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## United Cleanup Oak Ridge LLC

OWNER: Safety, Systems, & Services	PPD-IH-5102	REVISION: 3
SUBJECT MATTER AREA: Industrial Hygiene	PREPARER: Walt Czeka	Page 1 of 18
PROCESS/PROGRAM DESCRIPTION	CONCURRENCE/DATE: A. J. Reed 6/20/22 [Approval Signature on File]	
TITLE: COMMUNICABLE AND INFECTIOUS DISEASE PREVENTION AND CONTROL PROGRAM	APPROVED BY/DATE: Angie McGill for Walt Czeka 6/16/22 [Approval Signature on File]	
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This document is approved for public release per review by:

David Lannom                      6/6/22  
UCOR Classification                  Date

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REVISION LOG			
Revision	Effective Date	Description of Changes	Pages Affected
3	6/23/22	Intent change. Revised COVID-19 specific questions to include symptoms among household members. Removed reference to POL-HR-313. Updated references in accordance with DIR-UCOR-600.	3, 5, 10, 12
2	5/2/22	Intent change. Revised elevated temperature (i.e., fever) from 100.0° F to at or above 100.4° F to align with Centers for Disease Control and Prevention (CDC) and added pointers, where applicable, to PROC-EH-2001, <i>Injury/Illness Reporting and Investigation</i> , and PROC-EH-2019, <i>Case Management</i> .	6, 9-10, 12, 16, 17
1	2/2/22	Intent change. Revised Fever temperature from 100.4° F to at or above 100.0° F to align with Standing Order “COVID-19 Enhanced Mission Ready Requirements.” Also revised reference to face coverings to align with direction from the DOE.	9, 13, 14, 16
0	2/2/22	Initial release. IF-2021-0309.	All

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**PURPOSE**

This program description (PD) defines the process by which United Cleanup Oak Ridge LLC (UCOR) establishes a Communicable and Infectious Disease Prevention and Control Program. This PD outlines a programmatic approach to protect workers when potential exposure to infectious disease may occur. The purpose of this PD is to:

- take proactive measures to manage the risks to workers from communicable and infectious diseases including those with the potential for an outbreak, epidemic, or pandemic;
- establish a framework that allows UCOR to comply with and complement recognized and generally accepted infection control practices including those outlined by local, state of Tennessee Executive Orders, Tennessee Department of Health (TDH), and federal (e.g., Occupational Safety and Health Administration [OSHA]) requirements, applicable U.S. Department of Energy (DOE) orders/directions; the U.S. Public Health Service; the Centers for Disease Control and Prevention (CDC); and other regulatory entities as determined by UCOR management; and
- identify requirements; strategies for implementation within UCOR including tailoring protective measures to the workforce; roles and responsibilities of participants; and critical program/process interfaces.

**SCOPE**

This PD applies to all UCOR operations, staff augmentation, UCOR subcontractor operations at all tiers, and UCOR vendors and visitors when working at a UCOR facility. Subcontractors/Vendors, at any tier, should contact the applicable Buyer/Subcontract Administrators/Subcontract Coordinators/Subcontract Technical Representatives for assistance in understanding and complying with this PD.

Oversight and overall technical direction are the responsibility of the UCOR Safety, Systems, & Services (SSS) organization in direct collaboration with the UCOR Site Occupational Medical Director (SOMD). Program implementation is primarily the responsibility of the individual project managers through the project teams; however, functional managers, as well as the UCOR SOMD and UCOR Health Services professional staff, provide consultative and technical support.

Communicable and infectious diseases which OSHA considers workplace transmissible by airborne droplets, aerosols, contact, or other routes will be managed in accordance with this PD and supporting procedures to minimize the risk of disease transmission in the workplace. Specific OSHA-included communicable diseases of concern that fall within the scope of this PD include brucellosis, SARS-CoV-2 (i.e., COVID-19), Hepatitis A, active tuberculosis, and the plague. The “common cold” and influenza are not included in OSHA’s specific listing and are excluded from the scope of this PD. Other diseases shall be considered where conditions warrant as determined by the UCOR SSS Manager.

