



**JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY
JIB SERVICES LLC/JIB MEDICAL P.C.
NY HERO ACT AIRBORNE INFECTIOUS DISEASE EXPOSURE
PREVENTION PLAN**

THE NY HERO ACT MODEL WAS ADOPTED BY THE JOINT INDUSTRY BOARD ON AUGUST 4, 2021.

On May 5, 2021, Governor Andrew Cuomo signed the New York Health and Essential Rights Act (NY HERO Act) into law. The law mandates extensive new workplace health and safety protections in response to an airborne infectious disease if designated by the New York State Commissioner of Health as a highly contagious, communicable disease that presents a serious risk of harm to the public health. The purpose of the NY HERO Act is to protect employees against exposure and disease during an airborne infectious disease outbreak.



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BACKGROUND

The NY HERO Act model was adopted by both The Joint Industry Board of the Electrical Industry, JIB Services LLC and JIB Medical P.C on August 4, 2021. The purpose of this plan is to protect employees against exposure and disease during an airborne infectious disease outbreak. This plan goes into effect when an airborne infectious disease is designated by the New York State Commissioner of Health as a highly contagious communicable disease that presents a serious risk of harm to the public health.

This plan is subject to any additional or greater requirements arising from a declaration of a state of emergency due to an airborne infectious disease, as well as any applicable federal standards.

Employees should report any questions or concerns with the implementation of this plan to the JIB Human Resources Department, Attn: Cynthia Mathis at 718-591-2000 Ext#1400/1376.

This plan applies to all “employees” as defined by the New York State HERO Act, which means any person providing labor or services for remuneration for a private entity or business within the state, without regard to an individual’s immigration status, and shall include part-time workers, independent contractors, domestic workers, home care and personal care workers, day laborers, farmworkers and other temporary and seasonal workers.

The term also includes individuals working for digital applications or platforms, staffing agencies, contractors or subcontractors on behalf of the employer at any individual work site, as well as any individual delivering goods or transporting people at, to or from the work site on behalf of the employer, regardless of whether delivery or transport is conducted by an individual or entity that would otherwise be deemed an employer under this chapter. The term does not include employees or independent contractors of the state, any political subdivision of the state, a public authority, or any other governmental agency or instrumentality. As of the date of the publication of this document, while the State continues to deal with COVID-19 and a risk still exists, no designation is in effect at this time.



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We will closely monitor the websites of Departments of Health and Labor for up-to-date information on whether a designation has been put into effect, as any such designation will be prominently displayed.

No employer is required to put a plan into effect absent such a designation by the Commissioner of Health.



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I. RESPONSIBILITIES

This plan applies to all employees of the Joint Industry Board of the Electrical Industry and JIB Services LLC/JIB Medical P.C. at the following work sites:

Name of Worksite	Location	Phone
Joint Industry Board of the Electrical Industry	158-11 Harry Van Arsdale Jr. Ave, NY 11365	718-591-2000
JIB Services LLC	158-11 Harry Van Arsdale Ave Jr. 2 nd Floor, NY 11365	718-591-2014
JIB Medical P.C.	158-11 Harry Van Arsdale Ave Jr. 2 nd Floor, NY 11365	718-591-2014
Long Island City Training Center	48-40 34 th Street Long Island City, NY 11101	718-433-9170
Long Island City Educational Center	3800 Duck Pond Road Cutchogue, NY 11935	631-734-9410
Camp Integrity at Redwood	576 Rock Cut Road Walden, NY 12586	845-564-2753
Westchester-Fairfield Joint Electrical Apprenticeship Training Committee IBEW Local 3, White Plains/NECA	200 Bloomingdale Road White Plains, NY 10605	914-946-0472

This plan requires commitment to ensure compliance with all plan elements aimed at preventing the spread of infectious disease. The following supervisory employee(s) are designated to enforce compliance with the plan. Additionally, these supervisory employees will act as the designated contacts unless otherwise noted in this plan:

Name	Title	Location	Phone
Cynthia Mathis	Joint Industry Board Director of Human Resources	158-11 Harry Van Arsdale Jr. Ave, Flushing, NY 11365	178-591-2000 #1400
Mike Delio	JIB Services/JIB Medical Director of JIB Medical	158-11 Harry Van Arsdale Jr. Ave, Flushing, NY 11365	718-591-2000 #1115
Joe Doceti	Chief Engineer & Director of Facilities	158-11 Harry Van Arsdale Jr. Ave, Flushing, NY 11365	718-591-2000 #1123
Daniel C. Mecca	Director of Apprentice Training	200 Bloomingdale Road White Plains, NY 10605	914-946-0472



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II. EXPOSURE CONTROLS DURING A DESIGNATED OUTBREAK

A. MINIMUM CONTROLS DURING AN OUTBREAK

During an airborne infectious disease outbreak, the following minimum controls will be used in all areas of the worksite:

1. **General Awareness:** Individuals may not be aware that they have the infectious disease and can spread it to others. Employees should remember to:
 - Maintain physical distancing;
 - Exercise coughing/sneezing etiquette;
 - Wear face coverings, gloves, and personal protective equipment (PPE), as appropriate;
 - Individuals limit what they touch;
 - Stop social etiquette behaviors such as hugging and hand shaking, and
 - Wash hands properly and often.

