Business Resumption Plan

Revision D

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A draft version of the Plan (Revision A) was presented to the CSSCT on 6 May 2020. It was submitted to the CSE for consultation on 14 May.

Revision B includes the suggestions made by the CSSCT and the CSE. It was initially applicable from 15 May to 2 June 2020. Its validity was then extended until 14 June 2020 by decision of the Management Board of 27 May 2020.

Revision C includes information concerning Phase II of the Business Resumption Plan. It was presented to the CSSCT on 4 June and to the CSE on 9 June 2020. It was applicable from 15 June until 10 July 2020.

Revision D includes information concerning Phase III of the Business Resumption Plan. It shall apply as of 11 July.

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1. Legal context

Law n° 2020-290 of 23 March 2020 established a “public health state of emergency” in France with the aim of strengthening health security and curbing the spread of coronavirus within the country. This state of emergency, which was initially introduced for a period of two months, was extended to 10 July. Following its adoption by the Senate and the National Assembly, the law authorises the implementation of the measures needed to support the relaxation of the lockdown restrictions.\(^1\)

Law n°2020-856, which was passed on 9 July, governs the organisation of the ending of the public health state of emergency.

There is no doubt that the lockdown was an effective tool in slowing the spread of the epidemic. It can be estimated that over a period of two months more than 100,000 lives were saved in France. As might be expected, however, the lockdown did not completely eradicate the epidemic in the country and we will therefore have to learn to live with the threat of COVID-19 for the foreseeable future. The measures introduced after the lifting of lockdown must at all costs avert a new wave of infections, which would cancel out all the efforts and sacrifices made.

The process of getting back to business post-lockdown is a gradual one. The easing of the lockdown is an evolving process in which arrangements for the resumption of activities will be adjusted from week to week depending on progress in bringing the virus under control. The ILL's Business Resumption Plan must address this need for rapid and continuous adaptation. This calls for responsive decision-making bodies.

The government's strategy for relaxing lockdown has three main thrusts: protection, testing and isolation.

- Protection, the aim of which is to prevent infection, involves social distancing, the use of protective equipment (face masks and screens) and strict hygiene rules. Work must be organised in such a way as to actively contribute to these protection efforts. Clearly people should continue working from home wherever possible, if only to relieve congestion on public transport and help maintain social distancing. Similarly, staggering work hours and changing the way work is organised on site is encouraged for those who cannot work from home.
- To ensure that testing is effective, everyone must monitor their health carefully for symptoms suggestive of COVID-19 and report any suspicion of such symptoms immediately.
- As soon as someone is tested positive, all those who have been in close contact with that person must be identified. These contacts will then be tested and asked to self-isolate. The need for self-isolation in the event of a confirmed case of the virus at the workplace must obviously be taken into account in the way work is organised.

As a publicly-funded institute working in a sector which has an important societal role to play, namely research, the ILL has a duty to contribute rapidly to economic recovery. We must do

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\(^1\) A national lockdown-exit protocol for businesses aimed at protecting the health and safety of employees was published by the French Ministry of Employment on 3 May 2020. This protocol was updated on 24 June 2020.
so with determination while taking the utmost care to protect the health of our employees and curb the spread of the virus. Our status as a nuclear operator creates additional responsibilities in the context of the “protection of interests” (namely nuclear and conventional safety, public health and sanitation, and the environment) as set out in the French Environmental Code.

This Business Resumption Plan (BRP) describes how, in practical terms, the ILL intends to implement government recommendations. Revision D of the Plan specifically addresses the ending of the public health state of emergency. The BRP begins by setting out the obligations on the ILL as an employer, which will serve as the basis for the organisational arrangements put in place at the ILL. The Plan provides a coordinated framework for exploring, defining and implementing all necessary measures, with a view to ensuring that these are “feasible, effective and as widely embraced as possible by all [ILL] stakeholders involved in the fight against the spread of the virus.”

2. The ILL’s obligations

2.1. Employee health and safety

According to the French Ministry of Employment, “the employer” must, by law, “take the necessary measures to ensure the safety and physical and mental health of workers.” It goes on to say that “These measures include occupational risk prevention measures, information campaigns and training, and the implementation of suitable organisational arrangements and appropriate resources.” The employer must also ensure that these measures are “adapted to reflect changing circumstances and with the aim of improving existing conditions.”

The Ministry also stipulates that “it is the employer’s responsibility in the current situation:

- to assess those risks in the workplace that cannot be avoided due to the nature of the work to be performed
- to identify the most appropriate preventive measures on the basis of this assessment
- to involve the staff representatives in this process
- to consult, where possible, the occupational health service, whose role is to advise employers, workers and their representatives and therefore to provide all relevant information about suitable protective measures and the adoption of “barrier gestures”
- to apply and enforce the barrier gestures recommended by the health authorities.

In the context of COVID-19, the necessary measures are those recommended by the government, in particular the measures taken to ensure compliance with barrier gestures and social distancing rules.”

The law also stipulates that employees have a role to play in their own protection, since they must “as far as they are able and trained to do so, take care of their own health and safety and that of others affected by their actions or omissions at work.” With respect to the risk of infection, employees therefore have a responsibility to protect themselves - by adopting the barrier gestures for example – as well as their colleagues and any third parties in their immediate work area.
2.2. Compliance with regulations applicable to INBs

As the operator of a Basic Nuclear Installation (INB - *Installation Nucléaire de Base*), the ILL must ensure that it is able at all times to meet its obligations in this connection. It must in particular ensure the protection of the interests defined in the Environmental Code (namely nuclear and conventional safety, public health and sanitation, and the environment), as set out in its Integrated Management System (IMS). The regulatory operating conditions are outlined in the General Operating Rules (RGE - *Règles Générales d’Exploitation*). These rules set out the mandatory operations to be carried out and the timeframes to be respected, and consequently determine, either directly or indirectly, the minimum staffing levels needed to operate the reactor depending on its operating state. Other regulations governing physical protection, radiation protection and environmental protection, as well as the release of effluents and water abstraction, also determine minimum staffing levels in each of these areas.

3. Performance objectives

Aside from those activities required to ensure the day-to-day operation of our facility, and which include all the measures taken in response to COVID-19, our main objective today is to be ready to start a reactor cycle on 11 August 2020. This cycle will be used among other things to conduct priority experiments directly related to the study of the SARS-CoV-2 virus responsible for the COVID-19 pandemic. Thanks to the work accomplished over the past few weeks, we will begin the cycle with the H4 beam tube in place and the instrument DALI installed, bearing in mind that this instrument is particularly important for research into diseases such as COVID-19. We have also restarted the construction work for the Reinforcement of Physical Protection (RPP) project that was suspended during lockdown. We are now preparing to push forward with all the other projects included the programme ILL20/23. The successful completion of this programme must be our guiding principle when making any decision regarding the gradual resumption of all our activities. Priority will be given to our critical path activities.