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This PD does not address specific protocols for healthcare workers in a clinical setting; however, the UCOR Occupational Medical Program, under the responsibility of the UCOR SOMD, is required to implement specific infection control protocols. Refer to PPD-MD-8003, *Occupational Medical Program*, PROC-MD-8563, *Bloodborne Pathogen Exposure Control Plan*, and accompanying internal occupational medical program procedures and protocols established in accordance with Title 10 Code of Federal Regulations (CFR) Part 851, Appendix A, Paragraph 8.0, Occupational Medicine, as cited in 10 CFR 851.24, Functional areas.

## EXPECTATIONS AND STRATEGY

The fundamental principle of protecting workers underpins all planning, recommendations, and establishment of requirements. UCOR’s strategic approach to managing communicable and infectious disease is based on the framework and principles of the Integrated Safety Management System (ISMS) and Continuity of Operations Program (COOP), while leveraging the experiences and lessons learned from COVID-19 and the pandemic management response. The COOP is led and directed by the Continuity Emergency Response Group (CERG), and UCOR has established the Infectious Disease/Pandemic Response (IDPR) Task Force to execute pandemic controls that includes interface with local, state, and federal entities that may be necessary due to an infectious or communicable disease outbreak, epidemic, or pandemic.

The Program functions consist of the following:

**Planning** — Planning allows UCOR to identify and prioritize efforts to reduce risk from the pandemic and other potential communicable diseases that may arise that can affect worker well-being. Actions are also planned to address new risks that may arise from new communicable diseases.

**Leadership and Worker Participation** — UCOR collaborates with the client and workforce to demonstrate leadership and commitment to collective responsibility and safe working practices. This collaboration promotes a culture of transparency and support in relation to case management of potential and/or confirmed cases of a communicable and infectious disease.

**Roles and Responsibilities** — Management, supervision, and the workforce are responsible for maintaining a safe and healthy work environment. Although roles and responsibilities may be adjusted from time to time, work scope and objectives remain the same—improve overall safety and health awareness and prevent communicable and infectious disease transmission in the workplace.

**Performance Assurance** — UCOR performs monitoring and evaluation to determine if control sets are effective. UCOR takes into account feedback from workers, worker representatives, and relevant trade unions to determine if use of controls creates new risks that also need to be evaluated.

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**OTHER DOCUMENTS NEEDED**

- CDC. Centers for Disease Control and Prevention, Atlanta, GA. URL: [Workplaces and Businesses | COVID-19 | CDC](#)
- POL-UCOR-308, *Returning to Work Safely*
- POL-HR-301, *Conditions of Work*
- PPD-MD-8003, *Occupational Medical Program*
- PROC-EH-2001, *Injury/Illness Reporting and Investigation*
- PROC-EH-2019, *Case Management*
- PROC-EH-5616, *Safety and Health Surveillances*
- PROC-IH-5135, *Bloodborne Pathogens*
- PROC-MD-8001, *Management of Medical Wastes*
- PROC-PQ-1420, *Assessments*
- Form-900, Health Care Provider’s Information for Employee’s Return to Work

**PLANNING AND ACTIVATIONS**

**Tiered Approach to IDPR Task Force Activation**

UCOR determines if and when to activate the IDPR Task Force should conditions warrant. Activation can be triggered by any future communicable and/or infectious disease event as determined by UCOR management. As an example, UCOR may use action levels ranging from one through three, numerically increasing with the severity and geographic distribution of the communicable and/or infectious disease event, to determine response. Each higher level is built on implementing the actions in the previous lower level(s). The “trigger” for implementing each level is based on disease incidence (number of cases in the community surrounding UCOR facilities), rate of absenteeism at work, or DOE and/or management direction. In addition, the disease severity may be used to modulate the implementation of these activities.

**ROLES AND RESPONSIBILITIES**

**A. Safety, Systems, & Services Organization**

The responsibility to establish this PD within UCOR resides in the SSS organization in direct consultation with the UCOR SOMD.

UCOR SSS Manager

1. Serve as UCOR’s Executive champion for responding to and leading efforts to address an outbreak, epidemic, or pandemic.
2. Assemble and chair a cross-functional team and/or the IDPR Task Force to address communicable and infectious diseases of concern, as warranted.
3. Coordinate efforts with other site contractors, leadership team, stakeholders, and the client in regard to planning, prevention, mitigation, and control measures.