2. **“Stay at Home Policy”:** If an employee develops symptoms of the infectious disease, the employee should not be in the workplace. The employee should inform the designated contact and follow New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) guidance regarding obtaining medical care and isolating. Employees are required to complete quarantine per NYSDOH and CDC guidelines. This policy managed by JIB Human Resources Department.

3. **Health Screening:** Employees will be screened for symptoms of the infectious disease at the beginning of their shift. Employees are to self-monitor throughout their shift and report any new or emerging signs or symptoms of the infectious disease to the designated contact. An employee showing signs or symptoms of the infectious disease will be removed from the workplace and should contact a healthcare professional for instructions and notify JIB Human Resources Department. The health screening elements will follow guidance from NYSDOH and CDC guidance, if available.



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4. **Face Coverings:** To protect your coworkers, employees will wear face coverings throughout the workday to the greatest extent possible. Face coverings and physical distancing should be used together whenever possible.

The face covering must cover the nose and mouth, and fit snugly, but comfortably, against the face. The face covering itself must not create a hazard, e.g. have features that could get caught in machinery or cause severe fogging of eyewear. The face coverings must be kept clean and sanitary and changed when soiled, contaminated, or damaged.

5. **Physical Distancing:** Physical distancing will be followed as much as feasible. Avoid unnecessary gatherings and maintain a distance of at least six feet (or as recommended by the NYSDOH/CDC for the infectious agent) from each other. Use a face covering when physical distance cannot be maintained.

In situations where prolonged close contact with other individuals is likely, use the following control methods:

- ✓ Restricting or limiting customer or visitor entry;
- ✓ Limiting occupancy;
- ✓ Allowing only one person at a time inside small enclosed spaces with poor ventilation;
- ✓ Reconfiguring workspaces;
- ✓ Physical barriers;
- ✓ Signage;
- ✓ Floor marking;
- ✓ Telecommuting;
- ✓ Remote meetings;
- ✓ Preventing gatherings
- ✓ Restricting travel;
- ✓ Creating new work shifts and/or staggering work hours;
- ✓ Adjusting break times and lunch periods;
- ✓ Delivering services remotely or through curbside pickup;



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- ✓ Reduced Floor/Office capacity, moved staff to different floors
- ✓ Install plexi-glass barriers throughout the building
- ✓ Reduced elevator capacity

6. Hand Hygiene: To prevent the spread of infection, employees should wash hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- ✓ Touching your eyes, nose, or mouth;
- ✓ Touching your mask;
- ✓ Entering and leaving a public place; and
- ✓ Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens.

Because hand sanitizers are less effective on soiled hands, wash hands rather than using hand sanitizer when your hands are soiled.

7. Cleaning and Disinfection: See Section III of this plan.

8. “Respiratory Etiquette”: Because infectious diseases can be spread by droplets expelled from the mouth and nose, employees should exercise appropriate respiratory etiquette by covering nose and mouth when sneezing, coughing or yawning.

9. Special Accommodations for Individuals with Added Risk Factors: Some employees, due to age, underlying health condition, or other factors, may be at increased risk of severe illness if infected. Please inform your supervisor or the HR department if you fall within this group and need an accommodation.

B. ADVANCED CONTROLS DURING AN OUTBREAK

For activities where the Minimum Controls alone will not provide sufficient protection for employees, additional controls from the following hierarchy may be necessary. Employers should determine if the following are necessary:



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1. Elimination: Employers should consider the temporary suspension or elimination of risky activities where adequate controls could not provide sufficient protection for employees.
2. Engineering Controls: Employers should consider appropriate controls to contain and/or remove the infectious agent, prevent the agent from being spread, or isolate the worker from the infectious agent. Examples of engineering controls include:
 - i. Mechanical Ventilation:
 - a. Local Exhaust Ventilation, for example:
 - Ventilated booths (lab hoods);
 - Kitchen Vents; and
 - Vented biosafety cabinets.
 - b. General Ventilation, for example:
 - Dedicated ventilation systems for cooking areas, malls, atriums, surgical suites, manufacturing, welding, indoor painting, laboratories, negative pressure isolation rooms;
 - Increasing the percentage of fresh air introduced into air handling systems;
 - Avoiding air recirculation;
 - Using higher-efficiency air filters in the air handling system;
 - If fans are used in the facility, arrange them so that air does not blow directly from one worker to another; and
 - ii. Natural Ventilation, for example:
 - Opening outside windows and doors to create natural ventilation; and
 - Opening windows on one side of the room to let fresh air in and installing window exhaust fans on the opposite side of the room so that they exhaust air outdoors. (Note: This method is appropriate only if air will not blow from one person to another.)
 - iii. Install automatic disinfection systems (e.g., ultraviolet light disinfection systems).
 - iv. Install cleanable barriers such as partitions and/or clear plastic sneeze/cough guards.