4. Organisation of the resumption of activities

Right from the onset of the crisis, the ILL has done everything reasonably possible to prevent the spread of the virus on its site. The fact that we have managed to do this successfully for four months shows just how effective the protective measures taken have been. If we are to take this success forward as France emerges from the public health state of emergency, we must adjust how work is organised by including the COVID-19 health protection measures needed to allow the ILL to function in normal operating mode. This involves the introduction of new work practices, focusing particularly on barrier gestures and the layout of workspaces and paying special attention to our most vulnerable staff members. Beyond strict compliance with these rules, we must also be able to count on staff exercising their personal responsibility. We must all be aware of our duty towards others and towards the Institute as a whole. Management will be particularly mindful of the extra workload created by the resumption process itself. Care must be taken to ensure that those staff members involved in this process
are able to work with complete peace of mind. Where necessary the pace of the resumption of activities will be adjusted.

4.1. Resumption of activities

4.1.1. A step-by-step process

The resumption of the ILL’s activities has been conducted in a well-thought-out, step-by-step manner. For the vast majority of our staff, it has resulted in a return to normal activity. Of course, the possibility of restrictions and obligations being imposed by law cannot be ruled out even at this post-lockdown stage. Revision B of the Business Resumption Plan addressed the situation from the easing of lockdown on 11 May up to 2 June. This version of the BRP was extended until 14 June by decision of the Management Board. For the launch of Phase II of the Business Resumption Plan, Revision C was published and entered into effect as of 15 June. This latest version of the BRP (Revision D) is applicable as of 11 July and sets out the health protection measures to be maintained or put in place to ensure normal operation. The launch of activities throughout all of these periods has been and continues to be conducted in close compliance with the recommendations of the Ministry of Employment (see Section 2.1) and with the national protocol for exiting lockdown.

4.1.2. Identification and scheduling of activities

Each ILL Division must have successfully resumed all of its activities. This process includes carrying out the COVID-19 risk assessments (see §4.1.3), which are a prerequisite for authorising the resumption of an activity. A single activity may involve multiple tasks. It may be generic in nature (such as administrative work, design work, material handling, maintenance, repairs, assembly of equipment, laboratory preparation and testing, etc.) or consist of a specific operation (e.g. the installation of the H4 beam tube for D3 or H141 for DALI). The important thing is that the activity is defined in such a way that it allows staff working hours to be analysed, operations to be identified where barrier gestures cannot be respected and workspaces to be configured accordingly.

A request for authorisation must be submitted for each activity using the DLA (Activity Resumption Request) form attached in Appendix III. Each DLA is assigned an identification number by the Safety Engineers. Authorisation is granted by the relevant Head of Division or his designated representative. Any work which is already covered by a “bon de travail” (work authorisation) is exempt from this requirement.

4.1.3. Activity risk assessment

For each activity authorised (via the form in Appendix III or a “bon de travail”), a specific COVID-19 risk assessment is conducted using the risk assessment template prepared by the Safety Engineers and the Works Medical Service (SMTC) (Appendix IV). An audit trail must be
kept of these assessments. The general guidelines (Appendix V) may be used as a guide for preparing the assessment but must never be a substitute for the risk assessment itself.
In the case of activities of a generic nature, the job sheets produced by the trade associations and the Ministry of Employment (see example in Appendix VI) may also be used as a basis for the risk assessment. These job sheets will be adapted to the workstations at the ILL in consultation with the teams concerned and with the support of the Safety Engineers and the SMTC.
In the case of those activities that continued uninterrupted during the lockdown, it is sufficient to assess whether there is a need for changes and to adapt the existing guidelines to the increase in the number of people working on site. Since these activities are critical to the operation of the ILL, they must be given priority.
The preventive measures specific to the COVID-19 response must not be adopted at the expense of measures already in place to protect staff against other existing risks. Their role is above all to ensure the overall health and safety of staff.

4.1.4. DUER

The Safety Engineers are responsible for amending the DUER (Document Unique d’Evaluation des Risques professionnels or single document for the assessment of occupational risks) to include for each work unit the general risk of a pandemic. For the precise details, the DUER includes a cross-reference to the COVID-19 risk assessment templates. The specific preventive measures adopted on the basis of the results of the COVID-19 risk assessment supplement the general COVID-19 prevention guidelines (cf. Section 4.2.1).

4.1.5. Risk Prevention Plan

The Safety Engineers incorporate the COVID-19-specific measures into the Risk Prevention Plans drawn up for outside contractors working on site.

4.2. Access to the ILL site

4.2.1. General guidelines

The general guidelines for accessing the site are summarised in Appendix I of this BRP. These address both the medical and hygiene aspects. They are prepared under the joint responsibility of the Safety Engineers and the SMTC. They are applicable to all staff wishing to access the site. They specify in particular the medical requirements that must be met prior to coming on site and the access routes and procedures to be followed by staff on the way to their office or workstation. They also include the requirement to wear a face mask at all times in areas where social distancing is not possible. Such areas include in particular shared spaces and high-traffic areas such as corridors, where the flow of people cannot be organised in such a way as to ensure that the minimum distance of one metre between each person is respected.
4.2.2. Authorisation process

For a member of staff to have been able to return to work on site, his/her Head of Service must have submitted a DLA - *Demande d’autorisation de Lancement d’Activité* or *Activity Resumption Request* to the relevant Head of Division and obtained the latter’s approval. Authorisation is granted either for a generic activity carried out by staff with a certain job profile within the ILL (i.e. by “*métier*”) or for the carrying out of specific clearly identified tasks that have undergone a specific COVID-19 risk assessment based on the risk template prepared by the Safety Engineers and the SMTC (Appendix IV). In authorising access to the site, Heads of Division confirm that the staff members concerned have been informed of the hygiene and safety rules to follow. The Heads of Service can contact the CSSL (*Cellule Sécurité, Santé, Logistique* or Safety, Health and Logistics Unit) for the necessary safety training (see Section 5.2).

All staff returning to work on site for the first time after 11 May must have first completed a medical questionnaire (see Appendix II). The questionnaire is used to assess temporary or longer-term medical contraindications against a return to the workplace. It is processed by the SMTC and treated with the strictest confidentiality.

Authorisation is subject to the requirement that staff do not come to the workplace if they have symptoms suggestive of COVID-19 and that they inform the SMTC of any such symptoms immediately.

The works doctor has prepared a temporary procedure for dealing with people who experience the onset of symptoms at the workplace. This will ensure that they are promptly isolated and receive the appropriate medical care.

