**SECTION 01 35 33 – COVID-19 RISK MANAGEMENT**

1. – GENERAL
	1. SUMMARY
		1. This Section includes requirements for managing and minimizing the potential for transmission of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus, which causes the Novel Coronavirus Disease 2019 (COVID-19). COVID-19 typically causes respiratory illness in people.
		2. Transmission: SARS-CoV-2 is currently known to spread via respiratory droplets produced when a person infected with the virus coughs or sneezes, the same way flu and other respiratory illnesses spread. SARS-CoV-2 can also be transmitted if people touch surfaces and objects with the virus on it.
		3. Symptoms: COVID-19 can cause mild to severe respiratory illness with symptoms of fever, cough, and difficulty breathing. Preliminary information suggests older adults and people with underlying health conditions or compromised immune systems may be at higher risk of severe illness from this virus. Center for Disease Control (CDC) believes that symptoms of COVID-19 begin between 2 and 14 days after exposure.
		4. Best Practices to Prevent Infection: Currently the best way identified to prevent infection is to minimize the potential of exposure to SARS-CoV-2. CDC recommends everyday actions to help prevent the spread of any respiratory viruses
* Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer, containing at least 60% alcohol.
* Avoid touching your eyes, nose, and mouth with unwashed hands.
* Avoid close contact with people who are sick.
* Stay home when you are sick.
* Cover your cough or sneeze with a tissue, then throw the tissue in the trash can and wash hands or use hand sanitizer.
* Clean and disinfect frequently touched objects and surfaces.
* Wear face masks
* Safe social distancing (e.g., maintain a distance of 6 feet between people, limited group meetings)
	1. OBJECTIVE
		1. The objective of this specification is to minimize transmission and subsequent infections of COVID-19 in project staff that may arise as a result of exposure to SARS-CoV-2 released into the environment during construction and renovation activities. Controlling the dispersal of airborne infectious agents is critical to achieving this objective.
	2. PERFORMANCE REQUIREMENTS AND RESPONSIBILITIES
		1. The intent of this Section is to document and formalize the Contractor’s requirements for minimizing the risk of transmission of COVID-19 among site workers, project staff, and the surrounding community during construction per the latest recommendations of federal, state and local health agencies. This includes developing a COVID-19 Management Plan, establishing procedures for conducting onsite work activities to prevent virus transmission, monitoring staff health, and reporting requirements.
		2. The Contractor is expected to communicate the requirements described in this section to all site workers, subcontractors, and visitors to the site daily, during daily Health and Safety meetings as well as through site postings (see attachment).
		3. Contractors and their subcontractors are required at all times to guard the safety and health of all persons on and in the vicinity of the work site.
		4. Contractors and their subcontractors are required to comply with all applicable rules, regulations, codes, and bulletins of the New York State Department of Labor and the standards imposed under the Federal Occupational Safety and Health Act of 1970, as amended ("OSHA").
		5. Contractors and their subcontractors must comply with all City or State of New York safety requirements for projects within the City or State of New York constructed in accordance with the applicable building code.
		6. Contractors and their subcontractors shall stay current and immediately implement the most up-to-date government issued practices to protect the safety and health of your employees, clients, and the general public.
	3. RELATED SECTIONS
		1. Section <INSERT APPLICABLE REFERENCE>, Contractor’s Health and Safety Plan
	4. REFERENCES
		1. Occupational Safety and Health Administration (OSHA) Guidance on Preparing Workplaces for COVID-19
		2. New York State Department of Health
		3. Centers for Disease Control and Prevention (CDC)
		4. National Institute for Occupational Safety and Health (NIOSH)
		5. Health Insurance Portability and Accountability Act (HIPAA)
	5. SUBMITTALS
		1. The Contractor shall prepare a COVID-19 Management Plan which can be a Supplement, or Addendum, to the Contractor’ Health and Safety Plan
		2. The CONTRACTOR shall develop a one-page summary of site-specific practices for COVID-19 management and clearly display on site. Operating hours, delivery times, and extra considerations for works involving a high volume of personnel or potential for interaction with community members could also be included in the summary.
		3. The Contractor’s Daily Field Report shall include a Daily Health Checklist, with the following questions at a minimum:

DAILY HEALTH CHECKLIST

|  |  |  |
| --- | --- | --- |
| Is social distancing being practiced? | Yes [ ]  | No [ ]  |
| Is the tail gate safety meeting held outdoors? | Yes [ ]  | No [ ]  |
| Are remote/call-in job meetings being held in lieu of meeting in person where possible? | Yes [ ]  | No [ ]  |
| Were personal protective gloves, masks, and eye protection being used? | Yes [ ]  | No [ ]  |
| Are sanitizing wipes, wash stations or spray available? | Yes [ ]  | No [ ]  |
| Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)? | Yes [ ]  | No [ ]  |
| Comments:  |

* 1. COVID-19 MANAGEMENT PLAN
		1. At a minimum, the COVID-19 Management Plan shall include:
			1. Identification of potential exposure pathways and exposure risks associated with work tasks, e.g. activity hazard analysis (AHA).
			2. Identification of local health department contact information and COVID-19 testing sites and procedures.
			3. Detailed written description of the onsite personnel protection measures that will be utilized and a detailed explanation of how they will be implemented, monitored, and communicated.
			4. Detailed written description of measures that will be taken to prevent transmission to or from the surrounding community and how they will be implemented and communicated.
			5. Procedures to be followed in the event a site worker is diagnosed with or is suspected of having COVID-19, including identification of all personnel potentially exposed and isolation requirements.
			6. Daily cleaning schedules and disinfection procedures per the most recent CDC guidelines.
			7. Cleaning and disinfection procedures in the event there is/are suspected COVID-19 case(s) among site personnel.
			8. Site access controls and entry/exit procedures.
			9. Plan view of points of egress and delivery locations.
		2. The COVID-19 Management Plan must be updated following any issued change(s) in federal, state, or local health agency guidance.
	2. PRECONSTRUCTION CONFERENCE
		1. Pre-Construction Conference shall include a review of methods and procedures related to COVID-19 risk management including, but not limited to the following:
1. Review of COVID-19 Management Plan
2. Review infection control procedures
3. Review staff monitoring and reporting requirements.
4. - PRODUCTS - Not Used
5. - EXECUTION
	1. RISK IDENTIFICATION
		1. COVID-19 is a new disease; scientists and health agencies are continuously learning about how it spreads. The Contractor shall adjust site policies based on the most up to date government issued guidance regarding transmission.
		2. Contractor shall confirm staff that have worked in locations where quarantine orders are in place, have met the minimum quarantine guidance and do not have symptoms prior to mobilizing to site.
		3. Contractor shall monitor staff daily, including checking, and documenting, temperature with no contact infrared thermometer, to confirm onsite staff do not exhibit COVID-19 symptoms. Contractor shall provide daily reports of those tests upon NYSDEC’s request.
	2. RISK MINIMIZATION
		1. Engineering Controls
			1. Increasing ventilation rates of interior workspaces.
			2. Access controls, including fences and locking gates.
			3. Maintain 6 feet distances, using distance markers where appropriate in the field.
		2. Administrative Controls
			1. Continuous and effective communication of administrative controls/requirements to all site personnel and visitors, through the posting of site signage, preparation and distribution of site plans, presented during site meetings, and verbal warnings if necessary.
			2. Require that all employees exhibiting any COVID-19 symptom do not enter the site and provide sick leave policies to support this requirement.
			3. To minimize face-to-face interaction, the Site’s Health & Safety Officer’s (or other designated employee) phone number shall be prominently posted and disseminated to project staff to be called for the purpose of site sign in and sign out by all visitors to the site upon arrival and exit. The designated employee will receive entry and exit calls each day and will fill out the site entry/exit log for each site visitor to reduce traffic in site trailer and/or the number of individuals contacting the site access tracking log.
			4. Staffing: only those employees necessary to complete critical path task(s) shall be present on-site at any given time. Work shall be scheduled to minimize the density of personnel in any given area at any given time.
			5. Working Remotely; employees shall be encouraged to complete work remotely if possible.
			6. Face-to-face meetings shall be replaced with video or phone conferences when practicable.
