



COVID-19 Exposure Prevention Plan (CEPP)

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Change Record

Version	Date	Description	Change Owner
1.0	2020-05-20	Initial Release	C. Gessner, S. Shimko, V. Schnader
2.0	2020-08-31	Removed reference to Phases, added new exposure reduction requirements and Guidance for Conditions of Exposure.	C. Gessner, S. Shimko, V. Schnader
3.0	2020-11-10	Updated symptoms 1.3 and added new site access questions, testing guidance added.	C. Gessner, S. Shimko, V. Schnader
4.0	2021-01-22	Corrected virus definition in section 1, added close contact guidance in section 3.3, modified vehicle use in section 6.1.	C. Gessner, S. Shimko, V. Schnader
4.1	2021-02-10	Added mask wearing clarifications in section 4.3.1.	C. Gessner, S. Shimko, V. Schnader
5.0	2021-09-01	Added vaccination status guidance from the CDC and OSHA; updated requirements for masking and distancing, cleaning and disinfection, vehicle sharing and meeting rooms; added barriers, ventilation, and business travel guidance.	J. Ditsler, D. Lehr, C. Gessner, G. Pabst, S. Shimko

Purpose

AURA is committed to the health and safety of our staff at all locations. In late March 2020, due to the COVID-19 worldwide pandemic, facilities were closed, and staff began working under an emergency telework procedure. Consistent with the AURA Epidemic/Pandemic Policy and the Safety and Health Policy, this document defines the COVID-19 Safety and Health requirements and procedures for the presence of workers at AURA facilities and sites. This document applies to all contractors, collaborators, and visitors that may be allowed on site.

This plan mandates requirements and procedures intended to minimize COVID-19 exposure and spread at the workplace. Failure to comply with the requirements and procedures of this document shall be considered a breach of contract/agreement or a serious infraction and, depending on the violation, may result in: termination of the contract, agreement, or employment; disciplinary action; or other sanctions at the discretion of management. In both the U.S. and Chile, the disciplinary actions, including work termination, will be made in compliance with the applicable labor regulations.

Nothing contained in this plan shall be interpreted to guarantee or assure the health, safety, or wellbeing of anyone entering the site, or that the site will be free of COVID-19. In no event shall this document give rise to an independent cause of action or provide any additional personal or governmental rights or liabilities.

This plan is based on information available at the time of its development from the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Department of Labor Occupational Safety and Health Administration (OSHA), local jurisdictions, and the Chilean government and is subject to change based on further information provided by the CDC, OSHA, Chilean labor law and protocols of the Chilean Ministry of Health (MINSAL), and other public officials. To help ensure the health and safety of our staff, AURA reserves the right, at any time, to implement more stringent requirements than those mandated or recommended by the CDC, OSHA, local jurisdictions, and the Chilean government.

This plan may be amended based on evolving circumstances, changing guidance, and operational needs. If operational or other constraints require exceptional protocols, these must be approved by the AURA VP for Programs.

Compliance to Requirements and Guidance

AURA sites shall comply with the CEPP requirements, applicable CDC and OSHA guidance, and, if applicable, Chilean labor law and protocols of the MINSAL. These may be superseded by State or local requirements and guidance, based on current, local conditions. Local guidance may be based upon statistics such as case counts, changing testing positivity rates (7-day average), infrequent use of other prevention measures, and vaccination rates.

AURA reserves the right to implement protective protocols at our sites, including but not limited to face coverings and mask use, social and physical distancing, restricted use of common areas, contact tracing data collection, vaccination status, and health screenings.

At such time when local COVID-19 restrictions are lifted, or become more stringent, the Center Director will notify the AURA Vice President for Programs for concurrence with the latest version of the CEPP. Requests for an exemption from the requirements and guidance in this CEPP and other Center COVID-19 related procedures must be approved by the AURA VP for Programs.

Each center will designate an individual or establish a process to ensure that each person who comes on site is approved for entry, compliant with these protocols. AURA employees working at non-AURA sites are expected to follow the COVID-19 protection protocols for the non-AURA site. Employees who have questions or concerns regarding protocols at non-AURA sites should contact their division of AURA Human Resources.

1. What is COVID-19?

COVID-19 is a highly infectious disease that is spread from person to person, including through aerosol transmission of particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 is highly transmissible and can be spread by people who have no symptoms. Particles containing the virus, SARS-CoV-2, can travel more than 6 feet, especially indoors and in dry conditions (relative humidity below 40%) and can be spread by individuals who do not know they are infected.

1.1 How is COVID-19 Spread?

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

1.2 Symptoms of COVID-19

People with COVID-19 have had a wide range of symptoms reported—ranging from mild symptoms to severe illness.

Symptoms may appear 2–14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or sense of smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms.

1.3 When to Seek Medical Attention

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

In the U.S., call 911 or call ahead to your local emergency facility; notify the operator that you are seeking care for someone who has or may have COVID-19. In Chile, if these symptoms appear in your workplace, call ACHS 1404.

1.4 People at Increased Risk

If you believe you have a pre-existing condition that puts you at higher risk of severe illness and are scheduled to work at an AURA facility, contact your Human Resources (HR) professional to discuss concerns or to request possible special accommodations.

Per the CDC, some individuals may be at increased risk for severe illness¹. This may include older adults, people with medical conditions, and pregnant or recently pregnant people. If you have a medical condition or are taking medicines that weaken your immune system, talk to your healthcare provider. Even if vaccinated, you may need to keep taking all precautions² to prevent COVID-19 disease³. CDC also recommends that people whose immune systems are compromised moderately to severely should receive an additional dose of mRNA COVID-19 vaccine after the initial 2 doses.

2. Vaccinations

AURA encourages workers to get vaccinated and to be attentive to emerging guidance on COVID-19 variants and vaccine efficacy. At this time, AURA is not mandating or providing vaccinations.

Regarding guidance on workers' vaccination status, AURA sites shall comply with the CEPP unless otherwise required by federal, state, local, tribal, or territorial laws, rules, and regulations and, if applicable, Chilean Labor Law and protocols of the MINSAL. As OSHA and CDC guidance or Chilean health and safety regulations evolve, AURA may amend, delay, withhold, or eliminate the implementation of portions of this section.

In the United States:

People are considered fully vaccinated for COVID-19 two (2) weeks after they have completed their final dose in the series of a COVID-19 vaccine authorized by the U.S. Food and Drug Administration or the World Health Organization. That is, an individual is considered fully vaccinated against COVID-19 two (2) weeks after receiving their second dose of a vaccine in a 2-dose series (e.g., the Pfizer and Moderna vaccines) or two (2) weeks after receiving a single-dose vaccine (e.g., Johnson & Johnson's Janssen vaccine). However, CDC suggests that people who are fully vaccinated but still at-risk due to immunocompromising conditions should

discuss with their healthcare providers the need for additional protections, potentially including an additional dose of vaccine after their initial vaccine series.