4.3. Work arrangements

4.3.1. Home-working

Home-working is still possible, but only within the context of current public health measures. It is therefore now an exceptional arrangement. Home-working can only be granted by the Heads of Division - on the proposal of the Heads of Service - in the following three situations:

- when the layout of the workplace makes it impossible to comply with health guidance on physical distancing (two metres between colleagues, ventilation of offices every 3 hours)
- for staff considered to be at risk (on the advice of the works doctor)
- for staff showing symptoms suggestive of COVID-19 (on the advice of the works doctor).

In such cases, staff working from home must enter their “teleworking” days in Smart RH at least once week for the following week to ensure that they obtain authorisation from their line manager before actually working from home on these days. Furthermore, it should be noted that staff working from home must provide the Institute with a certificate proving they have the necessary insurance cover (known as “*responsabilité vie privée*”), which they must obtain from their insurance company.
This rule is mandatory and applies to all ILL staff.

As there is currently no agreement or charter on home-working in place at the ILL, staff may under no circumstances request a “teleworking” absence for reasons of personal convenience, or to resolve childcare, transport or any other issues unrelated to the COVID-19 public health situation. It is up to the Heads of Division to determine whether a request specifically made by a staff member to work from home is related to the COVID-19 situation.

4.3.2. Teamwork and the physical separation of staff

Under normal circumstances, limiting face-to-face contact between staff hinders the efficient functioning of a business.

During an epidemic, this very same physical separation of staff (wherever possible) becomes an imperative, both to curb the spread of infection and to keep the business running. If a member of staff were to contract COVID-19, all those colleagues with whom s/he has been in close contact would have to go into home quarantine. Every effort will be made to limit these cases of quarantine to the strict minimum.

To this end, work will be organised in small teams and a task sequencing procedure will be implemented to limit as far as possible the opportunities for face-to-face interaction between colleagues and allow time for the cleaners to come in prior to the arrival of the next team, if this is deemed necessary (see Section 4.3.4).

4.3.3. Identification of critical activities

Limiting face-to-face contact is a particularly important requirement for activities that are critical to ensuring site security, nuclear safety and regulatory compliance. The Heads of Division will each draw up a list of critical tasks with the names of the staff members concerned. Every effort must be made to avoid personal interaction between critical teams, other than the necessary exchange of information when teams change over. Information must be communicated by email or telephone wherever possible.

4.3.4. Working hours

As of 15 June, normal working hours at the ILL are 08:00 to 16:30.

4.3.5. Visits by staff to the offices of ILL services

Where internal ILL services such as HR or IT require staff to come to their offices for example to review their situation, collect equipment or drop off packages or other items, an appointment must be made in advance wherever possible to avoid the risk of people waiting around in corridors and other confined spaces.
4.4. Other practical matters

4.4.1. Meetings, conferences and business trips

Meetings should as far as possible be held remotely using the tools available for this purpose. Conferences continue to be prohibited and business trips must be approved by the relevant Head of Division and limited to strictly essential travel. Compulsory group training will be provided as far as possible either remotely or in the Chadwick amphitheatre in conditions which ensure compliance with social distancing measures. For training involving practical input, this will be done in compliance with COVID-19 risk prevention requirements as determined by a risk assessment conducted using the risk template (Appendix IV). Training courses that individual staff members must complete to meet regulatory requirements or as part of their career path are approved by the relevant Head of Division.

4.5. Outside contractors and visitors

The conditions under which outside companies work on site can be assessed using the Risk Prevention Plans, which will systematically include a section on COVID-19. The rules established for activities carried out by ILL staff, such as barrier gestures and the avoidance of face-to-face contact between colleagues, also apply to interactions with the personnel of outside companies.

The Risk Prevention Plan procedure cannot be applied to individual visitors.

- The number of visitors must be kept to a strict minimum.
- All visitors must follow the general instructions they are given at the EPN campus reception.
- Applicants who come to the site for a one-on-one job interview will be met at reception by a recruitment officer, who will ensure that the instructions are followed.
- Long-term visitors spending extended periods of time at the ILL under the terms of a collaboration contract (PhD students, CRGs, Theory Group) are subject to the same rules as those applicable to ILL staff. For these persons, authorisation to access the site must be requested in accordance with the DLA process set out in the BRP for the resumption of activities, with submission to the Head of the Science Division for approval.
- This rule also applies to trainees.

4.6. Integrated Management System (IMS) and risk register

- It is the responsibility of the CQSR (Quality, Risk Management and Nuclear Safety Unit), in collaboration with the process managers and Heads of Division, to ensure that the Integrated Management System (IMS) remains operational under the specific conditions of the BRP, and to propose changes to Management where necessary.
- The CQSR is also tasked with entering risks specifically relating to COVID-19 in the risk register.
• It may also provide assistance in performing checks and audits if such measures are found to be useful.

4.7. Communicating instructions to staff

All staff members returning to work on site for the first time after lockdown must, before they start work, attend a training session on the general guidelines they must follow. These training sessions will be given by the occupational health nurses. The general guidelines will also be sent to staff by email and displayed on notices posted by the CSSL in appropriate locations around the site, in particular in reception, work areas, changing rooms, break rooms and toilets. The specific guidelines resulting from a risk assessment will be communicated to the staff members concerned in writing by the work supervisor ("chefs de travaux") or Head of Service who requested the assessment. Moreover, a training/information/awareness-raising programme on COVID-19 risks has been set up. The aim is to train in-house instructors from among our network of staff who are Workplace First-Aiders. This project is being conducted jointly by the trainers usually responsible for training Workplace First-Aiders and by the Safety Engineer in charge of biohazards. In addition to this programme, the task of raising awareness about COVID-19 risks is shared between the SMTC, the Safety Engineers and those staff members who have already been taught about the risks in earlier phases of the BRP. It will also be important to raise awareness about the false sense of security that the use of personal protective equipment (PEE) such as face masks or gloves may create. Such equipment should under no circumstances be considered as a substitute for collective protective measures such as social distancing and the basic barrier gestures.

4.8. Verifying staff compliance with the guidelines

Although everyone should be aware of their responsibility to others, the Institute is nonetheless obliged to enforce preventive measures and in particular the barrier gestures recommended by the health authorities. This obligation will take the form of checks, followed initially by educational and awareness-raising measures, and then disciplinary action for repeat offenders. As is the case for all instructions relating to the execution of work, these checks will be carried out by Management.

5. Organisational structure

5.1. Oversight

The BRP is overseen by the Director with the support of the services reporting directly to him (SRSE, SMTC and CQSR) and of the Divisions. Any decision to make substantial changes to the BRP may only be taken after consulting the Management Board.