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**B. Occupational Medical Program (UCOR Health Services)**

UCOR SOMD

1. Monitor and communicate with the local TDH and other agencies, as appropriate, to remain up-to-date on any emerging diseases or trends.
2. Provide technical consultation support relating to communicable and infectious disease to the UCOR SSS Manager, UCOR Industrial Hygiene (IH) Manager, and others upon request.
3. Make qualified professional staff available to support case management responsibilities, quarantine/isolation measures, and fitness-for-duty determinations as requested by the UCOR SSS Manager.

**NOTE:** UCOR Health Services protects the confidentiality and privacy interests of all workers potentially and/or confirmed to have a communicable disease and will only disclose sensitive medical information necessary to ensure the safety and health of the workforce and will do so in a manner consistent with applicable laws.

UCOR SOMD/UCOR Health Services

4. Provide oversight and monitoring of any confirmed communicable and/or infectious disease cases experienced by the UCOR workforce.
5. Provide support for determination of action(s) to be taken to prevent infection of others onsite when a worker reports with symptoms or diagnosis for an applicable communicable and infectious disease identified in this PD per the requirements of PROC-EH-2019, *Case Management*.
6. Provide information to Case Management Team and UCOR Industrial Safety Manager when a communicable and/or infectious disease may have been contracted at work.
7. Document case details and fitness for duty determinations using the medical database and Duty Disposition Reports (DDRs).
8. Educate the workforce on communicable and infectious disease prevention and protection measures that can be tailored according to the contagion (e.g., personal hygiene, distancing, sanitation, and vaccination).
9. Coordinate and assist workers' safe return to work.
10. Serve as an authorized provider of vaccines, when available, and administer to the workforce.
11. Develop a triage plan for workers to be offered vaccines (potentially according to OSHA/CDC guidelines) in the event of vaccine shortages for a specific contagion.

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### C. Industrial Hygiene Program

**NOTE:** The UCOR IH Manager ensures this PD is updated with pertinent scientific information and applicable guidance (e.g., OSHA, CDC, etc.) related to infectious disease transmission in the workplace.

- |                     |  |
|---------------------|--|
| UCOR IH Manager     | <ol style="list-style-type: none"> <li>1. Identify workers who are required to work on tasks or in areas presenting increased risk of exposure to communicable and infectious diseases.</li> <li>2. Coordinate with the Industrial Safety Manager regarding maintenance of communicable and infectious disease performance metrics as applicable.</li> <li>3. Provide recommendations on layered control measures (i.e., engineering, administrative, and personal protective equipment [PPE]), such as those identified in Section L of this PD, to help mitigate viral and/or bacterial transmission in the workplace, particularly by aerosol or other airborne-transmissible communicable and infectious diseases.</li> <li>4. Develop Communicable and Infectious Disease Awareness briefings.</li> </ol> |
| Qualified Assessors | <ol style="list-style-type: none"> <li>5. Conduct periodic assessments, surveillances, and/or walkdowns to verify compliance with applicable infectious disease controls.</li> </ol>   |

### D. Industrial Safety Program

- |  |  |
|--|--|
| UCOR Industrial Safety Manager         | <ol style="list-style-type: none"> <li>1. Coordinate with UCOR Health Services to ensure adequacy of support for any contact tracing and quarantine/isolation implementation measures.</li> <li>2. Coordinate with the UCOR IH Manager regarding required maintenance of communicable and infectious disease performance metrics, as needed.</li> <li>3. Oversee field investigation of potential cases of workforce transmission and associated “The Rest of the Story” (TROT) reviews, corrective actions, and mitigation controls.</li> </ol> |
| Case Classification Review Team (CCRT) | <ol style="list-style-type: none"> <li>4. Review identified cases of workforce transmission to ensure complete and regulatory compliant case files in accordance with PROC-EH-2019.</li> </ol>   |

### E. Security and Emergency Services

- |  |  |
|--|--|
| UCOR Security and Emergency Services Manager | <ol style="list-style-type: none"> <li>1. Serve as the alternate chair on the IDPR Task Force, when required.</li> <li>2. Prepare for foreseeable emergencies and revise existing emergency-related processes, as necessary, relating to communicable and infectious disease impacts.</li> </ol> |
|--|--|



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**F. Human Resources**

Administrative  
Services Manager

1. Ensure absence policies for workers who test positive for a communicable and infectious disease are non-punitive. Any request for an alternate work arrangement, such as telework, is determined in accordance with the requirements of POL-HR-301, *Conditions of Work*.

