

PANDEMIC RESPONSE AND CONTINUITY OF OPERATIONS PLAN

**Contract Number W81K04-20-D-0002
MARTIN ARMY COMMUNITY HOSPITAL
Fort Benning, Georgia**



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1. INTRODUCTION

Organizations across the United States perform essential functions and services that may be adversely affected in the event of a natural or manmade disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural.

Since the threat to an organization's continuity of operations is great during a pandemic outbreak, it is important for organizations, in particular Job Options, Inc. (JOI), to have a Pandemic Response and Continuity of Operations Plan (COOP) in place to ensure it can carry out its essential functions and services to the extent allowed. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective COOP will assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

JOI has adopted this plan to prepare for, and respond to, a threat of a pandemic that causes serious widespread illness and to ensure our ability to continue to provide essential services and maintain the safety of our personnel. In developing JOI's plan, recent guidelines from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), Occupational Safety and Health Administration (OSHA), National Institutes of Health (NIH) and California Department of Public Health have been incorporated into our plan contents to ensure best practices are followed in the event of a pandemic, including influenza and COVID-19.

2. PURPOSE AND GOALS

The unique characteristics and events of a pandemic will strain local, State, and Federal resources. It is unlikely that there will be enough personnel, equipment, or supplies to respond adequately to multiple areas of the country for a sustained period. Therefore, minimizing social and economic disruption will require a coordinated response. Governments, communities, and other public and private sector stakeholders must anticipate and prepare for a pandemic by defining roles and responsibilities and developing appropriate COOP plans.

This plan provides guidance to JOI's Martin Army Community Hospital (MACH) worksite and may serve as the plan for maintaining essential functions and services during a pandemic. This guidance neither replaces nor supersedes any current approved JOI contingency plan; rather, it supplements it, bridging the gap between the traditional, all-hazards contingency planning and the specialized contingency planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the

vaccination of employees and their families, and similar approaches. The primary goals of JOI's COOP are to:

- Protect the health and safety of JOI employees, contractors, vendors and visiting public at our worksites.
- Maintain mission essential functions.
- Support the Federal Government's response to a pandemic.
- Provide effective communication to our employees and stakeholders.

This plan will address the following issues relating to pandemics:

- Creating a culture of infection control in the workplace that is reinforced during the annual season, to include, if possible, systems to reduce infection transmission and increase worker education.
- Establishing contingency plans to maintain delivery of services during times of significant and sustained worker absenteeism.
- Establishing partnerships with other members of the janitorial community to provide mutual support and maintenance of essential services during a pandemic.