5.2. Safety, Health and Logistics Unit (CSSL)

The CSSL has been set up to respond rapidly to questions of a practical nature (preventive measures, hygiene, reorganisation of work areas, etc.) in connection with the BRP.
• It provides advice and assistance for all logistical matters on site (reconfiguration of work spaces, cleaning, etc.) that need to be addressed as a result of COVID-19. It assists the Heads of Service and work supervisors (“chefs de travaux”) by providing staff training on the adoption of barrier gestures. It is assisted in this task by Workplace First-Aiders who have received specific training on COVID-19 prevention (see Section 4.7).

• The CSSL has the following members:
  o The Safety Engineers and the safety technician.
  o The occupational health nurse(s)
  o A representative of the Building and Site Maintenance Service (SAE)
  o A representative of each Division: DS, DPT and DRe (DA input may also be requested in certain cases)
  o The secretary (Rapporteur) of the CSSCT (Workplace Health and Safety Committee)

• It is coordinated by one of the Safety Engineers.

• It may request the assistance of a member of the Health Physics group.

• It meets regularly and liaises closely with Management and the Heads of Division.
  o It maintains an overview of the activities in progress. To this end, it centralises the DLAs (Activity Resumption Requests) (cf. Appendix III), excluding the “bons de travaux”. In particular, it assigns an identification number to each DLA.
  o It alerts Management if it considers that the overall volume of activity is incompatible with hygiene or health requirements (e.g. when the number of canteen places assigned to ILL staff is exceeded) (see 4.1.2).
  o It is responsible for the supply and disposal of specific protective equipment needed for the COVID-19 response (hand sanitiser, face masks, etc.).
  o It is responsible for the circulation plan, which defines fixed routes for the movement of staff on site, both inside and outside buildings.

5.3. Communication channels

• The Communication Unit is responsible for forwarding to staff any information of a general nature it receives.

• Specific information resulting from risk assessments will be forwarded to the members of staff concerned by the person who requested the assessment.

• The Safety Engineers can request the assistance of the Communication Unit for circulating information on the rules to be adopted.

• The works doctor is responsible for all communications of a medical nature. He may request the assistance of the Communication Unit for this purpose.

5.4. Implementation of the BRP

As far as the organisation of work is concerned and in particular the formation and rotation of teams, the implementation of the BRP is the responsibility of the Divisions, with assistance from the SMTC, SRSE and CSSL for all BRP-related matters. The Divisions are also responsible for ensuring that their staff adhere to the guidelines.
To allow real-time monitoring of activities, the personal assistants to the Directors and the Heads of Division will centralise all the necessary information (name of staff member working on site, activity concerned, working hour arrangements, DLA number, training, etc.) in a dedicated file. As of 15 June, the presence of staff on site will be monitored using the human resources tool SIRH.

6. Consultation of staff representative bodies

The BRP is submitted to the staff representative body (CSE) for consultation after it has been presented to the CSSCT (Workplace Health and Safety Committee). It is drawn up with the help of the Works Medical Service (SMTC) for the medical aspects and that of the Safety Engineers for the aspects concerning conventional prevention and the integration of public health risks in the DUER.

7. Duration of the BRP

The BRP shall remain in effect until the public health state of emergency has been fully lifted. From 18 May onwards, it will be reviewed regularly to take account of expected changes to legislation. Revision D of the BRP shall apply as of 11 July 2020.

8. Relationship with the Business Continuity Plan (BCP)

The BRP builds on and supplements the Business Continuity Plan (BCP), which is currently activated at Phase 0 as a precaution against a possible 2nd wave of Covid-19 cases. The MB will decide whether to move to a lower alert level.

9. Timeline

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<th>Event</th>
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<tbody>
<tr>
<td>Presentation of BRP to CSSCT</td>
<td>6 May 2020</td>
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<td>Incorporation of CSSCT’s comments</td>
<td>7 May to 11 May 2020</td>
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<td>Inventory of critical activities and staff members concerned</td>
<td>By 11 May 2020</td>
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<td>Presentation to Heads of Service</td>
<td>11 May 2020</td>
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<td>Development of a training strategy</td>
<td>By 11 May 2020</td>
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<td>Development of a communications strategy</td>
<td>By 11 May 2020</td>
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<td>Start of negotiations with unions on staggered working hours</td>
<td>As of 11 May 2020</td>
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<td>Presentation of revised BRP to CSE for consultation</td>
<td>14 May 2020</td>
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<td>Preparation of site for implementation of general guidelines</td>
<td>By 14 May 2020</td>
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<td>Establishment of work schedule</td>
<td>By 15 May 2020</td>
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<td>Launch of BRP by the Management Board</td>
<td>16 May 2020</td>
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<td>Creation of CSSL</td>
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<td>Launch of &quot;vulnerable persons&quot; campaign</td>
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<td>Preparation of revised BRP for Phase II</td>
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<td>Extension of Revision B of BRP by MB</td>
<td>27 May 2020</td>
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<td>Launch of Phase II of business resumption (Revision C of BRP)</td>
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<td>Launch of Phase III of business resumption (Revision D of BRP)</td>
<td>11 July 2020</td>
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Appendix I: Instructions for accessing the ILL site during Phase III of the BRP

Version 1

Updated on 4 June 2020 under the responsibility of the Safety Engineers and the SMTC

In order to guarantee both your safety and the safety of the site, anyone wishing to come to the site must now respect the following 3 obligations:

1/ From a medical point of view: all members of staff who have to come to the site must fill out the medical questionnaire found in Appendix II. The purpose of this questionnaire is to help you assess whether you present any permanent or temporary risk factors for becoming infected and to protect you and your colleagues in the best possible way. You only need to fill in this updated questionnaire once and must return it ONLY to the following email address: smtc@ill.fr. Please note, however, that you must complete section 3 of the questionnaire (online self-test) as soon as any symptoms appear and/or at least once a week. However, you only need to return it to smtc@ill.fr if the results of your self-test suggest a possible infection. If you have any doubts when answering the questionnaire, please contact the works doctor (smtc@ill.fr).

2/ In terms of ILL site hygiene, here are the instructions you must follow:

It is compulsory to wear a mask on site.

When you arrive at the site entrance, please put on a cloth mask. If you do not have one, the site security guard will give you a plastic bag containing 1 surgical mask and the necessary instructions so that you can put the mask on immediately.

You must then respect the compulsory access route to get to the building you wish to go to.

There are 3 main entrance points for accessing the main buildings:

- via ILL2, then the corridor in ILL3
- via the basement of ILL4 (on the Purchasing Service side)
- via ILL17 (entrance next to the coffee machines)

You must go straight to the toilet facilities, where you must wash your hands as shown on the instructions posted on the wall. When you leave the building, you must take the same route.