**G. Facility Management**

Facility Manager/  
Engineering/Project  
Industrial Hygienists  
(PIHs)

1. Support implementation efforts needed to maximize ventilation and air filtration in buildings, required physical distancing, postings, hazard evaluations, and sanitation protocols, as necessary, to prevent communicable and infectious disease transmission in the workplace.

Facility Manager

2. Consult with Engineering and the PIH, as requested by the SSS organization, regarding optimal ventilation design and acceptable performance testing criteria, in occupied facilities to reduce the risk of contagion transmission indoors.

**NOTE:** Use of soap or detergents for routine cleaning, and not disinfecting, will reduce risk of disease transmissions for certain diseases; however, disinfection is still recommended for indoor work environments where a potential and/or confirmed case of communicable and infectious disease within the scope of this PD was present within the past 24 hours.

Responsible SSS Safety  
& Health (S&H)  
Manager

3. Coordinate with PIHs and/or Industrial Safety professionals to ensure cleaning solutions and disinfectants used align with those recommended by the CDC and are U.S. Environmental Protection Agency (EPA)-certified, as applicable.

**H. Management**

Functional and Project  
Managers

1. Support the implementation of exposure control sets and PPE (see Section L of this PD) to ensure worker health and safety as needed on an ongoing basis.
2. Set and model the expectation not to come to work if a worker has a potential or confirmed communicable and/or infectious disease.
3. Communicate communicable and infectious disease information and relevant updates from OSHA, the CDC, state of Tennessee, or TDH, including a review of symptoms to be aware of when monitoring or interacting with workers as provided by the SSS organization.
4. Ensure requirements associated with this PD are implemented.

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**I. Supervision**

Supervisor

1. Set and model the expectation not to come to work if a worker has a potential or confirmed communicable and/or infectious disease.
2. Ensure availability and proper inventory of PPE to be used by workers.
3. Ensure hand-washing supplies and hand sanitizer of at least 60% alcohol content are replenished as needed.
4. Maintain contact (e.g., via phone) with workers who are out due to illness. A graded approach with more emphasis on workers who are vulnerable (see Attachment A) or living alone may be used.

**NOTE:** Signs and symptoms of communicable and infectious disease vary and will be further defined by the SSS organization if an outbreak or pandemic emerges.

Supervisor

5. Require workers who report not feeling well to leave work and seek medical attention as needed.
6. Ensure workers attend a Communicable and Infectious Disease Awareness briefing.

**J. Workforce**

Worker

1. Attend a briefing on communicable and infectious diseases and comply with the provisions of this PD and any associated controls identified in hazard assessments or other work control documents.
2. Perform a daily self-health check prior to arrival at work, asking yourself the following questions:

**General questions:**

- a. Are you experiencing any new or unexplained signs or symptoms that could be related to a communicable and infectious disease? Although signs or symptoms may vary, examples commonly experienced as related to a communicable and and/or infectious disease are provided below:
  - Is your temperature elevated at or above 100.4° Fahrenheit (F)?
  - Coughing
  - Diarrhea
  - Muscle aches
  - Night sweats

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Worker

**COVID-19 specific questions:**

- b. In the past two weeks, have you, or anyone in your immediate household, had any symptoms related to COVID-19 (elevated temperature, loss of smell or taste, sore throat, shortness of breath, etc.)?
- c. In the past two weeks, have you been in unprotected close contact (less than six feet without a face covering) with anyone:
  - scheduled for COVID-19 testing;
  - awaiting test results; or
  - who tested positive for COVID-19?
- d. Are you, or anyone in your household, scheduled for COVID-19 testing, awaiting test results, or received notice of positive test results?

**NOTE:** Refer to PROC-EH-2001, *Injury/Illness Reporting and Investigation*, Section A.3., Reporting OSHA Communicable Diseases.