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v. Change layout to avoid points or areas where employees may congregate (e.g., install additional timeclocks).

Subject to changes based on operations and circumstances surrounding the infectious disease, engineering controls that are anticipated or implemented to be used are listed in the following table:

Engineering Controls Utilized/Location:
Location: 158-11 Harry Van Arsdale Jr. Ave, Flushing, NY 11365
Implement Plexi Glass in all cubicles throughout the building
Relocate staff to different locations to reduce office capacity and social distancing.

3. “Administrative Controls” are policies and work rules used to prevent exposure. Examples include:

- ✓ Increasing the space between workers;
- ✓ Slowing production speed to accommodate fewer workers at a time;
- ✓ Disinfecting procedures for specific operations;
- ✓ Not shaking out soiled laundry;
- ✓ Employee training;
- ✓ Identify and prioritize job functions that are essential for continuous operations;
- ✓ Cross-train employees to ensure critical operations can continue during worker absence;
- ✓ Limit the use of shared workstations;
- ✓ Post signs reminding employees of respiratory etiquette, masks, handwashing;
- ✓ Rearrange traffic flow to allow for one-way walking paths;
- ✓ Provide clearly designated entrance and exits;
- ✓ Provide additional short breaks for handwashing and cleaning;
- ✓ Establishing pods or cohorts working on same shift;



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Subject to changes based on operations and circumstances surrounding the infectious disease, the following specific administrative controls are anticipated or implemented:

Administrative Controls Utilized/Location
Implement the above at all locations as applicable.
Implement Lobby Nurse Screening and Security Check In Process, unwell/infected employee removed from workplace immediately or turned away in the Lobby, and monitored by HR Department.
Implement contact tracing, tracking, quarantine, and JIB clearance to work policy. Implement Daily Disinfecting procedures and daily log posted by floor.

4. 10. Personal Protective Equipment (PPE) are devices like eye protection, face shields, respirators, and gloves that protect the wearer from infection. PPE will be provided, used and maintained in a sanitary and reliable condition at no cost to the employee. The PPE provided to an employee will be based on a hazard assessment for the workplace.

PPE Required – Activity Involved/Location:
Mask mandate implemented at all locations.
Mask distributed to staff at no cost – surgical mask and KN95 mask issued.
Gloves distributed to staff for use.
PPE requirement, gloves, gown, and face shield distributed to Clinical staff in JIB Medical.



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*1 The use of respiratory protection, e.g. an N95 filtering facepiece respirator, requires compliance with the OSHA Respiratory Protection Standard 29 CFR 1910.134 or temporary respiratory protection requirements OSHA allows for during the infectious disease outbreak.
2 Respirators with exhalation valves will release exhaled droplets from the respirators. Respirators are designed to protect the wearer. Surgical masks and face coverings, which are not respirators, are designed to protect others, not the wearer.*

C. EXPOSURE CONTROL READINESS, MAINTENANCE AND STORAGE:

The controls we have selected will be obtained, properly stored, and maintained so that they are ready for immediate use in the event of an infectious disease outbreak and any applicable expiration dates will be properly considered.

III. HOUSEKEEPING DURING A DESIGNATED OUTBREAK

A. Disinfection Methods and Schedules

Objects that are touched repeatedly by multiple individuals, such as door handles, light switches, control buttons/levers, dials, levers, water faucet handles, computers, phones, or handrails must be cleaned frequently with an appropriate disinfectant. Surfaces that are handled less often, or by fewer individuals, may require less frequent disinfection.

The disinfection methods and schedules selected are based on specific workplace conditions.

The New York State Department of Environmental Conservation (NYSDEC) and the Environmental Protection Agency (EPA) have compiled lists of approved disinfectants that are effective against many infectious agents (see dec.ny.gov and epa.gov/pesticide-registration/selected-epa-registered-disinfectants). Select disinfectants based on NYSDOH and CDC guidance and follow manufacturer guidance for methods, dilution, use, and contact time.

B. Adjustments to Normal Housekeeping Procedures

Normal housekeeping duties and schedules should continue to be followed during an infectious disease outbreak, to the extent practicable and appropriate consistent with NYSDOH and/or



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CDC guidance in effect at the time. However, routine procedures may need to be adjusted and additional cleaning and disinfecting may be required.