OSHA emphasizes that vaccination is the most effective way to protect against severe illness or death from COVID-19. Current OSHA guidance⁴ provides recommendations for protecting unvaccinated workers and otherwise at-risk workers and to help those workers protect themselves. OSHA's guidance also incorporates CDC's recommendations for fully vaccinated workers in areas of substantial or high community transmission.

CDC's *Interim Public Health Recommendations for Fully Vaccinated People*⁵ explains that persons who are fully vaccinated can resume many activities that they did before the pandemic without masking or physical distancing. On July 27, 2021, the CDC added a recommendation that, in areas of substantial or high community transmission⁶, fully vaccinated people should wear a mask in public indoor spaces to maximize protection from the Delta variant and to prevent possibly spreading it to others. The CDC also advised that fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease, or not fully vaccinated.

The CDC also advises that fully vaccinated persons can refrain from routine screening testing, if feasible, and provides recommendations for people who have come into close contact with someone with suspected or confirmed COVID-19. CDC continues to recommend precautions for workers in certain transportation settings.

AURA will provide reasonable accommodations to employees with qualifying medical conditions or with sincerely held religious beliefs that prevent them from being vaccinated.

In Chile:

To provide a safe and sanitary work environment, AURA will continue to follow Chilean National COVID-19 safety ordinances and all health and safety regulations, as well as the Chile Health Safety Protocol distributed on 30 June 2021.

2.1 Use of Vaccination Data

In the United States:

AURA does not mandate employee vaccinations at this time; however, AURA employees may be subject to vaccination requirements from other entities, such as host institutions or individual affiliations.

In the U.S., AURA may ask employees to declare their vaccination status and establish safety procedures to comply with OSHA³ and CDC¹ guidelines (such as required masking, distancing, or testing) that apply only to unvaccinated and otherwise at-risk employees.

Employee vaccination status may be requested and maintained by HR. While vaccination status alone does not need to be protected as medical or health-related information, HR will secure this information confidentially.

When and where conditions permit the use of employee vaccination status to determine the application of protection protocols, employees who submit proof of vaccination to HR are not required to mask (but may optionally mask at any time), to socially/physically distance, or to undergo regular screening testing.

AURA may require additional safety precautions to be taken by staff who do not submit proof of vaccination. To ensure equal employment opportunities, AURA will not otherwise use vaccination status to deny access to or participation in employment programs, assignments, activities, etc. (e.g., to assign work functions or approve business travel). Workers should not be asked or expected to disclose vaccination status in the workplace (other than voluntary submission to HR).

For contractors, collaborators and visitors, the relevant division of AURA HR may determine if verification of vaccination status may be used similarly to employee vaccination status to determine the application of site safety protection protocols.

In Chile:

In accordance with Chilean law, AURA will not require employee vaccination nor require employees to report their vaccination status. However, an educational campaign will be maintained to promote vaccination on a voluntary basis. AURA will require employees to wear AURA-supplied masks regardless of their vaccination status. Social/physical distancing is required for all employees.

2.2 Unvaccinated or Otherwise At-risk Personnel

All workers must follow the protocols addressed throughout this document.

COVID-19 spreads mainly among unvaccinated people who are in close contact with one another especially in poorly ventilated spaces.

In the United States:

If you are unvaccinated or otherwise at-risk, protect yourself by following the current guidance from the CDC¹ and OSHA³.

AURA requires that unvaccinated or otherwise at-risk personnel follow these steps:

- 1) Properly wear an AURA-supplied mask over your nose and mouth at all times while on site. Masks are not required if the worker is:
 - a) Alone in an office or enclosed work area, with the door closed
 - b) Eating or drinking; eating or drinking must be done while physically distanced from all other workers
 - c) Engaging in aerobic work activity at altitude (see Section 11.2)
 - d) Outdoors and physically distanced at least six feet away from other persons
- 2) Stay physically distanced at least six feet away from other persons

In Chile:

Regardless of vaccination status, workers must:

- 1) Properly wear an AURA-supplied mask over your nose and mouth at all times while on site, whether in open or closed spaces. Masks are not required if the worker is:
 - a) Alone in an office or enclosed work area, with the door closed
 - b) Eating or drinking in places properly equipped and enabled for this activity; eating or drinking must be done while physically distanced from all other workers
 - c) Engaging in aerobic work activity at altitude (see Section 11.2)
- 2) Stay physically distanced at least six feet away from other persons

2.3 Fully Vaccinated Personnel

All workers must follow the protocols addressed throughout this document.

In the United States:

Current OSHA guidance³ states that, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance, fully vaccinated people can:

- Resume work activities without wearing masks unless indoors in an area of substantial or high community transmission.
- Resume work activities without physically distancing.

When and where conditions permit the use of employee vaccination status to determine the application of protection protocols, fully vaccinated workers who submit proof of vaccination to HR:

- 1) are not required to mask or physically distance;
- 2) may wear an AURA-supplied mask at their discretion; and
- 3) must eat or drink while physically distanced from all other workers.

In Chile:

All workers must wear an AURA-supplied face mask and avoid contact with other workers (social/physical distancing), regardless of their vaccination status.

2.4 Protection from Retaliation

AURA prohibits discrimination of any type and affords equal employment opportunities to all employees and applicants.

Employees are protected from retaliation for raising workplace health and safety concerns and for reporting work-related injuries and illnesses⁷.

As stated in the AURA Standards of Workplace Conduct Policy, AURA is committed to ensure an environment of the highest professional and ethical standards of conduct for all employees and one that is fair and humane. All workers, regardless of vaccination status, must always be treated with civility and respect. All workers should be supported in wearing a face covering if they choose, and workers should not be asked or expected to disclose vaccination status in the workplace (other than submission to HR).

Employees may anonymously communicate concerns or questions regarding ethical or misconduct issues, interactions, policy questions and improvement suggestions at the IntegrityLine⁸ staffed by the third-party vendor EthicsPoint.

3. Worker Responsibilities

All workers granted access to the workplace must understand and comply with the applicable requirements within this Plan, as well as all related AURA and Center-specific COVID-19 specific policies and/or procedures.

3.1 Training

Employees are required to understand and comply with all applicable COVID-19 exposure prevention trainings before reporting to work at AURA facilities. Non-employees may be required to complete COVID-19 trainings based upon site requirements.

In Chile:

The Program Safety coordinators will have an active role in the training of AURA workers and contractors.