Worker

- 3. **IF** you answered YES to any of the above questions in Step J.2, **THEN** stay at home, contact UCOR Health Services by calling (865)574-8563, and notify your immediate supervisor. Proceed to Step J.4 of this PD.
  - a. **IF** you answered NO to all of the above questions in Step J.2 and are “mission ready” (see Attachment A), **THEN** report to work. Remaining steps in Section J do not apply.

**NOTE 1:** Seek medical attention if symptoms increase, are more severe, are prolonged, or if there are other health concerns which may cause complications.

**NOTE 2:** Workers with potentially infectious diseases should not report to UCOR Health Services.

Worker

- 4. Contact your immediate supervisor and UCOR Health Services at (865)574-8563 **IF** you have tested positive for a communicable and infectious disease, whether asymptomatic or symptomatic, **THEN** contact your licensed healthcare provider (LHCP).
- 5. **IF** diagnosed and/or you receive a positive test for a communicable and/or infectious disease within the scope of this PD, **THEN** follow the direction of an established implementing document, such as PROC-EH-2001, Section A.3, Reporting OSHA Communicable Diseases; PROC-EH-2019, Section E., Contact Tracing and Quarantine/Isolation Process for Communicable and Infectious Diseases; or Standing Order (SO), as applicable.

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- Worker
6. **IF** at work when symptoms arise, **THEN** physically distance, notify supervision, and leave work. Follow preceding Steps J.4 and J.5 and remaining steps in Section J.
  7. Subcontractors must follow their company’s policy for returning to work and medical clearance requirements.

- Responsible SSS S&H Manager
8. Assist workers with the reporting requirements of PROC-EH-2001, PROC-EH-2019, and PPD-MD-8003, *Occupational Medical Program*.
- NOTE:** After receiving a confirmed diagnosis for a communicable and/or infectious disease within the scope of this PD, Form-900, Health Care Provider’s Information for Employee’s Return to Work, is used to document the worker’s LHCP’s approval to return to work.

- Worker
9. Provide sufficient medical information to assist UCOR Health Services in determining the worker’s fitness for duty (e.g., return to work).

- UCOR SOMD/LHCP
10. Provide written clearance, when appropriate, allowing workers to return to work per POL-UCOR-308, *Returning to Work Safely*, and PPD-MD-8003.

**K. Risk Communications**

The goal of early, concise, and clear communications regarding communicable and infectious disease control, particularly during an outbreak, epidemic, or pandemic, is to provide and exchange essential and relevant information with workers, partners, and stakeholders to allow them to make well informed decisions and take appropriate actions to protect health and safety.

- UCOR IH Manager
1. Update the workforce and other stakeholders as needed on the importance of vigilant disease-prevention efforts to mitigate any potential upswing in communicable or infectious disease levels.
  2. Review lessons learned from any infectious disease events (e.g., COVID-19) and make adjustments to this PD as warranted.
  3. Continue to provide new information regarding any emerging disease.
  4. Apply feedback mechanisms to identify worker concerns, address rumors, and correct misinformation.

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## L. Control Measures for Communicable and Infectious Diseases

A UCOR-wide SO, management directive, or equivalent implementing communication mechanism, may be issued when rapid dissemination of information is considered necessary by UCOR management.

Additionally, to apply good practices and keep the workforce safe, guidelines are implemented on a graded approach that promote workplace safety while still providing for continuation of critical infrastructure work.

### L.1 Vaccination

COVID-19 and influenza are examples of two vaccines UCOR has made available at no cost to eligible workers.

Worker

1. Consider vaccines for other contagions when available.

### L.2 Personal Hygiene Measures

The following personal hygiene measures promote health and help limit the spread of communicable and infectious diseases. These control measures will be employed where practical and deemed necessary by the SSS organization with consideration given to the disease involved and the level of spread within UCOR and the local community:

Worker

1. Follow tailored control measures and hygiene practices contained in this PD to reduce the risk of workforce transmission of communicable and infectious disease as determined applicable by the responsible SSS S&H Manager and SSS organization.