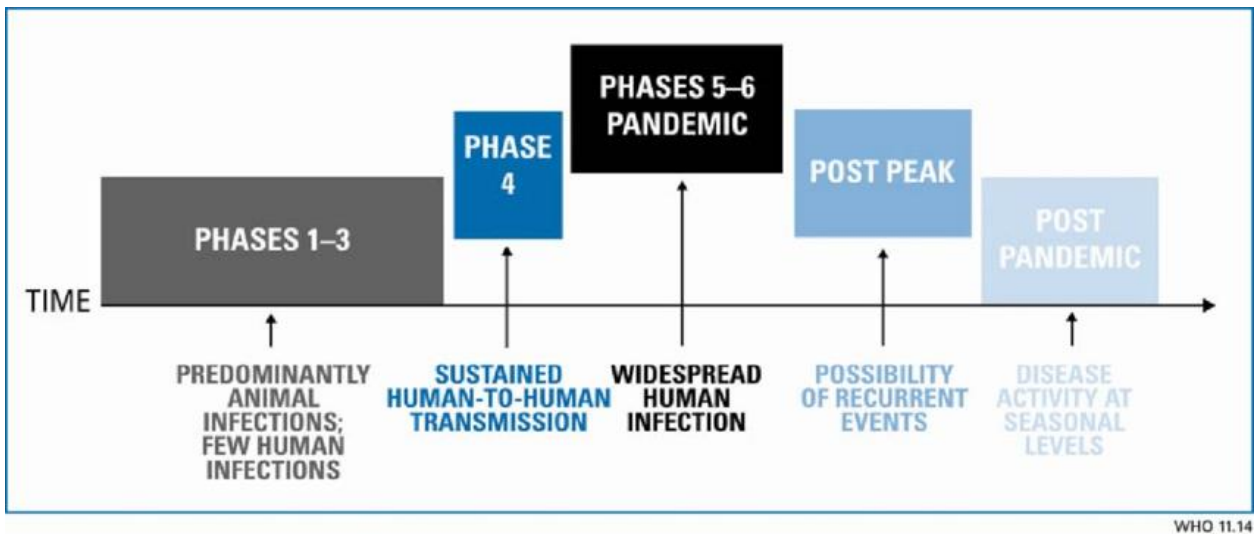
3. CONCEPT OF OPERATIONS

JOI will monitor the severity of pandemic using Centers for Disease Control (CDC) and World Health Organization (WHO) information and establish continuity activation triggers to address the unique nature of the pandemic threat. JOI's COOP will be implemented as needed to support the continued performance of essential functions.

CDC studies indicate that pandemics rise sharply and fall in waves. Each wave lasts six-to-eight weeks (greater severity in winter months). We can expect that there will be two-to-three "waves" of varying severity, that are likely to be separated by weeks or months of diminished activity.

Clear, accurate, timely communication among responding State, local, Federal agencies is essential during the pandemic. JOI will follow all healthcare directives given by the controlling agency during a pandemic. Since the provision of custodial services to MACH has been deemed an essential function by the Department of Defense (DoD), State and Local orders to shelter-in-place or telework only do not apply to JOI workers or JOI at this site.

WHO has developed a global influenza preparedness plan that defines the stages of a pandemic. It also outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. The phases are:



For planning purposes, JOI has established levels of response according to the recommendations of the Federal Emergency Management Agency (FEMA), the Centers for Disease Control & Prevention (CDC), and the World Health Organization (WHO).

A. Prioritization of Operations

In the event up to 30% of the worksite’s employees are unavailable due to a pandemic (or similar event), and increased effort into recruiting new workers (including non-disabled workers) are not sufficient to fully replace unavailable workers, work will be prioritized with the following tasks de-emphasized.

| Type Area | Title | Areas Included |
|-----------|------------------------|--|
| Type I | Surgical Areas | OR, scrub rooms, prep rooms, L&D |
| Type II | Patient Areas | Patient rooms, recovery rooms, isolation rooms, ICS, ER, Nursery |
| Type III | Restrooms | Restrooms |
| Type IV | Clinical/Support Areas | Clinics, laboratories, radiology, dental facilities, therapy areas |
| Type V | Administrative Areas | Offices, storage rooms, break rooms |
| Type VI | Common Areas | Corridors, ramps, walkways, stairwells, elevators, lobbies, waiting areas, entranceways |
| Linen | Linen Services | Soiled linen from areas as indicated by the schedule in Exhibit G and transport to a designated area |

| Direct Labor Hours (DLH) by Type Area/Linen Services: | | | |
|---|---------------------|----------------------------------|----------------------------|
| Row Labels | Sum of Room Size/SF | Sum of Annual Direct Labor Hours | Sum of % Allocation of DLH |
| I | 9,853.58 | 7,695.22 | 4.36% |
| II | 23,076.50 | 26,254.15 | 14.88% |
| III | 41,569.77 | 15,741.70 | 8.92% |
| IV | 188,149.37 | 31,601.07 | 17.91% |
| V | 269,186.35 | 26,090.32 | 14.79% |
| VI | 335,977.42 | 69,070.70 | 39.14% |
| Grand Total | 867,812.99 | 176,453.16 | 100.00% |

In the event up to 30% of employees are unavailable due to a pandemic (or similar event), support will be decreased in the following areas:

- (All) Type V Administrative Areas: 14.786%
- (Select) Type VI Common Areas: 15.203%

In the event employee absences increases beyond 30%, the Project Manager will reduce Floor Technician hours as appropriate.

4. CONTINUITY PLANNING

All JOI personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by: 1) Jeff Johnson, Chief Executive Officer, 2) Melanie Andersen, Human Resources Director, and 3) Gladis Jarquin, Safety Director. Guidance and instructions on established infection control measures such as social distancing, personal protective equipment (PPE), and telework policies will be provided by these individuals to assist in limiting the spread of influenza at the primary and alternate worksites.

JOI has developed specific protocols and procedures for disinfecting and cleaning COVID-19 isolation wards and COVID-19 quarantine areas for patients being tested. A copy of these protocols and procedures begins on page 15 of this plan.

Within the workplace, social distancing measures take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite, (e.g., telecommuting); promoting social distancing between employees and customers to maintain six or more feet spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms. Frequent, daily contact is important to keep employees informed about developments in the organization’s response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual.