3.2 COVID-19 Requirement for Daily Self-Screening

Workers shall understand and acknowledge the requirement for daily self-screening for symptoms, exposures, and positive test results (see section 4.2). This may take the form of a daily Site Access Questionnaire completed before the start of each shift or periodic acknowledgement of a longer-term agreement that requires daily self-screening.

4. Management Responsibilities

All managers and supervisors shall be familiar with this Plan and shall follow and enforce the requirements and procedures of this Plan.

4.1 Communication and Training

Management is required to ensure that workers are informed of applicable exposure prevention protocols and site requirements and that employees have received applicable COVID-19 exposure prevention training before reporting to work at AURA facilities. Management should also ensure that supervisors are familiar with related policies and procedures, such as flexible workplace arrangements and leave policies and procedures.

4.2 COVID-19 Daily Self-Screening Instructions

When reporting to an AURA work site, AURA employees will be required to self-screen daily for symptoms, exposures, and positive test results, either through completion of a daily Site Access Questionnaire or with periodic acknowledgement of a longer-term agreement to self-screen daily. Contractors, collaborators, visitors, and other workers will be required to complete a daily Site Access Questionnaire or otherwise acknowledge an agreement for daily self-screening.

Employees who identify COVID-19 symptoms, exposures, or positive test results in the daily screening must notify the relevant division of AURA HR, who in turn must notify the Center Director or their designee. Employees should also notify their supervisor and/or AURA site Point of Contact (POC) as appropriate according to Center procedures; health information should be disclosed only to HR. Contractors, collaborators, and visitors who identify COVID-19 symptoms, exposures, or positive test results in the daily screening must notify their HR department and the AURA site POC, who in turn must notify the Center Director or their designee.

The Center Director shall coordinate necessary actions that materially impact site operations, including anonymized reports of positive COVID-19 test results, with the AURA Vice President for Programs.

In the United States:

Workers who in daily self-screening identify COVID-19 symptoms, exposures, or positive test results should be instructed:

- 1) Do not enter AURA facilities/sites.
- 2) Immediately contact Human Resources.
- 3) Notify their supervisor and/or AURA Site POC that the worker may not enter the site; disclose health information only to their HR department.
- 4) Follow Human Resources guidance, such as obtaining COVID-19 testing.
- 5) If testing is required, remain at home until COVID-19 results are available, then provide the test results to Human Resources.

If the worker tests negative for COVID-19, they may return to work after the test documentation is provided to Human Resources, and Human Resources approves the return. If the worker tests positive for COVID-19, the worker will follow the protocols documented in Section 5.2 of this document.

NOTE: Individuals with pre-existing chronic conditions that present similar symptoms to those of COVID-19 should contact Human Resources for guidance on completing the questionnaire.

In Chile:

Workers who in daily self-screening identify COVID-19 symptoms, exposures, or positive test results should be instructed:

- 1) Do not enter AURA facilities/sites.
- 2) Immediately contact Human Resources.
- 3) Notify their supervisor and/or AURA site POC that the worker may not enter the site; disclose health information only to their HR department.

Supervisor or attendance recorder must ensure that, before entering the AURA sites, each person has met the necessary requirements to report whether they have COVID-19 symptoms, exposures, or positive test results. No person can enter if they have COVID-19 symptoms.

To ensure the symptoms declared are not related to a probable case of COVID, and to allow access of the worker to the installations of AURA, the worker shall be advised by Human Resources to consult with a physician or the ACHS and conduct a COVID-19 PCR test.

To safeguard the good sanitary conditions at the workplace, worker access to installations shall be granted after Human Resources has been officially notified of a medical certification stating that the symptoms reported by the worker are not related to a COVID-19 contagion.

NOTE: Individuals with pre-existing chronic conditions that present similar symptoms to those of COVID-19 should contact Human Resources for guidance on completing the questionnaire.

4.3 Active Screening

Active screening of workers, as a requirement to enter the AURA site or building, may be conducted before the start of each shift. Management may assign a person(s) to conduct the screening and act as an “exposure prevention advocate” to aid supervisors and workers to comply with this plan. Management shall enforce the requirements and procedures of this plan.

Active screening will permit people onto the site only if they are determined as “No Identifiable Risk.”

4.3.1 Active Screening Process

Individuals waiting on and going through the active screening process may be required to maintain at least 6-foot (2 meters) distance from other people. Consider other methods for safe distancing such as having individuals drive up to a station.

The assigned screener may review the questions on the COVID-19 Site Access Questionnaire with the individual being screened.

If a person answers “Yes” to any of the questions, the screener will ask them to leave the workplace or site immediately and contact Human Resources (see Section 4.2 above).

If a person answers “No” to all questions, the person may proceed onto the site.

If a person refuses to be screened, the person may not proceed onto the site. Management and Human Resources should be made aware of the refusal immediately.

4.4 Alternative Active Screening

Management may choose to measure the temperatures of those seeking access to AURA facilities or sites and will follow and comply with manufacturer guidelines and best practices as set forth by the CDC⁴, the health authority in Chile, and other regulators.

4.5 Site Inspections

Management shall ensure AURA facilities or sites shall be inspected regularly for exposure prevention plan compliance. See Appendix B sample checklist.

4.6 Contact Tracing

Processes and procedures shall be put in place at each site to document staff contact. Human Resources will notify the Center Director or their designee of exposure and illness information to allow local management to facilitate contact tracing and notify workers of exposure potential, following privacy requirements. In the event of an exposure, the Center Director or their designee will determine the level of contract tracing based on local circumstances and in accordance with established definitions of close contact. The Center Director shall coordinate with the AURA Vice President for Programs regarding any necessary site closures or partial closures required while contact tracing is in process following an exposure.

4.7 COVID-19 Testing in Screening

Site/location specific circumstances may exist that justify utilization of COVID-19 testing as part of a screening process. Should AURA Center Directors or Construction Project Directors deem that such circumstances exist, a proposal for such testing, including details on the justification, impacted workers, duration of the special circumstances, type of COVID-19 testing (PCR, rapid antigen test), and other relevant information, shall be submitted to the AURA Vice President for Programs for review and approval.

If AURA elects a regular screening testing protocol, the Center/Project will incur the costs of testing, and AURA will preferentially utilize rapid antigen testing or other rapid testing protocols as may become available.

5. Guidance for Conditions of COVID-19 Exposure

The following guidance is provided for definitions and management of people and contacts with COVID-19 and COVID-19 symptoms.

5.1 Employee or Non-employee Exhibits COVID-19 Symptoms

In the United States:

If a worker exhibits COVID-19 symptoms after they arrive at work or during the workday, they must notify Human Resources and, as appropriate, their supervisor and/or AURA site POC. Non-employees would notify their HR department and the AURA site POC (e.g., site manager). The worker should immediately be separated from other workers, customers and/or visitors and be sent home.