**NOTE:** When washing hands, apply soap and lather for at least 20 seconds ensuring soap contacts all surfaces of both hands up to the wrist. When hand washing is not possible, use a hand sanitizer containing at least 60% alcohol.

Worker

2. Wash hands frequently with soap and water before and after eating, drinking, smoking/vaping, after restroom use, and following contact with shared surfaces.
3. Cover mouth and nose by coughing and sneezing into a tissue or the inside of the elbow.
4. Avoid touching the face, specifically eyes, nose, and mouth, to prevent potential spread of communicable and/or infectious diseases.
5. Avoid sharing food, beverages, or smoking/vaping devices.

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**NOTE:** The skin (especially damaged skin) and mucous membranes should be protected from exposure to any potentially infectious materials. Gloves should be worn in these circumstances and a mask should cover the nose and mouth.

Worker

6. Cover any cuts, abrasions, or wounds with an impermeable dressing (e.g., Band-Aid™).
7. Thoroughly and immediately wash hands with soap and water (including with gloves) or other skin surfaces that become potentially contaminated with blood or other body substances in accordance with the requirements of PROC-IH-5135, *Bloodborne Pathogens*.

### L.3 Cleaning and Disinfection

Routine cleaning and disinfecting frequently touched surfaces in the workplace (e.g., workstations, keyboards, telephones, handrails, and doorknobs) are essential tools to combat communicable and infectious disease transmission. During periods of increased disease transmission (outbreak, epidemic, or pandemic), common area cleaning can be enhanced and materials to wipe down workspaces can be made available to workers.

Cleaning crew

1. Use a detergent or soap and water prior to disinfection, as recommended by the CDC, if surfaces are dirty.
2. Clean high touch surfaces and equipment regularly, such as door handles, light switches, counters (refer also to Attachment A).
3. Use cleaning solutions in accordance with the manufacturers' instructions and warnings, as well as with CDC and EPA guidelines for disinfection and recommended surface contact times (according to the pathogen of concern).
4. Properly dispose of any waste potentially contaminated with blood or other body substances in accordance with the requirements of PROC-IH-5135 and PROC-MD-8001, *Management of Medical Wastes*.
5. Thoroughly clean and decontaminate surfaces and equipment which become contaminated with blood (refer to PROC-IH-5135) or other body substances with a cleaning agent and disinfectant recommended by the CDC and/or EPA-approved disinfectant.

### L.4 Physical Distancing

Physical distancing in terms of remaining out of crowded places, where close contact with others may occur, is key during a communicable and infectious disease outbreak, epidemic, or pandemic. Under these circumstances, avoid mass gatherings and maintain a distance of approximately six feet as a guideline from others when possible.

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Some of the measures that can be considered during a communicable and infectious disease outbreak, epidemic, or pandemic include:

Managers and Supervisors

1. Spread workers out to implement physical distancing in congested work areas such as change trailers (protective clothing is donned and doffed).
2. Reduce the density of workers in office work areas (e.g., moving workers, teleworking, acquiring additional trailers).
3. Conduct video/teleconferencing instead of face-to-face meetings, reduce conference room capacities, and reduce crew size for pre-evolution briefings/Safety Task Analysis Risk Reduction Talk (STARRT) card briefs when possible.
4. Provide barriers, where possible, through the use of additional gear such as cubicle walls.
5. Implement, where practicable, staggered work schedules to reduce population density.

#### L.5 Face Coverings and Personal Protective Equipment (PPE)

Face coverings are an option depending on the contagion and how it is transmitted. Any special instructions; administrative requirements; or specific conditions, restrictions or actions to be implemented pertaining to face coverings or PPE, particularly as related to a specific contagion, may be communicated through other implementing mechanisms, such as a UCOR-wide SO. It is important to note face coverings are not PPE and do not serve as a substitute for physical distancing. Face coverings are most effective when they:

- Are multi-layered;
- Completely cover your nose and mouth;
- Fit snugly against the sides of the face and do not have gaps;
- Have a nose wire to prevent air from leaking out of the top of the mask.

CDC and UCOR recommend against face coverings that:

- Are made of materials that make it hard to breathe;
- Have exhalation valves or vents which allow unfiltered exhaled air to escape;
- Are prioritized for healthcare workers, including N95 respirators, if/when supplies are limited.