5. PANDEMIC PLAN ASSUMPTIONS

A. National Strategy for Pandemic Response Plan Assumptions

- Susceptibility to the pandemic virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who become ill sought care. Depending upon the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days. For COVID-19, it is not fully known, but is generally thought to be as many as 2 to 18 days.
- Persons who become ill with influenza may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. For COVID-19, it is not fully known at this point, but it is generally thought to be a longer transmission period, which is why people are encouraged to self-quarantine for fourteen days if they believe they have been exposed to the virus or are symptomatic.
- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six-to-eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-to-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

B. Organizational Assumptions

- Local, State and Federal governments regarding current influenza pandemic status in its area will provide organizations with guidance and/or direction that will be followed by JOI.
- JOI will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some nonessential activities.
- As of 7/31/20, the use of face covers is now required of all JOI employees while at the workplace during the COVID-19 pandemic.
- Per CDC guidelines dated 8/8/20, respirators with exhalation valves protect the wearer from SARS-CoV-2, the virus that causes COVID-19, but may not prevent the virus spreading from the wearer to others (that is, they may not be effective for source control). Until data are available to describe how effective respirators with exhalation valves are in preventing the spread of SARS-CoV-2 from the wearer to others, employees will be instructed to:
Wear a respirator without an exhalation valve when both source control and respiratory protection are required. If only a respirator with an exhalation valve is available and source control is needed, cover the exhalation valve with a surgical mask, procedure mask, or a cloth face covering that does not interfere with the respirator fit.
- Following CDC guidelines, asymptomatic employees may be allowed to continue to report to work following potential exposure to COVID-19 provided they remain asymptomatic and additional precautions are implemented. These precautions include daily pre-screening when reporting to work, use of face covers, and increased cleaning and disinfecting of high-touch points. This is subject to change per directives from the Commanding General of the U.S. Army.
- JOI has developed specific protocols and procedures for disinfecting and cleaning COVID-19 isolation wards and COVID-19 quarantine areas for patients being tested. A copy of these protocols and procedures begins on page 15 of this plan.
- JOI will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options.
- JOI-controlled buildings will be accessible, but right of entry may be limited.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit, implemented at the Local, State and Federal levels may affect the ability of some staff to report to work.
- Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities. Given that most JOI

personnel at MACH perform essential cleaning services at the site itself, teleworking for most employees is not practical.

6. PANDEMIC RESPONSE

A. Pandemic Coordinator and Pandemic Response Teams

The JOI Corporate Pandemic Response Coordinator (PRC) will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on JOI and to assist with developing strategies to manage the effects of an influenza outbreak. The Chief Executive Officer (CEO), Jeff Johnson, has been designated as JOI's PRC who will work with a team of advisors from JOI. Each worksite will identify and designate a Pandemic Continuity Coordinator (PCC). JOI has designated MACH Project Manager/Executive Housekeeper, Kevin Myers, as the PCC at Martin Army Community Hospital (MACH).

The JOI Corporate PRT is comprised of the following:

1. Jeff Johnson, Chief Executive Officer
2. Jounina Boka, Chief Financial Officer
3. Nazar Masry, Vice President, Hospital Environmental Services, Laundry and Facilities Management Divisions
4. Melanie Andersen, Director of Human Resources
5. Gladis Jarquin, Director of Safety
6. Margaret-Ann Pena, Director of Quality Assurance
7. Juan Agundis, Director of Information Technology
8. Marcy McCabe, Director of Contracts

The PCC for MACH will select a minimum of one back-up employee to assume their duties in case of their own illness. This person will be kept current on all emergency procedures and this list will be kept with this plan and updated as needed.

Members of the MACH Pandemic Continuity team are:

1. Derrick Brown, MACH Assistant Project Manager
2. Richard Brumfield, MACH Human Resources Generalist
3. Deandrea Chambers, MACH Administrative Assistant

B. Pandemic Coordinator and Response Team Responsibilities

It is the duty of the Pandemic Response Coordinator (PRC) to:

- Monitor issues and information related to pandemics to keep our plan up-to-date.
- Recommend any changes to the plan as circumstances warrant.
- Ensure that employee training is conducted.

- Communicate with public health agencies, emergency responders and others regarding our plan, and understand their capabilities should an outbreak occur.
- Attend external training/seminars about pandemic outbreaks in order to remain current about the pandemic threat in our community.
- Implement this plan should it become necessary.

