

COVID-19 SAFETY PLAN AND ABBREVIATED SAFETY PLAN ADDENDUM
Version 09/01/2021

The following elements shall be addressed in all Safety Plans (SPs), Abbreviated Safety Plans and Job Hazard Analysis (JHA) until further notice. Please use the below checklist to ensure safety plans incorporate the following requirements.

Item	Risk L,M,H	Task Description	Yes	No
1	L	Contractor has amended their Site Specific Safety Plan and/or Job Hazard Analysis (JHA) in accordance with established BPA guidelines. The amendment shall address, at a minimum, the following:		
2	L	Contractor has developed a COVID-19 Exposure Control Plan in accordance with Federal, Centers for Disease Control (CDC) and State guidance. Documents posted in the workplace.		
3	L	Documented Safety Meeting(s) – Meeting to address, at a minimum: Company policy related to COVID-19, work practices, personal hygiene practices, cleaning of workspaces, and notification procedures to Supervisors of illness.		
4	L	Daily Job Briefings, per CSHRPS [Section 15.1.1]. Daily discussion on COVID-19 information, work place reinforcement of safety protocols.		
5	M	While indoors, all individuals, whether fully vaccinated or not, must wear a face covering while on BPA property. While outside, BPA allows for fully vaccinated individuals to not wear a face covering. Fully vaccinated is defined as having 14-days elapsed since you received a single Johnson & Johnson vaccine dose or your second dose of the Moderna or Pfizer vaccines. At this time, records showing full vaccination will not be requested nor required. Individuals who are not yet fully vaccinated are asked to wear face covers at all times while on BPA property. Unless work dictates a higher level of PPE or when using CDC practices for activities like eating and drinking.		
6	M	Documentation – Training of personal required to wear Personal Protective Equipment (PPE). Documentation to become part of the Contractor files and available for BPA review, upon request.		
7	M	Documentation – List of all COVID-19 related PPE used in the workplace. Contractor to include manufacturer’s information for all PPE used.		
8	M	Documentation – Evidence that the Contractor has implemented an over-arching cleaning / sanitization program (e.g., surfaces, workspaces, floors) and have defined a protocol they will follow.		
9	M	Safety Data Sheets (SDS) are provided for all; sanitizers, cleaner’s, and disinfectants used.		
10	M	Contractor has identified a strategy, following CDC guidelines for; absenteeism, encouraging workers to stay home if sick, self-identification of potential COVID symptoms of illness.		
11	M	Documentation – Control measures implemented to minimize the spread of contamination (e.g., social distancing, work break locations, dust control measures).		
12	H	Notification – Inform BPA CO/COR of a potential exposure to COVID-19 at the worksite.		



		[Note – To protect employee rights in accordance with privacy requirements, we are not asking for Protected Health Information (PHI) on the employee. This is a notification of potential COVID-19 issue, symptoms include fever, cough, or shortness of breath.]		
13	H	The Contractor has developed a notification policy to the workforce (including notification to potentially impacted BPA employees) of potential COVID-19 exposure.		
14	H	Contractor has identified a procedure for local Public Health Authority notification.		
15	H	Contractor has developed a SOP for workplace disinfection and cleaning of all work areas.		
16	H	Contractor will identify subcontractors who are responsible for the disinfection and cleaning of the workplace. Sub-contractor requirements shall address: <ul style="list-style-type: none"> • Qualifications • Cleaning Process • PPE (e.g., masks, gloves, etc.,) • Disposal of potentially contaminated material 		
17	H	Contractor has adequately addressed post-exposures process for returning potential COVID-19 employees back to work.		

* Contractors may use BPA Self–Evaluation Questionnaire form or similar process. Forms shall not be submitted, they are to be used as tools for personnel to self-evaluate. See template below.



SELF-EVALUATION QUESTIONNAIRE TEMPLATE

Self-observation is a key part of slowing the spread of COVID-19. This questionnaire, developed with criteria from the CDC, should be completed each day before coming to work. **If you feel ill, stay home.**

Notice regarding post-vaccination symptoms:

If you develop symptoms of fever, chills, headache, or body aches within 48 hours following a COVID-19 vaccination, stay at home until the symptoms resolve. Notify your supervisor (BFTE) / supplier (contract personnel) that you are taking the appropriate leave.

If symptoms last longer than 48 hours, develop after the 48 hours is up, or symptoms include a cough, shortness of breath, or loss of taste or smell; you should report it to your supervisor (BFTE) / supplier (contract personnel) as COVID/flu-like symptoms because it is likely not a vaccination side-effect.

Before entering any BPA jobsite, answer the following questions to yourself:

Have you had a fever 100.4 or greater (currently or within the past 3 days, excluding vaccination-related fever described above)?	YES	NO
Are you currently experiencing chills?	YES	NO
Are you currently experiencing headache or body ache?	YES	NO
Are you currently experiencing cough (not related to allergies, smoking or pre-existing health condition)?	YES	NO
Are you currently experiencing shortness of breath/difficulty breathing?	YES	NO
Are you currently experiencing sore throat (not related to allergies)?	YES	NO
Are you currently experiencing loss of taste/smell?	YES	NO
Does anyone in your household or with whom you have had close contact in last 14 days have an illness with fever, cough or shortness of breath OR tested positive for COVID-19?	YES	NO
<i>If you answered yes to any of the above symptoms, stay home, call your supervisor, and seek medical attention.</i>		

Once you begin your shift or workday, continue to observe yourself for any changes as listed above.

If you start to experience one or more of the above, you should:

- Contact your supervisor (BFTE) / supplier (contract personnel) immediately.
- Return home
- Self- isolate (6ft distance between you and others)
- Monitor for symptoms
- Seek advice by telephone from a healthcare provider of their local health department (The healthcare provider will determine if a medical evaluation is needed).

This is NOT an official medical questionnaire. It is for your personal use only. Please use this personal tool to help track symptoms and temperature prior to coming to work.

