



*One Team. One Culture.*

**Management Directive**

# **PRC-MD-SH-54500**

## **COVID-19 Notification Response**

Revision 0, Change 2

Published: 04/14/2020

Effective: 04/14/2020

Program: Occupational Safety and Industrial Hygiene

Topic: Occupational Safety and Industrial Health

Technical Authority: Knutson, Garrett

Alternate Technical Authority: Hibbs, Kathy

Functional Manager: Wooley, Kelly

# **Use Type: Administrative**



- 100 K Facility :  
**Categorical Exclusion:** GCX-8 (Not in Safety Basis Compliance Matrices)  
**Screener:** Oberg, Brian
- 324 Facility :  
**Categorical Exclusion:** GCX-7 (Minor Change)  
**Screener:** Enghusen, Mark
- Canister Storage Building/Interim Storage Area :  
**Categorical Exclusion:** GCX-8 (Not in Safety Basis Compliance Matrices)  
**Screener:** Garrett, Robert
- Central Plateau Surveillance and Maintenance :  
**Categorical Exclusion:** GCX-7 (Minor Change)  
**Screener:** Waller, Mitchell
- Plutonium Finishing Plant :  
**Categorical Exclusion:** GCX-8 (Not in Safety Basis Compliance Matrices)  
**Screener:** King, Jeffry
- Solid Waste Operations Complex :  
**Screening Determination Performed: (Screening/Determination Performed (no issues))**  
GCX-8 (SWOC-20-105)  
**Screener:** Geary, Daniel
- Transportation :  
Excluded from USQ  
**Exclusion Reason:**  
N/A per Section 1.3.
- Waste Encapsulation Storage Facility :  
**Categorical Exclusion:** GCX-8 (Not in Safety Basis Compliance Matrices)  
**Screener:** Garrett, Robert

**JHA:** Administrative

**Periodic Review Due Date:**07/09/2020

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## Change Summary

### Description of Change

Incorporated feedback from the EOC which includes providing the EOC with follow-up COVID-19 test results and an update to Appendix A - COVID-19 Information Checklist.

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### 1.0 INTRODUCTION

#### 1.1 Purpose

The purpose of this management directive is to provide specific direction on actions to be taken in the event a CH2M HILL Plateau Remediation Company (CHPRC) or subcontractor employee provides notification that they have been directed by a medical provider to self-quarantine, have been tested for Novel Coronavirus (COVID-19), and are awaiting results or have received a positive test for COVID-19. In preparation for potential cases being identified within our workforce, these planned actions and responses were developed.

#### 1.2 Scope

This management directive covers the initial essential information that should be captured in the event an employee provides notification that they have been directed by a medical provider to self-quarantine, have been tested for COVID-19, and are awaiting results or have received a positive test for COVID-19.

#### 1.3 Applicability

This management directive applies to all CHPRC and subcontractor personnel.

#### 1.4 Implementation

This management directive is effective upon publication.

### 2.0 DIRECTION

The COVID-19 Information Checklist (see Appendix A) has been developed to help supervisors/managers capture essential information in the event an employee provides notification of a direction to self-quarantine, has been tested for COVID-19, and is awaiting results or has received a positive test for COVID-19. This checklist is for information gathering purposes only and is not a record. Copies of the checklist (Appendix A) made available outside of this management directive (such as Site Form A-6007-853) may also be used to collect information.

This information is to be provided to the Emergency Operations Center (EOC) Shift Office, which will then initiate appropriate actions and additional notifications. In the event of notification, immediately obtain the requested information and take action per the checklist.

Report results of any additional positive or negative COVID-19 test results to the EOC Shift Office at 509-376-3030 or 509 376-2900, if subsequently notified by the employee.

### 3.0 DURATION

This management directive will remain in effect for 120 days.

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**4.0 FORMS**

*COVID-19 Information Checklist, A-6007-853*

**5.0 RECORD IDENTIFICATION**

None

**6.0 SOURCES**

**6.1 Requirements**

None

**6.2 References**

None

**6.3 Bases**

*MSC-MD-COM-62225, COVID-19 Notification Response*

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Effective Date: 04/14/20

Appendix A - COVID-19 Information Checklist

NOTE: When completed, CONTACT the Emergency Operations Center Shift Office at 509-376-3030 or 509-376-2900, then SEND a copy of the completed form to ^EOC Shift Office.

Official Use Only when filled in

\_\_\_\_\_/\_\_\_\_\_  
Date Time

Supervisor/Manager complete the following information when notified by an employee notification that:

The employee has been instructed to self-quarantine by their medical provider AND employee has received a test for COVID-19; OR an initial notification from an employee who has tested positive or presumptive positive for COVID-19.

- Supervisor/Manager Name: \_\_\_\_\_
Company: \_\_\_\_\_
Employee Name: \_\_\_\_\_
Job Classification: \_\_\_\_\_
Employee's primary work location: \_\_\_\_\_
Approximately how many employees reside in affected building? \_\_\_\_\_
Are there employees in the building who work backshifts? [ ] Yes [ ] No

Ask the employee to provide as much of the following information as possible:

- When did your symptoms begin? \_\_\_\_\_
- When was the last time you were at your primary or other work locations? \_\_\_\_\_ Date / Time
- When were you directed by a medical provider to self-quarantine? \_\_\_\_\_
- Where was your COVID-19 test conducted? \_\_\_\_\_
- What date and time was your test taken? \_\_\_\_\_
- What other work locations have you been to the last few days? \_\_\_\_\_
- Any large work group meetings, training sessions, or events the last few days? \_\_\_\_\_
- Additional information if available (close contacts, carpools, ride shares, lunch areas, etc.) \_\_\_\_\_

Official Use Only - When filled in