The worker will follow Human Resources guidance:

- 1) Not to enter AURA facilities/sites.
- 2) To obtain diagnostic PCR COVID-19 testing, if required.
- 3) To remain at home until any required COVID-19 test results are available, then provide the test results to Human Resources.

If the worker tests negative for COVID-19, they may return to work after the test documentation is provided to Human Resources, and Human Resources approves the return. If the worker tests positive for COVID-19, the worker will follow the protocols documented in Section 5.2 of this document. The respective HR department of the non-employee will communicate the status to the relevant division of AURA HR.

The CDC provides more information on quarantine and isolation guidance⁹.

In Chile:

If a worker exhibits COVID-19 symptoms after arriving at work or during the workday, the worker must notify Human Resources and, as appropriate, their supervisor and/or AURA site POC.

The worker should immediately be separated from other workers, customers and/or visitors and be sent to the ACHS. Following the protocols for the control of COVID-19 mandated by the sanitary authority, the ACHS will conduct a COVID test, and the result will be informed to AURA.

Access to installations shall be granted after Human Resources has been officially notified of a medical certification stating that the symptoms reported by the worker are not related to a COVID contagion.

5.2 Employee or Non-employee Confirmed Positive for COVID-19

In the United States:

A worker who tests positive for COVID-19 will be directed to self-quarantine (isolate) away from AURA facilities.

Workers that test positive and are asymptomatic (not exhibiting symptoms) must inform Human Resources (non-employees would notify the AURA site POC and their HR), provide documentation of the positive test result, and may return to work when 10 days have passed since the date of their first positive test, and they have not had a subsequent illness.

Workers who test positive and have symptoms must inform Human Resources, provide documentation of the positive test result, and stay at home until all the following conditions are met:

- 1) the worker is symptom-free;
- 2) 10 days have passed since symptoms began; and,
- 3) the worker has not had a fever for 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).

In both cases above, workers who test positive must provide Human Resources with documentation from a medical care provider clearing their return to work, unless this requirement is waived by Human Resources. The respective HR department of the non-employee will communicate the status to the relevant division of AURA HR.

In Chile:

Pursuant to the existing sanitary regulations in Chile, a person who tests positive for COVID-19 will be directed to mandatory quarantine, at home, at a hospital facility or in a sanitary residence.

Chilean workers that test positive must inform Human Resources and provide the official certificate of medical leave (licencia médica). The worker may return to work when they obtain their medical discharge.

5.2.1 Cleaning Protocol

If there has been a sick person or someone who tested positive for COVID-19 in a facility within the last 24 hours, clean and disinfect the spaces they occupied, following the CDC cleaning and disinfection recommendations¹⁰ and/or the MINSAL Protocols in Chile. Close off areas used by the person who is sick, and do not use those areas until after cleaning and disinfecting (see section 8.2.2). Before cleaning and disinfecting, wait as long as possible (at least several hours or the time necessary for the HVAC system to accomplish three air changes of the area).

If it has been more than 24 hours since the sick worker(s) has been in the space, cleaning is sufficient.

Provide additional tools, equipment, PPE, and signage to ensure potentially infected areas can be cleaned thoroughly and safely. This may include:

- Barrier tape, stanchions, cones, or other temporary barricading methods.
- Disposable gloves.
- Respirator and/or face shield per products instructions.
- Protective clothing (i.e., disposal gown, Tyvek suit).

Before cleaning/disinfecting, consult the product's manufacturer recommendations for use of personal protective equipment.

In Chile:

3-layer respiratory protectors and PVC gloves must be separated from inorganic waste and sent for environmental treatment in authorized companies.

5.3 Employee or Non-employee Has Close Contact with an Individual who has tested Positive for COVID-19

In the United States:

Per the CDC¹¹, "close contact" is defined as: being within 6 feet of an individual with confirmed or probable COVID-19 infection for a cumulative total of 15 minutes or more over a 24-hour period.

If a worker learns that they have come into close contact outside of AURA facilities with an individual who has tested positive for COVID-19, the worker will notify Human Resources immediately. (Non-employees will notify their HR and the AURA site POC.)

The worker will be directed by Human Resources to:

- 1) Self-quarantine for 7 days from the last date of close contact with that individual.
- 2) On day 5 of quarantine, obtain a PCR test at the established testing facility; and,
- 3) Remain in quarantine and provide the PCR test results to HR when obtained.
- 4) If PCR results are negative, the worker may return to work on site after obtaining HR approval.
- 5) If the PCR results are positive, the worker will follow the quarantine/isolation requirements of Section 5.2 of the CEPP.

If management determines a worker has been in close contact with an individual at AURA facilities/sites who has tested positive for COVID-19, the worker will remain at or be sent home, and the same protocol as documented above will be followed. If applicable, management will also notify any contractors, vendors/suppliers, or visitors who may have had close contact with the confirmed-positive person.

Visitors, vendors, contractors, etc. seeking access to AURA facilities who in the daily screening identify close contact with a COVID-19 positive individual will not be allowed onto AURA facilities/sites until such time as either:

- 1) their organization has provided the relevant division of AURA HR with written documentation confirming the individual quarantined for 7 days after last contact and obtained a negative PCR test on day 5 of quarantine; or,
- 2) written confirmation from the employer that the individual has quarantined for 10 days after last contact.

For employees remote working/not requiring access to AURA facilities, the employee should quarantine in accordance with CDC guidelines⁶.

NOTE: In circumstances where the employee is maintaining close contact with a household member who has COVID-19, the employee must notify HR and remain off-site. If the employee requires access to AURA facilities, they will follow the steps above, with the employee self-quarantine beginning on the day the household member is no longer considered to be a virus transmission risk (at least 10 days have passed since the household member first had symptoms or 10 days have passed since an initial positive test if they had no symptoms).

In Chile:

Close contact is understood to be a person who has been in contact with a confirmed or probable case of COVID-19, between 2 days before the onset of symptoms and 11 days after the onset of symptoms of the patient. In the case of a person who does not present symptoms, the contact must have occurred between 2 days before the collection of the sample of the RT-PCR test or antigen test for SARS-CoV-2 and during the following 11 days. In both cases, to qualify said contact as close, one of the following circumstances must also be met:

- Having maintained more than 15 minutes of face-to-face contact or physical contact, less than one meter, without the correct use of a mask.
- Having shared a closed space for 2 hours or more, in places such as offices, jobs, meetings, schools, among others, without the correct use of a mask.
- Cohabiting or spending the night in the same home or places similar to home, such as hostels, boarding schools, closed institutions, homes for the elderly, hotels, residences, collective housing and workplaces, among others.
- Having moved in any closed means of transport closer than one meter with another occupant of the means of transport who is infected, without the correct use of a mask.
- Having provided direct care to a probable or confirmed case, by a health worker, without a surgical mask and, if an aerosol-generating procedure is performed, without a N95 respirator or equivalent or goggles.

