employees with benefits</td>
<td>Enforce criteria for staying away from job site and assist employees with benefits</td>
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<td>Be sure family status information is up to date for all employees</td>
<td>Review criteria for staying away from job site due to family member being sick and available sick benefits</td>
<td>Enforce criteria for staying away from job site and assist employees with family benefits</td>
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ATTACHMENT 6 – Cleaning and Disinfecting Guidelines

1.0 INSTRUCTION

Persons Presumed/Confirmed to have COVID-19 have been in the facility:

Initial Actions:
- Restrict access to areas used by the ill persons.
- Wait as long as practical, 24 hours if possible, before beginning cleaning and disinfection to minimize the potential for exposure to respiratory droplets.
- Increase air circulation in the area if possible. Open outside doors and windows if able to do so without risking exposure to contaminated area.
- All areas affected by the ill persons should be cleaned and disinfected focusing especially on frequently touched surfaces.

Cleaning and Disinfecting Surfaces:
- For hard surfaces, wash dirty areas using a detergent or soap and water prior to disinfecting.
- Effective household disinfectants can include:
  - Diluted household bleach solutions of 1/3rd cup per gallon
  - Alcohol solutions with at least 70% alcohol
  - Most common EPA-registered household disinfectants. For a list of chemicals go to [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- For soft (porous) surfaces such as carpeted floor or rugs, remove any visible contamination if present and clean with appropriate cleaners for use on these surfaces. [https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf](https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf)

Cleaning Clothing or Other Laundry Items:
- Do not shake dirty laundry; this minimizes the possibility of dispersing the virus through the air.
- If possible, launder items using the warmest appropriate water setting for the items and dry completely. Dirty laundry that has been in contact with an ill person can be washed with other people’s items.
- Clean and disinfect hampers or carts for transporting laundry according to the guidance above for hard or soft surfaces.

For instances where bodily fluids are visibly present, consult your company’s blood borne pathogen procedure for further instructions.

2.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

It is important to use proper PPE while cleaning and disinfecting activities are performed.
• Cleaning staff should wear disposable gloves, suits/gowns and respirator/dust masks for all tasks in the cleaning process up to and including trash removal.
  o All PPE must be compatible with the disinfectant products being used. Consult the product’s SDS for more details.
• Goggles and/or face shield may be required based on the cleaning/disinfectant products being used and whether there is a splash hazard.
• Gloves should be removed after cleaning each room or area occupied by ill persons.
• PPE should be removed carefully to avoid contamination of the wearer and the surrounding area and be placed immediately into the trash.
• It is important to wash hands thoroughly after removing gloves. For instructions on proper hand washing techniques go to: https://www.cdc.gov/handwashing/when-how-handwashing.html
• Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
• A Job Safety Analysis (JSA) should be completed prior to the cleaning process to ensure all hazards are identified and all appropriate PPE is available. The IPSC COVID-19 Cleaning and Disinfecting JSA has been created and is available for reference and use.

Personnel should clean their hands often, including immediately after removing gloves and after contact with an ill person.

• Wash hands with soap and water for 20 seconds.
• If soap and water are not available and hands are not visibly dirty, an alcohol based hand sanitizer that contains 60%-95% alcohol may be used.
• If hands are visibly dirty, always wash with soap and water.
• Follow normal preventive actions while at work and at home
  o Cleaning hands
  o Avoid touching eyes, nose or mouth with unwashed hands.
• Important times to clean hands include:
  o After blowing your nose, coughing or sneezing
  o After using the restroom
  o Before eating or preparing food
  o After contact with animals or pets
  o Before and after providing routine care for another person