If you are going to buildings ILL1, ILL19 or ILL26, EMBL, CIBB or the Sciences Building, you do not need to go via any of the above three entrance points. Use the main entrance of these buildings and follow the signposting. However, you must wash your hands in the toilets of the building you enter BEFORE going to your office or workstation.

If you need to use a changing room to change into your work clothes, please note that 2 meeting rooms have been emptied for this purpose on the 2nd floor of ILL4 in order to reduce the number of staff using the changing room on the 3rd floor.
The reactor services have been informed of this so that staff can be assigned evenly to the changing rooms available and, if necessary, can have their lockers moved to the appropriate changing room.

Access to the designated changing room for health physics staff on the ground floor of ILL4 is limited to one person at a time to ensure optimal conditions for getting changed. A room has been converted on the 1st floor in order to reduce the number of staff using the ground floor changing room.

The conditions for accessing the changing rooms will be reviewed on an ongoing basis as more ILL staff gradually return to work.

You must then go the Works Medical Service (SMTC). N.B.: A one-way system is in place: entry ONLY through the door from the ILL17 corridor (opposite the coffee machines) and exit ONLY through the door to the outside. Here you will be given 2 cloth masks and a set of instructions for use, including how to take off your mask properly while working alone in your office. These masks can be reused after washing.

A register of those staff who have been given masks will be kept in order to manage our stocks of cloth masks as efficiently as possible.

REMINDER:
Once you reach your office or workstation, please respect the following “barrier gestures” and social distancing rules:
- No physical contact between colleagues
- Only one person at a time in changing rooms; do not forget to wash your hands before and after
- Keep a distance of 2 m between you and your colleagues
- Wash your hands with soap and water as often as possible.

3/ In terms of office hygiene:
If you share your office with another colleague throughout the day, we will give you the necessary equipment and instructions for cleaning all the shared surfaces at the end of your half-day shift. We strongly recommend that the office is properly aired before each changeover.
You are about to enter an ILL / EMBL building

(WVISITORS – OUTSIDE WORKERS)

Wash your hands with hand sanitizer

Put on your surgical mask:

Follow the compulsory access route for the building you are going to.

When you enter the building, wash your hands with soap and water as shown on the instructions posted on the wall.

You must change your mask:

- After 6 hours of continuous use
- If the mask gets soiled, splashed or wet
- If you touch it and/or pull it down round your neck or if you put it on your head
- Wash your hands AFTER you take your mask off and BEFORE putting on a new one

<table>
<thead>
<tr>
<th>How to take off your mask properly at the end of the day (when you get home)</th>
<th>How to take off your mask properly for a temporary period (when you are alone in your office)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To take my mask off, I only touch the straps</td>
<td>Place it face down on a clean surface reserved exclusively for your mask.</td>
</tr>
<tr>
<td>I throw my mask away and I wash my hands</td>
<td>To put it back on, follow the instructions above.</td>
</tr>
</tbody>
</table>

How to take off your mask properly:

1. Wet hands with water
2. Apply single dose of soap
3. Rub hands palm to palm
4. Rub right palm over back of left hand with interlaced fingers, and vice versa
5. Rub right wrist with left hand, and vice versa
6. Rub hands palm to palm with fingers interlaced
7. Rub palm with backs of fingers of opposite hand with fingers interlocked
8. Rub rotationally left thumb clasped in right palm, and vice versa
9. Rub rotationally clasped fingertips of right hand in left palm, and vice versa
10. Rince hands with water
11. Dry thoroughly

20 to 30 seconds
You are about to enter an ILL / EMBL building

(Ill / EMBL employees)

Wash your hands with hand sanitizer

Put on your cloth mask:

Follow the compulsory access route for the building you are going to.

When you enter the building, wash your hands with soap and water as shown on the instructions posted on the wall.

You must change your mask:

- After 6 hours of continuous use
- If the mask gets soiled, splashed or wet
- If you touch it and/or pull it down round your neck or if you put it on your head
- Wash your hands AFTER you take your mask off and BEFORE putting on a new one

How to take off your mask properly at the end of the day (when you get home)

1. Wet hands with water
2. Apply single dose of soap
3. Rub hands palm to palm
4. Rub right palm over back of left hand with interlaced fingers, and vice versa
5. Rub right wrist with left hand, and vice versa
6. Rinse hands with water
7. Dry thoroughly

20 to 30 seconds

How to take off your mask properly for a temporary period (when you are alone in your office)

1. Place it face down on a clean surface reserved exclusively for your mask.
2. To put it back on, follow the instructions above.

I use my 2nd cloth mask every other day, alternating with the first one.

I fasten the top strap

I fasten the bottom strap

How to take off your mask properly at the end of the day (when you get home)

Then wash your hands with soap and water. Wash your cloth mask at 60°, dry it in a tumble drier, if possible, and iron it.

I use my 2nd cloth mask every other day, alternating with the first one.

I fasten the top strap

I fasten the bottom strap
Appendix II: COVID-19 medical questionnaire

In view of the relaxing of lockdown restrictions (as of 11.05.2020):

Version 2
Updated on 4 May 2020 under the responsibility of the works doctor

As of 11 May 2020, a national plan for the relaxing of lockdown restrictions has been put in place. ILL Management will explain to you how the details of this plan have been implemented at the ILL, together with the hygiene measures to be followed while you are on the site.

From a medical point of view, our goal remains unchanged: to protect ILL staff from the risk of contracting COVID-19.

In order to do this, we ask every employee who has to come to the site to COMPLETE the following questionnaire:

SURNAME: First name:

1/ Are you at risk of developing a severe COVID-19 infection? Below is the list of the medical conditions / risk factors that have been identified:

☐ Age over 70
☐ Pregnancy, regardless of the stage of the pregnancy
☐ Chronic respiratory diseases likely to decompensate during a viral infection
  (for asthma, please refer to APPENDIX II.1)
☐ Cystic fibrosis
☐ Heart failure
☐ Coronary artery disease, including stents without a heart attack
☐ Past history of stroke
☐ Complex hypertension
☐ Chronic kidney disease with dialysis
☐ Unbalanced insulin-dependent diabetes or with secondary complications due to the condition
☐ Congenital or acquired immunodeficiency:
  ☐ Caused by medication: cancer chemotherapy, immunosuppressive drugs, biotherapy, corticosteroids at an immunosuppressive dose
  ☐ Uncontrolled HIV infection or with CD4 cell count <200/mm3
  ☐ Solid organ transplant
  ☐ Malignant hemopathy that is being treated
  ☐ Splenectomy
☐ Cirrhosis of the liver
☐ Morbid obesity (BMI > 40)
This list does not systematically specify the thresholds for very common conditions (e.g. hypertension, coronary artery disease or chronic respiratory diseases such as asthma) above which there is a significant risk. Anyone who feels worried should therefore tick the corresponding box in case of doubt, and the occupational health physician will decide with you on the best strategy to adopt in order to ensure your safety. You can, of course, seek advice beforehand from your GP or specialist doctor. This will make it easier to take a decision about you.