Compliance with the circumstances above may be the subject of an epidemiological investigation by the health authority, by virtue of which a person may be considered as close contact, even when they have not been fully complied with.

Individuals who have been in close contact with a person diagnosed with COVID-19 must comply with the 14-day mandatory quarantine, starting from the date of the last contact. A negative PCR test will not exempt the person from total compliance with the quarantine order indicated above.

The definition of close contact is modified for the COVID-19 Delta variant as follows: “Close contact of a confirmed case of Delta variant: Any person who has been in contact with the confirmed case with Delta variant (B1.617.2), regardless of time and use of a mask. Note: In transfers, all contacts of the plane or means of transport will be considered as close contact.”

6. Exposure Reduction Requirements

At all sites AURA requires practices to minimize potential exposures to and spread of COVID-19 in the workplace. Before accessing the site and after leaving the site, workers are advised to follow all CDC-recommended precautionary measures such as hand washing, avoiding contact with other people (social distancing), physically separating from other persons (physical distancing), and other good personal hygiene practices.

6.1 Personal Hygiene

Frequently wash hands with soap and water for at least 20 seconds after touching common surfaces, such as door handles, handrails, and elevator buttons. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.

- Avoid touching eyes, nose, or mouth with unwashed hands.
- Practice good respiratory hygiene by covering cough or sneeze with a tissue, then throwing the tissue in the trash. If a tissue is not available, use the inside of the elbow. Immediately wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean hands with a hand sanitizer containing at least 60% ethyl alcohol.
- Avoid close contact with people who are sick.
- Avoid using other workers’ phones, computers, desks, offices, or other work tools and equipment, when possible.

6.2 Social and Physical Distancing

To prevent potential exposures and the spread of COVID-19 at AURA facilities, AURA is utilizing the CDC- and OSHA-recommended practices of social and physical distancing.

The practice of social distancing means staying home and away from others as much as possible to help prevent spread of COVID-19. The practice of social distancing encourages the use of things such as online video and phone communication instead of in-person contact. Consistent with AURA policy, workers may be required to work from offsite locations or to work onsite with physical distancing requirements.

Physical distancing is the practice of staying at least 6 feet away from others to avoid transmitting or becoming infected with a disease such as COVID-19.

In the U.S., these requirements are modified where AURA identifies workers who do not need to wear masks or physically distance (e.g., by accepting and maintaining worker vaccination status (see Section 2.0)). Note that this modification may create venues in which workers who are required to distance are not identifiable to others. Workers should not be asked or expected to disclose vaccination status in the workplace (other than voluntary submission to HR).

When and where distancing is required between workers, consider the steps listed below to sufficiently separate those workers:

- Workers should avoid close contact with others by maintaining physical distance of at least 6 feet (2 meters). Minimize time, maximize distance, and ensure face masks are worn.
- If meetings rooms are utilized, workers should maintain physical distance of at least 6-foot (2 meters). Sites should ensure that common spaces provide areas (e.g., chairs spaced appropriately) for those who are required or choose to physically distance.
- Meetings or stretch sessions for work crews shall be conducted in smaller groups, when necessary, to maintain at least 6 feet (2 meters) of distance between individuals.
- To the extent practicable, stagger lunch periods, project start/arrival and end times.
- Create separation plans so multiple crews maintain required minimum 6-foot (2 meters) spacing and eliminate trade stacking of work in the same location, if required.
- Provide safe distance floor/ground markings where people congregate (i.e., restrooms, wash stations, etc.).
- Communicate that all workers should support a request to distance from any colleague without a specific reason, e.g., “I am practicing physical distancing. Could I ask you to step back?”

6.3 Barriers

Barriers—including but not limited to a partition, such as a glass or plastic window or self-supported free-standing panel on a desk, counter, or table—shall be provided when proper distancing is not possible or interferes with usual work activities or tasks.

Such barriers can protect face and mucous membranes from respiratory droplets from others that may be produced by sneezing, coughing, talking, or breathing.

Barriers would be considered for situations that include:

- Reception areas for screening staff and visitors entering a building or parking facility;
- Food service locations such as cafeteria operations;
- Control rooms where high-density occupancies are required to accomplish critical activities.

Refer to ventilation guidance for high-density occupancies when distancing is not convenient or possible.

6.4 Face Coverings

AURA-approved face coverings, as provided by management, are required to be worn by all workers at AURA sites¹². In the U.S., these requirements are modified when and where AURA identifies workers who do not need to wear masks or physically distance (e.g., by accepting and maintaining worker vaccination status (see Section 2)).

The use of homemade or personally purchased masks is prohibited when at work except:

- When worn arriving and leaving the workplace; or
- When worn over an AURA-supplied mask according to CDC double-masking guidelines¹³.

NOTE: when double-masking, do not combine two disposable masks and do not combine a KN95 mask with any other mask.

Workers must always wear a mask in the workplace and workplace public areas, with the following exceptions:

- In an office or enclosed workspace alone, with the door closed.
- When eating or drinking; eating or drinking must be done while physically distanced from all other workers.
- When engaging in aerobic activity at altitude (see Section 11.2).

The following exception additionally applies in the United States:

- When outside and physically distanced from other workers.

Centers should consider establishing isolated areas where individual workers can safely unmask for short break periods, sufficiently distanced from other workers.

Staff who require alternatives to AURA-provided masks for personal (including medical or religious) reasons are to contact Human Resources. Workers requiring alternatives due to work conditions should contact their supervisor. All exceptions for work conditions must be approved by the AURA Vice President for Programs.

Local planning leads or Program Directors may recommend more general exceptions to these protocols to the Center Director to bring to the AURA Vice President for Programs for approval.

Workers shall ensure masks are worn properly¹⁰. Masks should:

- 1) Completely cover the nose and mouth;
- 2) Fit snugly against the sides of the face and not have any gaps;
- 3) Have a nose wire to prevent air from leaking out of the top of the mask;
- 4) Be handled only by the ear loops, cords, or head straps (not by the surface of the mask); and,
- 5) Be disposed of at least daily.

If a mask is damaged or soiled, or if breathing through the mask becomes difficult, remove the face mask, discard it, and replace it with a new one.

Surgical masks are not respirators and are intended to slow the spread of the virus and help people who may unknowingly have the virus from transmitting it to others. Use of AURA-supplied KN95 masks to prevent the spread of COVID-19 is permitted on a voluntary basis.

6.5 Personal Protective Equipment

6.5.1 Use of N95 Respirators

N95 filtering face mask (respirators) or other air purifying respiratory protection may be provided by management if needed for a specific industrial task. N95 masks and air purifying respiratory protection are regulated by OSHA and should be reserved for work activities that require the use of such protection. Personally purchased (K)N95 masks are not allowed when working.