It is the duty of the JOI Corporate PRT to:

- Assist in establishing and reviewing continuity policies to be implemented during a pandemic.
- Plan for the likely impact on business and essential services.
- Establish and periodically review pandemic preparedness plans to ensure effectiveness.
- Plan for pandemic response to include:
 - Counseling services for all employees and their families, particularly those affected by illness.
 - Special procedures/accommodations for employees with special needs or disabilities.
 - Keeping employees informed of developments as they occur, including those who remain at home.
 - Providing procedures for responding promptly to employees' questions about such issues as whether to report for work and special hours of operation during a pandemic.
- Plan the allocation of resources to protect employees and customers.
- Communicate with and educate employees on how to protect themselves and on measure that will be implemented.

It is the duty of the MACH PCC and back-up personnel to:

- Identify and communicate to the PRC which employees, vendors, suppliers and systems are essential to maintaining operations at their locations.
- Identify and communicate to the PRC the names of possible ancillary employees who could perform certain job duties in the case of a pandemic (e.g. consultants, temporary work services, sub contractors).
- Develop and communicate to the PRC an emergency communications plan for MACH, including identification of key personnel, vendors, and customers.
- Develop and submit a plan to continue operations at their locations with the least possible number of staff.
- Ensure that all employees in their departments are adequately trained on emergency procedures in the case of a pandemic and in the prevention of illness.
- Encourage all employees to be vaccinated annually for influenza or other available antiviral drug to combat a pandemic.
- Assist the PRC in the implementation of this plan, if necessary, at MACH.

In addition, the PCC will:

- Maintain a list of contacts in the health profession to provide consultation and advice regarding this plan and its implementation.
- The PCC will provide, at least annually prior to the season, information to all employees regarding those practices that are recommended by public health officials that will reduce the spread of the infection.
- The PCC will also develop a list of recommended infection control supplies (hand soaps, tissues, sanitizers, and so on) and ensure that each location has a sufficient supply of them.
- The PCC will maintain a list of duties and positions for which individual employees are cross-trained at the worksite. Should staffing levels drop due to an outbreak, supervisors can use this list to fill in positions where needed.
- The PCC shall recommend to the PRC an emergency sick leave policy be adopted in the event of a pandemic. The policy is to be non-punitive and require employees who have been exposed or who exhibit symptoms of the illness to remain at home.
- Implement training on the protocols and procedures for disinfecting and cleaning COVID-19 patient isolation rooms and COVID-19 quarantine areas to all employees involved in cleaning and sanitizing these areas. These protocols and procedures begin on page 15 of this plan.

Should a pandemic occur, the PCC will, after consultation with knowledgeable health officials and the PRC, implement the following steps, as deemed necessary:

- The emergency sick leave policy shall be implemented. Supervisors will be instructed to send and keep employees home if they exhibit symptoms of the illness.
- Team members will contact their key vendors to determine the impact of the outbreak on their operations and its effects on our ability to perform our daily functions, and they will communicate the results to the PCC. The PCC will see to it that extra quantities are obtained of any necessary supplies that may be threatened due to the outbreak.
- The PCC, with the assistance of team members, will monitor staffing levels on all shifts and assist supervisors in finding ways to maintain critical operations in light of any staffing shortage.
- The PCC is to ensure that the Government is kept informed of any changes that affect their business with JOI. The PCC is to implement the employee contact plan to ensure that all employees are kept informed of developments as they occur, including employees who remain at home.

C. Risk Communications

JOI will develop pandemic risk communications procedures for communicating with all internal and external stakeholders. These rosters will be maintained and updated by the COOP points of contact and electronically distributed to the JOI PRT. Hardcopies will be maintained at JOI's Corporate Office. Procedures will emphasize

regular communication to help minimize employee and stakeholder fear and anxiety.

7. ELEMENTS OF A VIABLE PANDEMIC RESPONSE CAPABILITY

A. Essential Functions

Given the expected duration and potential multiple waves of pandemic outbreaks, organizations must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations that support essential functions. JOI has identified essential functions and services needed to sustain its mission and operations throughout its worksites. The following business processes have been identified as critical to operating effectively during a pandemic:

- Operations
- Account Management
- Accounting (receivable/payable)
- Purchasing Department
- Human Resources
- Safety and Risk Management

As most JOI operations provide essential services, such as hospital environmental services, facility cleaning, food service, commissary shelf stocking and inventory management, etc., most JOI employees will be required to work during any pandemic.