**NOTE:** Use of respiratory protection is governed by the requirements of PPD-IH-5151, *Respiratory Protection Program*.

UCOR SOMD

1. When needed for pandemic response, UCOR will maintain a supply of enhanced face coverings that are available for voluntary use or when otherwise deemed necessary by the SOMD, N95 or other approved respirators disseminated, to protect certain individuals.

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UCOR SOMD

2. PPE is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. The approach to applying PPE and the selection to protect from workplace hazards remains the same: engineering controls, administrative controls, and finally, PPE.

#### M. Performance Assurance

UCOR IH Manager/  
PIHs/Qualified  
Assessors

This PD will be reviewed periodically and include a review of the adequacy of program content and effective program implementation of engineering, administrative controls, and use of PPE to protect against potential communicable and infectious disease workforce transmission. Additionally, the review should include the following elements:

- Evaluate any potential exposure incidents which have occurred, and
- Evaluate any new or revised work task(s) which may affect exposure to potential communicable and infectious diseases.

Surveillances and management assessments performed shall be conducted in accordance with PROC-EH-5616, *Safety and Health Surveillances*, and PROC-PQ-1420, *Assessments*.

#### N. Records

Computerized medical records and health-related information (such as those maintained in an Electronic Medical Record) shall remain under the custody and control of UCOR Health Services, with disclosure only by the worker's written consent, except as permitted by law or federal regulation. Records generated by this procedure and listed below shall be dispositioned in accordance with PROC-OS-1001, *Records Management, Including Document Control*:

- Form-900, Health Care Provider's Information for Employee's Return to Work
- UCOR Health Services DDRs

#### O. Source Documents

- Section 5(a)(1), Occupational Safety and Health (OSH) Act of 1970 (Public Law 91-596, "General Duty Clause")
- 10 CFR Part 851, Worker Safety and Health Program
- 29 CFR 1904, Recording and Reporting Occupational Injuries and Illness
- 29 CFR 1910.132, Personal Protective Equipment
- 29 CFR 1910.134, Respiratory Protection
- 29 CFR 1910.141, Sanitation
- 29 CFR 1910.145, Specifications for Accident Prevention Signs and Tags
- 29 CFR 1910.1020, Access to Employee Exposure and Medical Records
- 29 CFR 1910.1200, Hazard Communication



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- CDC. Centers for Disease Control and Prevention. Atlanta, GA  
**URL:** <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC. Centers for Disease Control and Prevention. Atlanta, GA  
**URL:** Infection Control & Prevention | TB Guidelines by Topic | Publications & Products | TB | CDC
- TDH. Tennessee Department of Health. Nashville, TN  
**URL:** <https://www.tn.gov/health/cedep/ncov.html>
- UCOR-4087, *Safety and Health Handbook, Oak Ridge, Tennessee*, latest revision
- UCOR-5462, *Pandemic Management—COVID-19 Reconstitution Plan (Return to Normal Operations), Oak Ridge, Tennessee*, latest revision
- UCOR Infectious Disease / Pandemic Response Plan (IDRP), Volume I, latest revision
- PPD-EH-1400, *Integrated Safety Management System*
- PROC-MD-8563, *Bloodborne Pathogen Exposure Control Plan*

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**Attachment A**  
**Definitions/Acronyms**  
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**Asymptomatic** – Condition of a person who is not showing symptoms of an illness they may have or have been diagnosed as having.

**Brucellosis** – A highly contagious bacterial infection that spreads from animals to humans typically through ingestion of raw or unpasteurized milk or undercooked meat. Sometimes, the bacteria can travel through the air or through direct contact with infected animals. Symptoms may include fever, joint pain, and fatigue. It is also known as “undulant fever,” Malta fever,” and “Mediterranean fever.” It is extremely rare in the United States (fewer than 1,000 cases per year).

**CDC** – Centers for Disease Control and Prevention

**CFR** – Code of Federal Regulations

**Common areas** – Spaces and amenities provided in the workplace for the use of one or more persons. Examples may include, but not be limited to, conference rooms, kitchen and eating areas, restrooms, change houses, stairs, elevators, and storage rooms.