Workers are encouraged to limit the need for the use of N95 filtering face mask respirators by using engineering and work practice controls to minimize dust. Such controls include the use of water delivery and dust collection systems, as well as limiting exposure time.

During the pandemic, N95 masks with exhalation valves shall not be used when around other workers.

6.5.2 Gloves

Good hand hygiene, which is frequent handwashing or hand sanitizing, is a sufficient method to minimize the spread of COVID-19. Glove usage is not required except when separately required by the scope of work (e.g., in clean room conditions or when disinfecting, if required by manufacturers recommendation).

Because the COVID-19 virus adheres well to latex and other types of gloves, wearing gloves will not reduce potential disease transmission unless they are worn for limited periods with no contact to the face, are removed and exposed of properly, and removal is immediately followed by hand washing¹⁴.

Disposable gloves should be properly removed and disposed of after use.

6.5.3 Other PPE

Regular PPE for workers engaged in various tasks will be provided when needed such as fall protection, hard hats, hearing protection and others.

Shared PPE (i.e., hard hats, face shields, etc.) must be disinfected between each use.

6.5.4 Disposal of PPE and Cleaning Materials

Facilities shall provide receptacles to dispose of PPE including masks, wipes, gloves, and other materials. Janitorial staff should dispose of trash to include the liners (not leaving the liners behind).

In Chile:

All PPE for COVID must be certified by entities authorized by the Public Health Institute.

7. Business Travel

Business travel taking place during the COVID-19 pandemic requires special considerations and may require additional levels of approval. Both the traveler, as well as the organization sponsoring the travel, must consider all restrictions or requirements in place for the destination as well as returning travel, such as:

- Destination testing requirements;
- Destination quarantine requirements;
- Destination vaccination requirements; and,
- Citizenship status and the potential for additional restrictions (entry into the U.S. or foreign countries) upon arrival or return.

Domestic travel may require approval by the Center Director or designee. The AURA Vice President for Programs is not required to approve domestic travel unless AURA issues an advisory to Centers under worsening COVID-19 conditions.

International travel requires approval by the Center Director or designee and as stated herein may require approval by the AURA Vice President for Programs. The U.S. State Department Travel Advisories should be researched and taken into consideration, prior to approving international travel. Travel to destinations where the State Department's recommendation is Level 3 or above due to COVID-19 health advisories¹⁵ requires approval by the AURA Vice President for Programs.

8. Building Access, Cleaning & Ventilation

To minimize potential exposures, sites may monitor building access. Where building access is limited, people will request entrance by the method established by the site.

8.1 Minimizing Exposure at Facilities

While we remain in our unusual state of operations, we remind everyone that you may only access our facilities in accordance with approved procedures. You may not unilaterally provide building access to colleagues who have not been approved for such access through the required approval process.

8.2 Building Cleaning Practices

Facilities will follow the applicable Ministry of Health of Chile¹⁶ and CDC⁷ cleaning guidelines, which includes cleaning and disinfecting frequently used tools and equipment, and areas of the site.

The virus that causes COVID-19 can land on surfaces¹⁷. It's possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. In most situations, the risk of infection from touching a surface is low. The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.

8.2.1 Clean Site Guidance

Management will arrange for the appropriate cleaning of any areas of the site that have been contacted by a confirmed-positive individual (see Section 5.2.1). Access to these areas will be restricted before workers can access that workspace again.

The following guidance should be used for regular cleaning and disinfection of the sites, whether conducted by workers or arranged by management⁷:

- Schedule cleaning and disinfection of bathrooms and portable toilets at a minimum, between shifts or daily.
- Frequently touched or shared items (i.e., workstations, keyboards, door pulls, doorknobs, handrails, faucets, and toilets) will be disinfected daily, or as deemed necessary dependent upon use.
- Ensure group eating areas, if provided, are disinfected before each group use.
- Ensure individual eating areas are disinfected daily, or as deemed necessary dependent upon use.
- Provide disinfecting wipes/sprays so tools and/or equipment that must be shared can be cleaned/disinfected often.
- Disinfecting wipes/sprays should be provided in each piece of shared tools and equipment for workers to clean/sanitize often. This includes but is not limited to controls, seats, seatbelts, and other frequently touched surfaces associated with operation of the equipment. If the task requires workers to wear masks and gloves, disinfecting of tools and equipment is not required (i.e., cleanroom).
- Avoid sharing tools with co-workers, when possible.
- Provide and maintain hand sanitizer, depending on occupancy and availability.

8.2.2 Disinfecting Instructions

The Environmental Protection Agency (EPA) reviews and registers antimicrobial pesticides, which include disinfectants for use on pathogens like SARS-CoV-2, the novel human coronavirus that causes COVID-19. Refer to the EPA List N: Disinfectants for Use against COVID-19¹⁸.

Follow the manufacturer's instructions for proper application, ventilation, and PPE use. Verify that the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Ensure alcohol solutions have at least 60% ethanol or 70% isopropyl alcohol.

Products with EPA-approved emerging viral pathogen claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time, etc.).

8.3 Food Handling

Workers are encouraged and, in some cases are required, to bring their own water containers and utensils for personal use only. Use of kitchen appliances is permitted. Frequently touched or shared items (i.e., microwave controls, refrigerator handles, etc.) should be disinfected daily, or as deemed necessary dependent upon use.

- Individual bottled water or individually portioned foods may be provided as appropriate.
- Workers are to label all drinking bottles with their name to avoid sharing.
- Avoid sharing of food or drink on the site.
- Wash hands before and after eating.
- Eating areas should be sanitized after each use.
- Eating groups should ensure physical distance of at least 6 feet (2 meters) apart between all workers.

In Chile:

To provide social and physical distancing, cafeterias will be used in shifts.

8.4 Building Ventilation

Per OSHA's Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace³, the virus that causes COVID-19 spreads between people more readily indoors than outdoors. Improving ventilation is a key engineering control that can be used as part of a layered strategy to reduce the concentration of viral particles in indoor air and the risk of virus transmission to workers.

Some measures to improve ventilation are discussed in CDC's Ventilation in Buildings¹⁹ and in the OSHA Alert: COVID-19 Guidance on Ventilation in the Workplace²⁰. These recommendations are based on ASHRAE Building Readiness²¹ and Guidance for Building Operations During the COVID-19 Pandemic²².