B. Orders of Succession

Since influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, JOI has identified orders of succession through its organizational charts that are at least three deep per position while considering dispersing successors to various geographically separated locations, as appropriate.

C. Delegations of Authority

At the height of a pandemic wave, absenteeism maybe significant, as such, JOI has established delegations of authority through its organizational charts that are at least three deep to take into account the expected rate of absenteeism and regional nature of the outbreak to help assure continuity of operations over an extended time period.

D. Continuity Facilities

The traditional use of continuity facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. JOI has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic. In addition, specific protocols and procedures have been developed for disinfecting and cleaning COVID-19 quarantine and isolation wards and they immediately follow this plan.

E. Continuity Communications

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. JOI has identified communication systems needed to perform essential functions. JOI must have an effective way to inform employees of the status of the pandemic. Also, employees must have an effective way to communicate changes in absenteeism rates and health status to management. Likewise, communication with property management and tenants about the current capabilities, plans, and delays will help to reduce unnecessary tensions and fears.

One of the most important things JOI can do is to support staff in both adopting good personal hygiene regarding hand washing, coughing etiquette, social distancing whenever possible, etc., while requiring those employees who are sick to remain at home until fully recovered.

JOI will hold informational meetings regarding the etiology, symptoms, transmission and potential reporting during the outbreak. If a vaccine exists, JOI will encourage staff to be vaccinated against seasonal flu and the virus in question (such as COVID-19) while keeping records of those who participate. JOI will discourage employees from traveling to known places of infection. During stages 4-6 of the pandemic, all non-essential travel will be prohibited. Employees must also be apprised of additions/deletions to company policy or procedure regarding the virus strain. This will be accomplished with available information via websites, hotlines, and direct mailings.

Employees working at MACH are pre-screened prior to entering the work facility through the procedures established by the Medical Center and JOI (daily questionnaire and temperature checks). Symptomatic employees are required to get tested and must self-quarantine for a minimum of ten days until they are symptom free without the use of medication for a 48 hour period. Informing vendors, suppliers and customers of JOI employees who have tested positive for the virus, as well as the formal procedure of reporting to the contracting officer

and base personnel is also warranted. Notifying area hospitals, state public agencies and emergency responders may also be warranted.

F. Essential Records Management

JOI shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. JOI has identified systems, databases, and files that are needed to ensure essential functions remain operational. JOI has multiple layers of back-up including cloud based storage of its files, programs as well as back-up of its servers at off-site physical locations, in case the Corporate Office becomes unavailable. In addition, JOI has implemented links that enable management and other personnel to access the Company's network from their home computers or laptops.

G. Human Resources

Although a pandemic influenza outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. JOI has established plans to protect the entire employee population and their families, with additional guidance for key personnel and other essential personnel, should a pandemic influenza outbreak occur. In the event of a pandemic, much of the HR function can be done remotely at home by HR personnel and plans will be put in place that enable HR staff to access the Company's network remotely.

H. Test, Training and Exercises

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. The organization conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. The organization conducts continuity exercises to examine the impacts of pandemic influenza on performing essential functions, and to familiarize personnel with their responsibilities. The organization has identified resources and trained continuity personnel, needed to perform essential functions.

I. Devolution of Control and Direction

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. JOI has established plans

and procedures for devolution by following the organizational charts that have been established, which identifies how it will transfer operations, if pandemic influenza renders leadership and essential staff incapable or unavailable.

J. Reconstitution

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. JOI has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan addresses the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process.

8. CONCLUSION

Maintaining Job Options, Inc. essential functions and services in the event of a pandemic requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, a pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional "contingency activation" may not be required during a pandemic outbreak. However, a pandemic outbreak threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the JOI pandemic response plan addresses the threat of a pandemic outbreak. Continuity plans for maintaining essential functions and services in a pandemic include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). In addition, JOI has developed specific protocols and procedures for disinfecting and cleaning COVID-19 isolation wards and COVID-19 quarantine areas for patients being tested. A copy of these protocols and procedures begins on page 15 of this plan. Protecting the health and safety of key personnel and other essential personnel is the focused goal of the organization in order to enable the organization to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

9. APPENDIX/REFERENCES

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html> - Centers for Disease Control and Prevention web page on COVID-19
- https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavi

[s%2F2019-ncov%2Fguidance-business-response.html](#) - CDC's Interim Guidance for Businesses and Employers as of February 2020

- <https://www.osha.gov/SLTC/covid-19/> - The Federal Occupational Safety and Health Administration (OSHA) web page on COVID-19
- <https://www.osha.gov/Publications/protect-yourself-pandemic.pdf> - The OSHA Quick Card for Protecting Yourself in the Workplace During a Pandemic
- <https://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.pdf> - The OSHA Fact Sheet for What Employers Can Do
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> - The World Health Organization web page on COVID-19
- <https://www.nih.gov/health-information/coronavirus> - The National Institutes for Health web page on COVID-19
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx> - California Department of Public Health
- <http://www.opm.gov/pandemic/index.asp> - Links to policies on leave, pay, hiring, alternative work arrangements and other critical human capital issues in relation to pandemic influenza.
- <http://www.pandemicflu.gov> - pandemic influenza related information (e.g., signs and symptoms of influenza, modes of transmission, developing individual and family plans, etc.).
- <http://www.flu.gov/planning-preparedness/federal/index.html#> Pandemic influenza related information for Federal Government agencies to use for planning and preparedness. Links to other federal government agencies.

This plan is approved by: Jeffrey Johnson

Title: Chief Executive Officer

Date: August 13, 2020



| | | |
|---|-------------------------------------|-----------------------------------|
| Organization: JOB OPTIONS, INC. | | |
| Division: Hospital Environmental Services (HES) | Effective Date: 3/16/20 | Pages: 6 |
| Title: CLEANING & DISINFECTING AFTER PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19 | Review/Rev. Date: 3/26/20 | Revised by: Nazar Masry |
| Accountable Department or Committee: JOI Environmental Services | Department - specific | Non-Clinical |

REFERENCES

- Title 22, Section 70827 (b) (1): Guidelines for Disinfection and Sterilization in Healthcare Facilities
- CDC recommendations for patients with suspected or confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings (2020 and/or current recommendations)
- AHE Certified Hospital Environmental Services Technician Facilitator and Participant Guide 2015 Edition

POLICY STATEMENT

The Environmental Services Department shall provide all of its healthcare facilities with effective and safe cleaning/disinfecting services to minimize our employees’, patients ‘and customers’ exposure to COVID-19 and/or any other potentially infectious microorganisms.

To ensure proper cleaning and disinfecting protocols are adhered to, JOI trains our Environmental Services staff on CDC recommendations for cleaning in a healthcare setting and updating them routinely as changes occur.

Additionally, our Hospital Environmental Services (HES) Division is utilizing the experience and the knowledge gained from the Certified Healthcare Environmental Services Technician Certification (CHEST) in reference to Infection Prevention and Control best practices, and using the proper cleaning/disinfecting techniques to avoid cross contamination and the possible spread of infection.

PURPOSE

To establish a procedure for proper cleaning and disinfecting of areas in a healthcare setting where suspected or confirmed patients with COVID-19 have been present.

PRECAUTIONS

STANDARD PRECAUTIONS

Standard Precautions not only keep the user safe, they also protect the patients and visitors from being exposed to pathogens via the healthcare worker. They are based on two principles:

1. All blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain pathogens that can be spread through splash, droplets, and aerosolized airborne particulates.
2. The above applies to all patients, regardless of suspected or confirmed infection status.

TRANSMISSION-BASED PRECAUTIONS CONSIST OF CONTACT, DROPLET & AIRBORNE PRECAUTIONS:

- **Contact Precautions:**

Gloves and gown help prevent the transmission of conditions and/or diseases such as MRSA, VRE, Norovirus, Rotavirus, and Clostridium Difficile.

1. The spread is accomplished through touching
2. Wear gloves and gowns
3. Perform Hand Hygiene before and after

- **Droplet Precautions:**

Droplet precautions are intended to prevent the spread of pathogens typically associated with close contact with coughs, sneezes or respiratory secretions.

1. Wear gloves and surgical mask
2. Pathogen spread can result if respiratory droplets from an infected person contact mucous membranes of a recipient

- **Airborne Precautions:**

To wear a particulate respirator (air purifying respirator - APR), technicians must be trained on how to properly don and adjust the APR, including how to achieve a proper seal between the face and the filter membrane. Proper face seal will be verified using a standardized, approved fit test challenge and/or a positive pressure fit check. If the technician fails the fit

test, a PAPR (powered air purifying respirator) must be worn. Airborne Precautions prevent the transmission of pathogens in the air and/or after patients that have been treated with Aerosol-Generating Procedures (AGPs).