**Communicable disease** – Disease due to a specific infectious (biological) agent or its toxic products capable of being directly or indirectly transmitted from person to person, from animal to person, and/or from the environment through air, water, food, etc., to a person.

**Contact tracing** – Process of identification of persons who may have come into contact with an infected person and subsequent collection of further information about those contacts.

**COOP** – Continuity of Operations Program

**COVID-19** – Communicable and infectious disease caused by the coronavirus SARS-CoV-2 discovered in 2019.

**DDR** – Duty Disposition Report

**DOE** – U.S. Department of Energy

**EPA** – U.S. Environmental Protection Agency

**Epidemic** – Active rapid spread of disease to a large number of people in a given population within a short period of time.

**Face covering** – Face piece that is multi-layered. In the context of this PD, face coverings are not considered to be personal protective equipment or a medical device.

**Hepatitis A** – A highly contagious liver disease caused by the Hepatitis A virus. It causes inflammation and affects liver function. This disease can be spread through eating or drinking contaminated food or water, touching contaminated surfaces (e.g., sewage) and then placing your hands near or in your mouth. Hepatitis A is extremely rare in the United States (fewer than 3,000 cases per year). Usually preventable by vaccine.

**High-touch surfaces and equipment** – Any surface or piece of equipment that is repeatedly touched by more than one person (e.g., doorknobs, light switches, countertops, handles, desks, tables, phones, keyboards, tools, toilets, faucets, sinks, credit card terminals, touchscreen-enabled devices).

**IDPR** – Infectious Disease Pandemic Response

**IH** – Industrial Hygiene

**Infectious disease** – Disease caused by a microorganism or other agent, such as bacteria, viruses, fungi, and parasites. Infectious diseases are frequently harmless, but effects can range from mild inflammation to pandemics with significant mortality.

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**Attachment A**  
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**LHCP** – Licensed Health Care Provider

**Mission ready** – Being prepared, ready, and able to safely perform a prescribed task.

**OSHA** – Occupational Safety and Health Administration

**Outbreak** – Occurrence of a disease in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent. An outbreak is usually caused by an infection, and if not quickly controlled, an outbreak can become an epidemic.

**Pandemic** – Worldwide (across countries and continents) spread of a disease.

**PD** – Program Description

**Personal protective equipment (PPE)** – Devices or equipment designed to be worn by a worker for protection against one or more health and safety hazards. Examples of PPE include respirators, safety glasses, helmets, goggles, and hard hats.

**PIH** – Project Industrial Hygienist

**Plague** – An acute, severe infectious disease. Pneumonic plague is the most serious form of the disease and is the only form of plague that can be spread from person to person by infectious droplets. The plague is very rare in the United States (fewer than 20,000 cases per year).

**Quarantine** – Quarantine means to isolate; it keeps someone who might have been exposed to the virus away from others.

**S&H** – Safety & Health

**SO** – Standing Order

**SOMD** – Site Occupational Medical Director

**SSS** – Safety Systems and Services

**TDH** – Tennessee Department of Health

**Tuberculosis** – A contagious disease, caused by a bacterial microorganism, that can affect almost any part of the body but is mainly an infection of the lungs. Also known as “TB” or “consumption.” Transmission occurs when a person with active TB (is infected and capable of transmitting the disease) exhales, coughs, or sneezes, allowing the aerosol to be taken into the nasal passages and/or lungs of a susceptible person. TB is very rare in the United States (fewer than 20,000 cases per year).

**Vulnerable** – Individuals defined as having conditions that might be at an increased risk for severe illness from a communicable or infectious disease. Examples include, but are not limited to, individuals with moderate to severe asthma, hypertension or high blood pressure, and liver disease.

**Well-being** – Physical, mental, emotional, and cognitive needs and expectations of a worker as related to all aspects of their working life including social factors at work, work environment, work equipment, and work tasks.

**Workforce** – All employees of UCOR and UCOR subcontractors and lower-tier subcontractors.

**Workplace** – Place(s) under the control of the employer organization (i.e., UCOR, staff augmentation contractor, etc.) where a person needs to be or to go for work purposes. Workplaces can include the worker’s own home, other people’s homes, personal vehicles, and fleet vehicles.