Key measures include ensuring the HVAC system(s) is operating in accordance with the manufacturer's instructions and design specifications, conducting all regularly scheduled inspections and maintenance procedures, maximizing the amount of outside air supplied, installing air filters with a Minimum Efficiency Reporting Value (MERV) 13 or higher where feasible, maximizing natural ventilation in buildings without HVAC systems by opening windows or doors, when conditions allow (if that does not pose a safety risk), and considering the use of portable air cleaners with High Efficiency Particulate Air (HEPA) filters in spaces with high occupancy or limited ventilation.

9. Vehicle Use

9.1 Vehicle Sharing

Consistent with CDC guidance for transportation conveyances²³, vehicles may be shared by multiple workers, with the following requirements:

- 1) Centers/sites shall assess the concomitant risks of COVID-19 safety with industrial vehicle and road safety to determine the relative risks of single- and multiple-occupancy vehicle use.
- 2) Informed by the risk assessment, Center/sites should provide physical distancing (see section 6.2) in vehicles to the extent possible.
- 3) Wear the company-provided face mask while inside vehicles. Face masks should not be removed unless eating, drinking, or taking medication for brief periods of time.
- 4) Consider good hand hygiene by washing hands or using hand sanitizer before and after use of shared vehicles.
- 5) If outside conditions allow, avoid using the recirculated air option for the vehicles' ventilation during passenger transport; use the vehicles' vents to bring in fresh outside air and/or lower the vehicle windows.
- 6) Avoid contact with surfaces frequently touched by passengers or other drivers, such as door frame/handles, windows, seat belt buckles, steering wheel, gearshift, signaling levers, and other vehicle parts before cleaning and disinfection. Avoid touching your eyes, nose, or mouth.
- 7) Carry tissues in vehicles to use when you cough, sneeze, or touch your face. Passengers should dispose of the tissues after exiting the vehicle.

9.2 Vehicle Cleaning

Frequently touched surfaces in vehicles—such as door frame/handles, windows, seat belt buckles, steering wheel—should be disinfected frequently according to usage, such as before or after driver or passenger changes. Drivers and passengers may perform the disinfecting. Ensure cleaning and disinfection procedures are followed consistently and correctly, including the provision of adequate PPE and ventilation when chemicals are in use.

If required by the product, doors should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear PPE such as disposable gloves compatible with the product per the product manufacturer's instructions.

Follow the directions on the cleaning or disinfecting product's label. If surfaces are visibly dirty, they should be cleaned with detergent or soap and water prior to disinfection. Use appropriate disinfectants for hard non-porous surfaces.

10. Stop Work Authority and Reporting Non-Compliance

COVID-19 exposure prevention protocols are a critical element of AURA's safety and health requirements. Any person can and shall immediately request stop work of any activity they participate in or witness that could pose a serious threat to the life or health of people, the environment, or equipment while working. Such a stop work request shall be communicated verbally with the individual(s) engaged in the activity or through the supervisor of the activity.

The person asked to stop an activity shall do so immediately. Disagreements or differences of opinion about the need to stop an activity shall occur only after the activity is stopped and people are removed from the hazard.

The appropriate local senior manager, the local safety professional, or other designated point of contact shall be notified immediately to assist in the evaluation of the hazard. The activity can resume after the hazard has been corrected and after the appropriate local senior manager and the local safety professional or other point of contact have acknowledged that correction in writing. The appropriate local senior manager or point of contact shall forward the written corrective action to the Safety Manager within 24 hours of the resolution. If the resolution is not made locally, then the local senior manager shall notify the Safety Manager and/or the Site Director to assist in possible resolutions and approvals.

11. Summit/High-Altitude Safety Considerations

In the U.S., these requirements are modified when and where AURA identifies workers who are not required to wear masks and/or to practice physical distancing (e.g., by accepting and maintaining worker vaccination status, see Section 2). Face coverings are always required if a worker needing assistance cannot self-identify their applicable masking and distancing requirements.

11.1 Altitude Issues

Altitude illness or mountain sickness and COVID-19 illness have some shared signs and symptoms such as shortness of breath, difficulty breathing, nausea, vomiting, bluish lips or face, pain or pressure in the chest, even possibly new confusion or inability to wake or stay awake. Current protocols for summits are to call 911 for US-based operations or summons the paramedic for Chile-based operations. It is important to begin descent as soon as possible if any such severe signs and symptoms manifest.

For mild altitude illness signs and symptoms that persist for more than 10-15 minutes after resting, descent is also required. If severity of signs or symptoms worsen, call 911 or the paramedic, aid in self-administered oxygen, and immediately descend.

Considering some shared signs and symptoms of altitude and COVID-19 illnesses, workers with mild altitude sickness shall be monitored. If the worker is knowledgeable of their own typical response to altitude, considering possible long time from altitude work, they may be allowed to rest. If the worker exhibits no fever, no history of exposure, no other signs or symptoms, had no symptoms prior to arrival on summit and has oxygen saturation level above 90%, the worker shall be monitored. If there is no improvement in 10 to 15 minutes, the worker must leave the summit. If severity of signs or symptoms worsen, call 911 or the paramedic, aid in self-administered oxygen, and immediately descend.

11.2 Face Mask Use at Altitude

If a worker has trouble breathing in general while wearing a face mask at altitude (possibly due to the additional strain to respiration through a loose-fitting surgical-type or KN95 mask), the worker will not be able to work on site while face masks are required. The worker must notify their supervisor, leave the site, and contact Human Resources for guidance.

There is an exception to allow temporary mask removal in public or common use areas for highly aerobic activities like climbing stairs at altitude, if you maintain physical distancing of 6 feet (2 meters) or more, and do not have a general difficulty breathing, such as at rest or during non-strenuous activities.

11.3 Illness and Injuries

First responders to any event that would involve close proximity to assist other workers would first ensure that all involved have appropriate face coverings and the responder puts on disposable gloves and has eye protection²⁴. If the event would then cause prolonged close contact such as CPR, responders would immediately obtain and wear additional protective gear from the blood borne pathogens kit (eye and face protection, gloves and gown). Multiple first responders could relieve others to reduce the close contact time, if possible.

11.4 Transportation for Illness or Injury

Transportation of a worker unable to drive themselves off site may require the use of a larger vehicle such as vans or SUV where the driver and the worker could maintain physical distancing by having the worker in the farthest seat possible from the driver. Face coverings are required for both, and windows and ventilation should be maximally open as permitted by the weather conditions.

11.5 Oxygen Self-Administration

To reduce possible respiratory infection exposure, oxygen administration by nasal cannula is the preferred method over oxygen masks and should be applied under a face mask in a well-ventilated area. Oxygen flow by the nasal cannula is to be kept at or below 6 liters per minute to not produce aerosol out flow (reference EMR safety guidelines). If only an oxygen mask is available, a face mask over the oxygen mask may be applied and the flow also be limited as above.