1. Wear a gown, gloves and an N95 respirator.
2. Pathogen spread is accomplished through the air.
3. Patient requires a negative pressure room.
4. **For single person rooms**, delay entry into the room until a sufficient time has elapsed for enough air changes to remove potentially infectious particles: one (1) hour for non-isolation rooms and 35 minutes for certified Airborne Isolation Infection Control Room, assuming 12 air changes per hour (ACH). **Refer to TABLE 1 (from CDC standards) to help determine the time necessary before staff may re-enter a room, following a COVID patient vacating the room.**
5. **For outpatient areas**, delay entry into the room for one (1) hour with the door closed to allow for sufficient time to elapse for enough air changes to remove potentially infectious particles.
6. **For offices and administrative areas**, if an office is able to be quarantined via a closed door, wait a minimum of four (4) hours before entering the office space (based on ANSI/ASHRAE Standards 62.1 using four (4) air changes per hour and the CDC guidelines).

REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE):

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask**

1. Put on a respirator or facemask (if a respirator is not available) before entry into the care area.
2. N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing an aerosol-generating procedure.
3. If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
4. When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19.

- **Eye Protection**

1. Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) prior to entering the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
2. Remove eye protection before leaving the patient room or care area.
3. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to its re-use. Disposable eye protection should be discarded after use.

- **Gloves**

1. Put on clean, non-sterile gloves upon entry into the patient room or care area.
2. Change gloves if they become torn or heavily contaminated.
3. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

- **Gowns**

1. Put on a clean isolation gown prior to entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
2. If there are shortages of gowns, they should be prioritized for:
 - ✓ aerosol-generating procedures
 - ✓ care activities where splashes and sprays are anticipated
 - ✓ high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - dressing
 - bathing/showering
 - transferring
 - providing hygiene & wound care
 - changing linens
 - changing briefs or assisting with toileting
 - device care or use

SUPPLIES/CHEMICALS NEEDED:

1. EPA registered hospital-grade disinfectant that have been qualified under EPA's Emerging Pathogens

2. Disposable microfiber towels and disposable microfiber mops to avoid the possibility of cross contamination
3. Microfiber mop applicator G8 system
4. Trash liners

EQUIPMENT NEEDED:

1. Supplies cart for microfiber products and chemical
2. Backpack or upright hepa-filter vacuum cleaner
3. ATP Meter and swabs
4. Vapor steamer with multiple attachments for horizontal and vertical surfaces (upon availability)
5. Automatic/Electrostatic applicator

LINENS, CLOTHING & OTHER ITEMS THAT GO IN THE LAUNDRY:

1. Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
2. Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
3. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

GENERAL INSTRUCTIONS:

1. Cleaning/disinfection products must be used according to the manufacturer's instructions regarding use and required contact time and with mechanical friction to remove of all soiling.
2. Wash or sanitize hands for at least 20 seconds before and after cleaning each room.
3. Put on clean gloves and any other recommended PPE before entering each room.

4. Observe Standard Precautions at all times and any additional precautions as indicated above. In other words, treat the area as you would treat an Isolation Room.
5. Survey the area to determine your systematic approach (top to bottom, clean to dirty, clockwise, etc.).
6. Microfiber towels and mops utilized for restroom cleaning should be discarded after use and **not** utilized elsewhere.
7. Carpeted floors in affected areas will be extracted following the cleaning/disinfection.
8. Remove and dispose of gloves and any PPE prior to leaving the area per facility IPC guidelines.
9. Wash or sanitize hands before proceeding to next patient's room or affected area.
10. Disinfect supply cart and all cleaning tools prior to leaving the area.

PROCEDURE:

A. Suspected/confirmed area of contamination:

Enter the area and empty wastebaskets, clean with an EPA-registered disinfectant and replace liner.