Housekeeping staff may be at increased risk because they may be cleaning many potentially contaminated surfaces. Some housekeeping activities, like dry sweeping, vacuuming, and dusting, can resuspend into the air particles that are contaminated with the infectious agent. For that reason, alternative methods and/or increased levels of protection may be needed.

Rather than dusting, for example, the CDC recommends cleaning surfaces with soap and water before disinfecting them. Conducting housekeeping during “off” hours may also reduce other workers’ exposures to the infectious agent.

Best practice dictates that housekeepers should wear respiratory protection. See [cdc.gov](https://www.cdc.gov) for more guidance.

C. If an employee develops symptoms of the infectious disease at work, it is ideal to isolate the area in accordance with guidance issued by NYSDOH or the CDC, before cleaning and disinfecting the sick employee’s work area. This delay will allow contaminated droplets to settle out of the air and the space to be ventilated.

D. As feasible, liners should be used in trash containers. Empty the containers often enough to prevent overfilling. Do not forcefully squeeze the air out of the trash bags before tying them closed. Trash containers may contain soiled tissue or face coverings.

IV. INFECTION RESPONSE DURING A DESIGNATED OUTBREAK

If an actual, or suspected, infectious disease case occurs at work, Joint Board will take the following actions:

- Instruct the sick individual to wear a face covering and leave the worksite and follow NYSDOH/CDC guidance.
- Follow local and state authority guidance to inform impacted individuals.

V. TRAINING AND INFORMATION DURING A DESIGNATED OUTBREAK



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A. Human Resources Department will verbally, or through electronic means, inform all employees of the existence and location of this Plan, the circumstances it can be activated, the infectious disease standard, employer policies, and employee rights under the HERO Act.

B. When this plan is activated, all personnel will receive training which will cover all elements of this plan and the following topics:

1. The infectious agent and the disease(s) it can cause;
2. The signs and symptoms of the disease;
3. How the disease can be spread;
4. An explanation of this Exposure Prevention Plan;
5. The activities and locations at our worksite that may involve exposure to the infectious agent;
6. The use and limitations of exposure controls ;
7. A review of the standard, including employee rights provided under Labor Law, Section 218-B.

C. The training will be:

1. Provided at no cost to employees and take place during working hours. If training during normal work hours is not possible, employees will be compensated for the training time (with pay or time off);
2. Appropriate in content and vocabulary to your educational level, literacy, and preferred language; and
3. Verbally provided in person or through telephonic, electronic, or other means.

VI. PLAN EVALUATIONS DURING A DESIGNATED OUTBREAK

The employer will review and revise the plan periodically, upon activation of the plan, and as often as needed to keep up-to-date with current requirements. Document the plan revisions below:

Plan Revision History			
Date	Participants	Major Changes	Approved By



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Notification of a violation by an employee may be made verbally or in writing, and without limitation to format including electronic communications. To the extent that communications between the employer and employee regarding a potential risk of exposure are in writing, they shall be maintained by the employer for two years after the conclusion of the designation of a high-risk disease from the Commissioner of Health, or two years after the conclusion of the Governor's emergency declaration of a high risk disease.

Employer should include contact information to report violations of this plan and retaliation during regular business hours and for weekends/other non-regular business hours when employees may be working.

Employees may report of violations of this plan to JIB Human Resources at JIBHR@jibe.com or by phone 718-591-2000 Ext 1400/1376.

VIII. Joint Labor-Management Workplace Safety Committee

Employers must permit employees to establish and administer a joint labor-management workplace safety committee. Only one committee per worksite is required. If the employer already has an existing workplace safety committee that meets the requirements it is exempt from creating an additional workplace safety committee. The committee must be comprised of employer and employee designees, with at least two-thirds non-supervisory employees who are chosen by non-supervisory employees (unless a CBA exists, in which case the collective bargaining representative will choose the non-supervisory employees who will serve on the committee). The Act also authorizes the creation of multiple committees representing geographically distinct worksites. Covered employers are not permitted to interfere with the selection of employees who serve on this committee.

The Act authorizes committees to: (1) raise health and safety issues to employers; (2) review occupational health and safety policies; (3) review policies enacted in the workplace in



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response to, among other things, laws and executive orders; (4) participate in government workplace site visits, unless prohibited by law; (5) review employer-filed reports pertaining to workplace health and safety; (6) schedule and meet (for no longer than two hours) quarterly during working hours; and (7) allow committee designees to attend a training without loss of pay for a maximum of four hours on the function of worker safety committees and an introduction to occupational health and safety. Employers are not permitted to retaliate against employees involved in safety committees.

We have established the following joint labor-management committee in coordination with and selected by the collective bargaining representative.

Labor Management Committee Participants		
	Union CBA	Approved By