11.6 CPR

The American Heart Association (AHA) has released guidelines to the public for Hands-Only CPR (Cardiopulmonary Resuscitation), and first responders should follow this guidance. The use of face masks for responders and victims is required.

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



American Heart Association.

Step 1	Step 2	Step 3	Step 4
 <p style="font-size: 0.8em; margin: 5px 0;">Phone 9-1-1 and get an AED.</p>	 <p style="font-size: 0.8em; margin: 5px 0;">Cover your own mouth and nose with a face mask or cloth.</p>	 <p style="font-size: 0.8em; margin: 5px 0;">Cover the person's mouth and nose with a face mask or cloth.</p>	 <p style="font-size: 0.8em; margin: 5px 0;">Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.</p>
<small>KJ-1424 4/20 © 2020 American Heart Association</small>			

Figure 1. AHA Instructions for Adult CPR.

Appendix A: Sample COVID-19 Site Access Questionnaire



CORONAVIRUS (COVID-19) SITE ACCESS QUESTIONNAIRE EMPLOYEES

AURA is committed to maintaining a safe workplace for everyone.
In light of recent COVID-19 developments, access to AURA worksites is limited.

**ONLY WORKERS WHO ANSWER “NO” TO ALL QUESTIONS
MAY BE PERMITTED ACCESS TO THE SITE.**

PROCEED HOME IF YOU DEVELOP ANY OF THESE SYMPTOMS WHILE ON SITE.

**REPORT THIS TO YOUR SUPERVISOR AND/OR THE SITE POINT OF CONTACT
IMMEDIATELY, AS APPROPRIATE.**

Please read and answer the questions below.

Only disclose “YES” answers concerning health to Human Resources.

1. IN THE PAST 14 DAYS, have you had any of the following COVID-19 symptoms (that are unexplained by either pre-existing non-COVID-19 related health conditions/circumstances or recent COVID-19 vaccine side effects), and you have not yet been cleared to return to the site by AURA Human Resources?

- Cough (persistent or dry cough)
- Fever* (100.4° F or higher) or chills
- Sore throat
- Headache
- Congestion or runny nose
- Diarrhea
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or sense of smell
- Nausea or vomiting

2. IN THE PAST 14 DAYS, have you tested positive for COVID-19 and have not yet been approved to return to the site by AURA Human Resources?

3. IN THE PAST 14 DAYS, have you had close contact** with anyone who has tested positive for COVID-19 and, at the time of close contact, they had not yet been cleared from quarantine by a medical professional?

*Fever – If the fever is the result of a recent COVID-19 vaccine, you must be fever-free for 24 hours without the use of fever-reducing medication.

**Close contact is defined as being within 6 feet of an individual with confirmed or suspected COVID-19 infection for a cumulative total of 15 minutes or more over a 24-hour period.

**If you answer “YES” to any of these questions, DO NOT PROCEED TO THE SITE.
You must notify your supervisor and AURA Human Resources. Please disclose
health information only to Human Resources.**

Appendix B: Sample Site Inspection Checklist

Sample COVID-19 Site Inspection Checklist							
Area				Month / Year			
Manager / Supervisor			Safety / Representative				
FOR EACH ITEM LISTED BELOW, CHECK THE APPROPRIATE BOX AND COMPLETE AS FOLLOWS:				✓ = ACCEPTABLE		? = UNKNOWN	
				X = NEEDS IMPROVEMENT		O = OPEN	
				NA = NOT APPLICABLE TO AREA		= NOT CHECKED	
Check or Inspect	Date:	Date:	Date:	Date:	Date:		
	Initial:	Initial:	Initial:	Initial:	Initial:		
	Week 1	Week 2	Week 3	Week 4			
Ample handwashing and hand sanitizer stations are set up and available.							
Lunch and break areas set up in order to accommodate physical distancing as needed							
Lunch and break times have been staggered to prevent overcrowding as needed							
Portable toilets spaced out to prevent overcrowding.							
Increased cleaning and disinfection has been implemented.							
Toolbox talks and stretch and flex adjusted for physical distancing.							
Workstations are set up to abide by physical distancing as needed.							
For reusable PPE, proper sanitation procedures have been outlined and followed.							
COVID-19 Posters have been properly displayed.							
Other							
Please speak with employee and ask them their concerns, feeling or perception of things are. Take notes below and their name if they are ok with it.							

Example taken from Helix Electric, ASSP Hawaii webinar on COVID-19 Best Practices for a Construction Site, April 2020

References

- ¹ [CDC People at Increased Risk for Severe Illness or Supporting Those Needing Extra Precautions](#) (April 20, 2021)
- ² [CDC How to Protect Yourself & Others](#) (August 13, 2021)
- ³ [Key Things to Know about COVID-19 Vaccines](#) (August 12, 2021)
- ⁴ [OSHA Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#) (August 13, 2021)
- ⁵ [CDC Interim Public Health Recommendations for Fully Vaccinated People](#) (July 28, 2021)
- ⁶ [CDC COVID-19 Integrated County View](#)
- ⁷ [OSHA Act of 1970, Section 11\(c\)](#) (April 2018)
- ⁸ [AURA EthicsPoint](#)
- ⁹ [CDC Quarantine and Isolation](#) (July 29, 2021)
- ¹⁰ [CDC Cleaning Your Facility](#) (June 15, 2021)
- ¹¹ [CDC Close Contact: Appendix A – Glossary of Key Terms](#) (August 5, 2021)
- ¹² [CDC Your Guide to Masks](#) (August 13, 2021)
- ¹³ [CDC Improve How Your Mask Protects You](#) (April 6, 2021)
- ¹⁴ [Gloved Hands May Spread Germs](#)
- ¹⁵ [Department of State Travel Advisories](#)
- ¹⁶ [Chilean Ministry of Health](#)
- ¹⁷ [CDC SARS-CoV-2 and Surface Transmission for Indoor Community Environments](#) (April 5, 2021)
- ¹⁸ [EPA List N: Disinfectants for Coronavirus](#)
- ¹⁹ [CDC Ventilation in Buildings](#) (June 2, 2021)
- ²⁰ [OSHA COVID-19 Guidance on Ventilation in the Workplace](#)
- ²¹ [ASHRAE Building Readiness](#)
- ²² [ASHRAE Guidance for Building Operations During the COVID-19 Pandemic](#) (May 2020)
- ²³ [CDC Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#) (June 10, 2021)
- ²⁴ [CDC Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19 in the United States](#) (March 10, 2020)

Additional Resources:

- [Chilean Labor Code](#)
- [Chilean Work Accident Law 16.7444](#)
- [The Laborers' Health & Safety Fund of North America Recommended COVID-19 Response Plan for Construction Employers](#) (May 4, 2020)
- [General Contractors Association of Hawaii Sample COVID-19, Jobsite Policy](#) (April 10, 2020)