1. Apply the Vapor Steamer with biodegradable detergent to all high touch, vertical and horizontal surfaces excluding light switches and electronic devices, Contact time for the steamer is TBD. There are no known claims that vapor steamers kill any specific strand of viruses including COVID-19, but as per the CDC, most viruses are killed between temperatures of 165 degrees to 212 degrees. Based on this information, the application of vapor on surfaces is neither a recommendation nor requirement, but rather an “added layer of protection” and is not to be considered a replacement to utilizing disinfectants with the recommended criteria per the CDC.
2. Properly clean all light switches, equipment (may vary based on facility) and entire area utilizing disposable microfiber towels and an EPA-registered disinfectant/cleaner utilizing solution in a bucket. Work in a systematic manner (top to bottom, clean to dirty) in the area paying special attention to all **high touch points**, horizontal and vertical surfaces. Do **not** disinfect more than four (4) high touch points with each disposable towel and use multiple towels (as needed) for horizontal and vertical surfaces.
3. Vacuum the floors in the area utilizing a backpack or upright Hepa filter vacuum cleaner.
4. Wipe down any excess water generated from the vapor steamer utilizing a disposable microfiber towel. Do **not** disinfect more than four (4) high touch points with each disposable towel and use multiple towels (as needed) for horizontal and vertical surfaces.

5. Disinfect with an EPA-registered product all **High Touch Points**, horizontal and vertical surfaces utilizing Automatic/Electrostatic applicator and let it air dry. High touch points could vary depending on where the cleaning/disinfection is being accomplished so consider ANY surface that is most likely to be touched by a person, regardless of the location, as a high touch point. Please seek the guidance of your Supervisor for more details.
6. Spot clean/disinfect walls, corners and baseboards as needed.
7. Mop the floor utilizing the microfiber mop applicator, disposable microfiber mops and the EPA-registered disinfectant. Do **not** forget to place wet floor signs throughout the area.
8. Wipe down your cart and apply disinfectant from electric sprayer to the cart.
9. Do a final walkthrough to survey area, remove any wet floor signs and remove your PPE prior to leaving the area.

B. Restroom:

1. Put on new gloves.
2. Check and replenish supplies, to include: paper towels, toilet tissue, seat covers, soap and hand sanitizer.
3. Empty trash, clean container with disinfectant and replace liner.
4. Sweep/dust mop the floor.
5. Apply recommended disinfectant product to toilet.
6. Apply recommended disinfectant product to sink and countertops.
7. Clean/disinfect sink, sink top, sink pipes, and polish chrome on faucet and handles.
8. Disinfect frequently touched surfaces including, bathroom light fixture, light switch, door, doorframe and handle, mirror, paper towel dispenser, grab bars and all horizontal surfaces.
9. Wipe down shower walls and door, and mop the shower floor.
10. Wipe toilet handle, all seat surfaces, and outside of toilet bowl with disinfectant.
11. Scrub toilet bowl with toilet bowl cleaner.
12. Post wet floor sign.

13. Wet mop floor with EPA-registered cleaner/disinfectant.
14. Remove wet floor sign once floor is dry.

C. Final Area Set-Up:

1. Restock room with supplies as needed.
2. Remake bed according to instructions for that unit if affected area is a patient room.
3. Rearrange all furniture and do a visual inspection of the room to ensure furniture is arranged correctly.
4. Notify supervisor/manager that the room or area has been thoroughly cleaned and disinfected and ready to be utilized.

D. Validation of Cleaning/Disinfecting:

Management validation through ATP testing will be required in areas after suspected or confirmed COVID-19 patients, visitors and providers. A minimum of five (5) high touch areas will be required after the disinfection of each affected area and determination of passing will be based on the ATP manufacturers' guidelines. Since there are no other known testing methods available to detect COVID-19 on surfaces, we will utilize ATP testing and also for the following reasons:

1. ATP is a molecule found only in and around living cells, and as such, it gives a direct measure of biological concentration and health.
2. ATP is quantified by measuring the light produced through its reaction with the naturally occurring firefly enzyme Luciferase using a Luminometer.
3. The amount of light produced is directly proportional to the amount of biological energy present in the sample.

TABLE 1. Air changes per hour (ACH) and time required for removal efficiencies of 99% and 99.9% of airborne contaminants*

| ACH | Minutes required for removal efficiency† | |
|-----|--|-------|
| | 99% | 99.9% |
| 2 | 138 | 207 |
| 4 | 69 | 104 |
| 6 | 46 | 69 |
| 12 | 23 | 35 |
| 15 | 18 | 28 |
| 20 | 14 | 21 |
| 50 | 6 | 8 |
| 400 | <1 | 1 |

* This table can be used to estimate the time necessary to clear the air of airborne *Mycobacterium tuberculosis* after the source patient leaves the area or when aerosol-producing procedures are complete.

† Time in minutes to reduce the airborne concentration by 99% or 99.9%.