2/ Have you recently been in close contact\(^2\) with a confirmed or highly suspected case of Covid-19? (please read the definition below carefully):

- YES
- NO

3/ Have you had any symptoms recently that could be suggestive of COVID-19?

Please do the online self-test (in French only) on the website: maladiecoronavirus.fr

You must repeat this self-test as soon as any symptoms appear and/or at least once week

Did you get the following result from the self-test?:

“Votre état ne semble pas préoccupant ou ne relève probablement pas du COVID 19.”

(Your condition would not appear to be a cause for concern and/or is probably not related to COVID-19)

- YES
- NO

4/ Have you been diagnosed positive with COVID-19 by a doctor in the last few weeks?

- YES
- NO

If yes, were you tested for COVID-19?

- YES
- NO

PLEASE SEND THIS QUESTIONNAIRE, DULY COMPLETED, AT LEAST 48 HOURS BEFORE YOU COME TO THE SITE TO THE FOLLOWING EMAIL ADDRESS ONLY:

smtc@ill.fr

---

\(^2\) According to the French public health agency SPF, “close contact” refers to anyone who, 24 hours or less before the onset of symptoms of a confirmed case (or highly suspected case), has shared the same living space (e.g. family home, same bedroom) or had direct face-to-face contact with that case, i.e. has spent more than 15 mins with the case at a distance of less than one metre: conversation, flirting, close friends, same desk at school, same office at work, extended proximity during a journey, caring for a confirmed case.../....
ADDITIONAL COMMENTS:

You do not yourself have personal risk factors that could lead to a severe form of Covid-19, but there are people in your immediate family circle who are at risk of developing a severe form of Covid-19.

The position of the French Society of Occupational Medicine is as follows:

“No exclusion or other specific measures need to be taken apart from barrier and social distancing measures, either at work or in the home.”

However, your situation can be reassessed, on a case-by-case basis, by your GP and the occupational health physician. Would you like to discuss this point with the occupational health physician?

☐ YES
☐ NO

APPENDIX II.1 : IF YOU SUFFER FROM ASTHMA, PLEASE FILL IN THE TABLE BELOW:

Asthma Control Test (ACT: www.asthmacontroltest.com)

<table>
<thead>
<tr>
<th>During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?</th>
<th>All of the time: count 1</th>
<th>Most of the time: count 2</th>
<th>Some of the time: count 3</th>
<th>A little of the time: count 4</th>
<th>None of the time: count 5</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the last 4 weeks, how often have you had shortness of breath?</td>
<td>More than once a day: count 1</td>
<td>Once a day: count 2</td>
<td>3 to 6 times a week: count 3</td>
<td>Once or twice a week: count 4</td>
<td>Not at all: count 5</td>
<td>Score</td>
</tr>
<tr>
<td>During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?</td>
<td>4 or more nights a week: count 1</td>
<td>2 to 3 nights a week: count 2</td>
<td>Once a week: count 3</td>
<td>Once or twice: count 4</td>
<td>Not at all: count 5</td>
<td>Score</td>
</tr>
<tr>
<td>During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication?</td>
<td>3 or more times per day: count 1</td>
<td>Once or twice per day: count 2</td>
<td>2 or 3 times per week: count 3</td>
<td>Once a week or less: count 4</td>
<td>Not at all: count 5</td>
<td>Score</td>
</tr>
<tr>
<td>How would you rate your asthma control during the last 4 weeks?</td>
<td>Not controlled at all: count 1</td>
<td>Poorly controlled: count 2</td>
<td>Somewhat controlled: count 3</td>
<td>Well controlled: count 4</td>
<td>Completely controlled: count 5</td>
<td>Score</td>
</tr>
</tbody>
</table>

GIVE YOUR TOTAL SCORE /25

Specify your asthma treatment and doses here:
APPENDIX II.2: If you cannot use the website maladiecoronavirus.fr because it is in French, please answer the following questions:

1. In the last 48 hours what has been your highest temperature? 
   __________

2. In the last few days have you developed a cough or has your normal cough got worse?
   YES     NO

3. In the last few days have you noticed a sharp reduction or loss of your sense of taste or smell?
   YES     NO

4. In the last few days have you had a sore throat and/or muscle aches and/or unusual aches and pains?
   YES     NO

5. In the last 24 hours have you had diarrhoea? With at least 3 loose stools.
   YES     NO

6. In the last few days have you been unusually tired?
   YES     NO

7. Have you been unable to eat or drink for 24 hours or more?
   YES     NO

8. In the last 24 hours have you noticed any unusual shortness of breath when talking or making a little effort?
   YES     NO
Appendix III: DLA - *Demande de lancement d’activité*
(Activity Resumption Request) in the framework of the BRP

Version 1
Updated on 4 May 2020 under the responsibility of the Safety Engineers and the SMTC

<table>
<thead>
<tr>
<th>I. AUTHORISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Service</td>
</tr>
<tr>
<td>Requester</td>
</tr>
<tr>
<td>Approver</td>
</tr>
<tr>
<td>Operation ID</td>
</tr>
<tr>
<td>(Div/Serv/DLA id number)</td>
</tr>
<tr>
<td>Date of risk assessment</td>
</tr>
<tr>
<td>Specific prevention measures adopted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. DESCRIPTION OF OPERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>If generic activity</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>If specific activity</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>Location(s) of operation</td>
</tr>
<tr>
<td>Dates of operation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. NAMES OF STAFF or FUNCTION(S) CONCERNED</th>
</tr>
</thead>
</table>
Appendix IV: COVID-19 risk assessment template

SPECIFIC COVID-19 RISK ASSESSMENT

I. DESCRIPTION OF OPERATION

<table>
<thead>
<tr>
<th>Operation ID or work authorisation number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location(s) of operation</td>
<td></td>
</tr>
<tr>
<td>Dates of operation</td>
<td></td>
</tr>
<tr>
<td>Operation to be performed by ILL staff</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Operation to be performed by outside workers</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Designated Covid-19 contact person for the operation</td>
<td>Name: Signature:</td>
</tr>
</tbody>
</table>

II. RISK ASSESSMENTS AND PREVENTIVE MEASURES FOR COVID-19 RESPONSE

Guide to identifying COVID-19 risks
(Items ticked must be explained in detail in the table below)