			7. Social distancing shall be exercised for face-to-face meetings e.g. daily Health and Safety tailgate meeting. In addition, the Contractor shall plan to have multiple meetings (if necessary) to keep the number of participants to a threshold that allows for the practice of social distancing protocol. The Health and Safety officer will keep a record of all present for each meeting on the Health and Safety log.
			8. Quarantine staff that have been in contact with a anyone that tested positive and notify NYSDEC immediately.
		3. Safe Work Practices
			1. The Contractor shall employ social distancing protocol for all onsite activities when able.
			2. The Contractor provide PPE and adequate hand washing stations and hand sanitizer (containing a minimum of 60% alcohol) to allow site personnel and visitors to practice good personal hygiene.
			3. The Contractor shall provide tissues, paper towels, no-touch trash cans, and disinfectants to maintain site cleanliness.
			4. Sharing of tools and heavy equipment shall be limited to the extent practicable; handles of shared tools and equipment shall be sanitized regularly.
		4. Personal Protective Equipment
			1. Employees shall be provided disposable personal protective equipment (PPE), including gloves, goggles, face shields, face masks, and respiratory protection, as appropriate based on work environment and current recommendations by OSHA and CDC.
			2. All PPE must be selected based on hazard to the worker, properly fitted and periodically refitted, consistently and properly worn when required, regularly inspected, maintained, and replaced, as necessary, and properly removed, cleaned, and stored or disposed of, to avoid contamination of self, others, or the environment.
			3. PPE worn to prevent transmission of COVID-19 is not to be confused with PPE for protection against site contaminants.
			4. PPE must be worn, removed, and disposed of correctly in order to remain effective.
				1. Face masks should fit snugly but comfortable against the side of the face and over the nose and be secured with ties or ear loops; cloth masks must include multiple layers of fabric, allow for breathing without restriction, and be able to be laundered and machine dried without damage.
				2. Face masks should be worn consistently and removed without touching eyes, nose, and mouth. An individual should wash their hands after handling a used face mask.
				3. Cloth face coverings should be sterilized by machine washing between use; disposable face masks shall be disposed of properly after using.
				4. Gloves are only effective if changed and disposed of frequently, to avoid cross-contamination.
	3. NOTIFICATION OF POTENTIAL OR CONFIRMED INFECTION
		1. The Contractor shall notify the Department immediately upon identification of a suspected or confirmed infection of COVID-19. This notification shall comply with HIPAA regulations.
		2. The Contractor shall remove an individual suspected to have COVID-19 from the site immediately (to the individuals’ hotel or local place of residence if transport home is not immediately feasible), as well as those who have worked in close contact with that individual for extended periods of time (an hour at a time or more) over the previous week. The individual with suspected infection shall contact their health care provider and/or follow local health department testing procedures and protocol.
		3. While in the process of removing an employee exhibiting symptoms, steps should be taken to isolate the individual, place a surgical mask on the individual and inform the local health department and the NYSDEC.
		4. In the event the individual with suspected infection cannot get home right away, they shall isolate in their hotel room (notifying hotel management of their symptoms), contact their health care provider, and/or follow local health department testing procedures and protocol.
		5. In the absence of local health department information, the individual may call the New York State Hotline at 1-888-364-3065.
		6. The Contractor shall maintain communication with potentially infected individual(s) and notify the Engineer upon receipt of COVID-19 test results.
		7. Positively infected individuals may return to work at the site after 72 hours of being symptom-free and 7 days of isolation after the first symptoms appeared, or in accordance with the current federal, state, and local guidelines
		8. OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log. COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all the following are met:
6. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19).
7. The case is work-related, as defined by 29 CFR 1904.5; and
8. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work).

**END OF SECTION**

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