- □ Number of workers:
- □ Cramped work site
- □ Distance between workers < 2m
- □ Dangerous operation
- □ Involves interaction with other ILL staff
- □ Involves interaction with specific ILL services (e.g. health physics) due to nature of the operation
- □ Work with waste water
- □ Risk of ionising radiation
- □ Risk of radiological contamination
- □ Duration of operation requires workers to eat on site
- □ Operation requires workers to shower at the end of their shift
- □ Operation requires the sharing of equipment (keyboards, tools, etc.)
- □ Work in rooms ventilated with recirculated air
### III. Risks associated with the operation

<table>
<thead>
<tr>
<th>COVID-19 risk:</th>
<th>Tasks creating the risk</th>
<th>Number of workers involved</th>
<th>Preventive measures</th>
<th>Person in charge of enforcing preventive measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social distancing not possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Social distancing not possible</td>
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<td>Social distancing not possible</td>
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<td>Social distancing not possible</td>
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<td></td>
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<tr>
<td>Social distancing not possible</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Shared surfaces or equipment</td>
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<tr>
<td>Shared surfaces or equipment</td>
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<tr>
<td>Shared surfaces or equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 risk:</td>
<td>Tasks creating the risk</td>
<td>Number of workers involved</td>
<td>Preventive measures</td>
<td>Person in charge of enforcing preventive measures</td>
</tr>
<tr>
<td>Shared surfaces or equipment</td>
<td></td>
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<td>Shared surfaces or equipment</td>
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</tr>
<tr>
<td>Shared surfaces or equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing not possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other COVID-19 risks:</td>
<td>Tasks creating the risk</td>
<td>Number of workers involved</td>
<td>Preventive measures</td>
<td>Person in charge of enforcing preventive measures</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>---------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Handwashing not possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing not possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing not possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with waste water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work in rooms ventilated with recirculated air</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV. MEDICAL QUESTIONNAIRE

Enter the names of the ILL staff members designated to carry out the operation below

☐ These staff members have all completed and returned the medical questionnaire before coming to work on site

V. SPECIAL ARRANGEMENTS

*Items provided by the ILL (to be filled out by the Safety Engineer group)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity for the duration of the operation:</th>
<th>Place of supply during the operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FFP2/surgical/cloth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tyvek coveralls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand sanitiser</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The PPE follow the standard waste disposal routes in place at the ILL

*Working hours*

<table>
<thead>
<tr>
<th>Weekdays</th>
<th>Sachar (preferably from 8:00 to 16:00, working hours of Works Medical Service (SMTC))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturdays</td>
<td></td>
</tr>
<tr>
<td>Sundays and/or public holidays</td>
<td></td>
</tr>
</tbody>
</table>

*Changing facilities – Staff canteen*

<table>
<thead>
<tr>
<th>Changing facilities</th>
<th>Site hut</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff canteen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. Validation

<table>
<thead>
<tr>
<th>Date</th>
<th>Work supervisor</th>
<th>Safety Engineer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix V: General guidelines for Covid-19 prevention

## Risks

<table>
<thead>
<tr>
<th>Place of work</th>
<th>Social distancing not possible &lt; 2m</th>
<th>Social distancing possible &gt; 2m</th>
<th>Shared surfaces or equipment</th>
<th>No shared surfaces or equipment</th>
<th>Handwashing not possible</th>
<th>Handwashing possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>MA</td>
<td>-</td>
<td>GP</td>
<td>-</td>
<td>GH</td>
<td>-</td>
</tr>
<tr>
<td>Experimental halls/labs, excl. ILL5</td>
<td>MC</td>
<td>-</td>
<td>GP</td>
<td>-</td>
<td>GH</td>
<td>-</td>
</tr>
<tr>
<td>Offices</td>
<td>MC or MA</td>
<td>-</td>
<td>GP or GH</td>
<td>-</td>
<td>GH</td>
<td>-</td>
</tr>
<tr>
<td>Meeting room</td>
<td>MC or MA</td>
<td>MA if no window</td>
<td>GP or GH (at entrance)</td>
<td>-</td>
<td>GH</td>
<td>-</td>
</tr>
<tr>
<td>Experimental hall ILL 5 B/casemate C</td>
<td>MF + VP</td>
<td>-</td>
<td>GP</td>
<td>-</td>
<td>GH</td>
<td>-</td>
</tr>
<tr>
<td>Experimental hall ILL 5 D/C</td>
<td>MC</td>
<td>-</td>
<td>GP</td>
<td>-</td>
<td>GH</td>
<td></td>
</tr>
</tbody>
</table>

MC: Surgical mask  
MF: FFP2 mask  
MA: Cloth mask  
VP: Protective visor  
LP: Safety glasses  
GP: Safety gloves  
GH: Hand sanitiser  
- : No specific preventive measures
Appendix VI: Example of a job sheet (Maintenance)

MINISTÈRE DU TRAVAIL
Liberté Égalité Fraternité

MAINTENANCE :
KIT DE LUTTE CONTRE LE COVID-19

Agent de maintenance : quelles précautions prendre contre le COVID-19 ?

Quels sont les risques de transmission du COVID-19 ?

Quand vous êtes touché par un postillon ou une gouttelette contaminées :
- Sélections projetées lors d’éboueurs ou de la touse, en cas de contact éloigné : même lieu de vie, contact direct à moins d’un mètre en l’absence de mesures de protection. Rappelle-vous que vous pouvez avoir été porteur du virus et le transmettre.

Quand vous portez vos mains ou un objet contaminé au visage :
- Un risque important de transmission est le contact des mains non lavées.
- Sur les surfaces contaminées (objets, cartons, poignées…), le virus peut survivre quelques heures à quelques jours.
- Quand vous mangez, buvez, fumez ou vapotez, si vous avez les mains sales ou que vous partagez les aliments, les bouteilles ou verres avec d’autres, il existe un risque important lors du contact de la main avec la bouche.

1. PRÉPARER

Prenez contact avec l’entreprise utilisation pour mettre à jour le plan de prévention :
- Identifiez les interventions qui peuvent être reportées et revoir le cas échéant le calendrier des interventions nécessaires en étudiant les travaux.
- Privilégiez les temps d’intervention en dehors des temps de production.
- Si les travaux nécessitent l’intervention de plusieurs entreprises, définissez un planning pour éviter, dans la mesure du possible, qu’elles soient simultanées : choisissez le cas échéant un relèvement COVID en charge d’organiser l’évitement des interactions.
- Renseignez-vous sur les mesures de protection et les moyens complémentaires mis à disposition pendant la pandémie au sein de l’entreprise utilisatrice.
- Vérifiez que les conditions d’intervention permettront de respecter les mesures barrières de distanciation. Assurez-vous de l’adaptation de l’opération aux conditions actuelles réelles, le cas échéant compte tenu de l’effectif réel de l’entreprise utilisatrice.
- Assurez-vous que les procédures en cas d’accident et d’intervention des services de secours ont été adaptées si nécessaire.

Définissez les aménagements et procédures à respecter pour éviter le risque de contamination ou permettre le respect des gestes barrières :
- demandez à adapter les procédures d’accueil et de sortie afin d’éviter tout contact. À titre d’exemple :
  - privilégiez la simple présentation de la carte d’identité (sans remise au garde), demandez l’accès par téléphone portable, l’ouverture des barrières d’accès/tourniquets sans action manuelle…
  - évitez d’avoir à appuyer sur des claviers/boutons (interphones…), à toucher des poignées/barrières, à échanger des documents…
- prévoyez la passage des consignes et le suivi des travaux par téléphone, par courriel avec l’envoi de photos ou documents. En cas d’impossibilité, respectez une distance d’au moins un mètre entre interlocuteurs.
- pour chaque précaution, demande à avoir à disposition un local dédié sur site, individuel et fermant à clé pour le stockage des outils, matériels et matériaux.
- demandez si possible d’avoir à disposition des moyens de manutention permettant d’éviter les manutentions à plusieurs. En cas d’impossibilité, respectez une distance d’au moins un mètre entre travailleurs pour les opérations de manutention.
- organisez le nettoyage des organes de commandes :
  - renseignez-vous sur l’organisation de l’utilisation des locaux de passe de façon à éviter les regroupements et à permettre le nettoyage entre le passage des travailleurs.
- Donnez aux travailleurs intervenants tous les contacts téléphoniques nécessaires à la mise en œuvre des mesures arrêtées (accueil, personnel chargé du suivi des opérations…).

Individualisez si possible l’outillage et veillez à fournir un outillage complet. En cas d’impossibilité, vérifiez son nettoyage après chaque intervention.

Fournissez à vos salariés une quantité suffisante de gels hydrosolubles, essuie-mains, papier et lingettes à usage unique.

Fournissez un contenant destiné aux déchets (flûte d’élimination classique).

Formez les salariés à la réalisation d’un nettoyage efficace (théorie). Dans la mesure du possible, évitez le casse-tête. À défaut, limitez le nombre de personnes par véhicule pour permettre un positionnement en diagonal par rapport au conducteur (siège arrière droit).

Prennez les précautions inhérentes à l’utilisation des vestiaires, sanitaires et locaux collectifs : planifiez les pauses pour éviter les regroupements dans ces locaux.
2. RÉALISER

- Respectez les mesures barrières (s’assurer de la connaissance des consignes).
- Veillez à prévoir les risques liés au travail isolé conseillés par l’instruction des conséquences (par exemple, on veillera à rester à portée de vue d’un autre travailleur).
- Lavez-vous les mains régulièrement, au moins toutes les heures, à chaque changement de tâche, en particulier avant de boire, manger ou fumer ; séchez-les avec un essuie-main à usage unique.
- Prévoyez des temps de pause par roulement pour éviter les regroupements de personnes.
- En fin d’intervention, assurez-vous du stockage, dans un local dédié et fermant à clé, de l’ outillage, du matériel et des matériels.

3. VÉRIFIER

- Évitez de faire signer le bordereau d’intervention (préférez l’envoi d’un mail de confirmation d’intervention). À défaut en cas de signature sur tablette ou papier, nettoyez celle-ci ainsi que le stylo ou le stylo utilisé.
- Faites procéder à un nettoyage le cas échéant :
  - des PPE réutilisables,
  - de l’outillage et des équipements de travail avant stockage au dépôt,
  - de l’intérieur et des portières et poignées des véhicules de l’entreprise ; rappelons aux salariés la nécessité de procéder au nettoyage de leur véhicule s’il est utilisé pour des besoins professionnels.
- Vérifiez l’accès facile et effectif à un point d’eau avec savon pour le lavage des mains et le réapprovisionnement en gel hydroalcoolique, moyens de séchage et lingettes à usage unique.
- Assurez-vous en permanence du lavage plus fréquent des vêtements de travail ou de la fourniture des combinaisons jetables à usage unique.
TEMPORARY PROCEDURE N° 2020 - 043

MANAGEMENT OF STAFF UNAVAILABILITY UNDER THE RGE: YES ☐ NO ☒

Action to be taken in the presence of a person showing signs of fever and coughing

1. OBJECTIVE

Adapt procedures for the treatment of persons potentially contaminated by the COVID-19 virus

2. DESCRIPTION OF THE SITUATION

On 31 December the Chinese authorities informed the World Health Organisation of groups of cases of pneumonia. On 7 January a new coronavirus (SARS-CoV-2) was identified to be the cause of this "COVID-19" illness. From the start of the epidemic in Wuhan, cases of COVID-19 were observed in other countries, imported from China. Since mid-February this has intensified. France is now at stage 3 of its plan to manage the epidemic.

3. ALARMS OR DETECTION IN PLACE

None

4. ACTION EXPECTED OF THE REACTOR SECURITY AND SHIFT TEAM STAFF

a. Suspicious signs
   - Rhinopharyngitis, OR Signs of fever (pains in muscles or joints, conjunctivitis)
   - AND high temperature OR signs of fever AND/OR shivering
   - AND coughing OR difficulty in breathing

b. During normal working hours:
   - Protect your airways by wearing an FFP2 face mask
   - Give the patient a surgical mask to wear
   - Contact the Site Medical Service by telephoning 33
   - Isolate the person
   - Wash your hands
   - Record the event in the electronic register

c. Outside normal working hours
- Protect your airways by wearing an FFP2 face mask
- Give the patient a surgical mask to wear
- Isolate him/her in room 011 in ILL17
- Take his/her temperature using the digital forehead temperature (on the trolley)
- Contact the SAMU by telephoning 15 (dial 0 first from an on-site telephone)
- Follow the instructions set out in the medical regulations
- Disinfect the chair and trolley with the disinfectant spray (on worktop)
- Wash your hands
- Inform the Works doctor by telephoning 06-75-77-48-20 (dial 0 from an on-site telephone)
- Record the event in the electronic register.

Planned termination date: 30 June 2020

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Operations representative:
The purpose of Phase III of the BRP is to **support the resumption of normal working arrangements in a context of heightened public health precautions.**

**Working conditions in offices:**

Several staff may work in the same office at the same time without wearing a face mask provided they can sit at least 2 metres apart from each other. If this is not possible, or if the office is air-conditioned or cannot be ventilated every three hours, the staff concerned must keep their face masks on.