PK CONTRACTING

COVID-19 PREPAREDNESS AND RESPONSE PLAN

September 9, 2021

PK Contracting-COVID-19 Preparedness and Response Plan

In accordance with applicable public health orders and rules, PK Contracting institutes this COVID-19 Preparedness and Response Plan.

Company aims to protect its workforce by enacting all appropriate prevention efforts. Company is continually monitoring guidance from local, state, and federal health officials and implementing workplace and Plan modifications where appropriate. This Plan is consistent with guidance from the Centers for Disease Control and Prevention ("CDC"), the Michigan Occupational Safety and Health Administration ("MIOSHA"), and the Occupational Safety and Health Administration ("OSHA"), including OSHA's "Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace."

Employees with questions are encouraged to contact Human Resources via phone at 248-362-2130 and/or email at jessica@pkcontracting.com.

Company designates the following worksite supervisors/employees to serve as COVID-19 safety coordinators to implement, monitor, and report on this Plan: Kurt Shea-(269)385-3222 and Jessica Bunch-(248) 362-2130. Company will designate additional individuals as needed.

Company makes this Plan readily available to employees.

1. **Prevention Efforts and Workplace Controls**

   a. **Basic Infection Prevention Measures for All Employees**

Company implements the following prevention measures for all employees:

- Company promotes frequent and thorough hand washing and provides employees, workers, customers, and worksite visitors with a place to wash their hands and/or antiseptic hand sanitizers;
- Company increases facility cleaning and disinfection in accordance with CDC guidance;
- Company uses disinfectants approved by the Environmental Protection Agency expected to be effective against SARS-CoV-2, the virus which is the causative agent of COVID-19;
- Company provides employees with these cleaning and disinfecting supplies;
- Employees should routinely clean their work stations, tools, and equipment;
- When possible, employees should avoid the use of other employees' phones, desks, offices, or other work tools and equipment;
- Employees must immediately notify Company of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19 by informing their supervisor, Human Resources, and/or the COVID-19 safety coordinators;
- Employees must immediately notify Company of any unsafe working conditions by informing their supervisor, Human Resources, and/or the COVID-19 safety coordinators;
- Where required and appropriate, Company installs physical barriers in communal areas and/or where employees are unable to remain six feet away from other people; and
- Where required and appropriate, employees must comply with screening processes and any isolation/quarantine orders.

When possible, Company increases ventilation rates and circulation throughout worksites. Company implements the following key measures regarding ventilation: ensures the HVAC system is operating in accordance with manufacturer's instructions and design specifications; conducts all regularly scheduled inspections and maintenance procedures; maximizes the amount of outside air supplied; installs, where feasible, air filters with a Minimum Efficiency Reporting Value 13 or higher; and utilizes, when feasible, portable air cleaners with High Efficiency Particulate Air filters.

Employees may anonymously report concerns about the PK Contracting COVID-19 policies and procedures by contacting Jessica Bunch in Human Resources at 248-362-2130.

Company prohibits retaliation or discrimination against employees who report safety concerns.

b. Training for All Employees

Employees are trained on the information contained within this Plan, including the workplace infection-control practices, how to report COVID-19 symptoms and/or diagnoses, and how to report unsafe working conditions. Employees are also trained on the CDC's "How to Wear and Take Off Your Mask," "How to Protect Yourself and Others," and "Answering Your Questions About the Safety and Effectiveness of COVID-19 Vaccines" posters.

c. Mask and Social Distancing Requirements

All employees, regardless of vaccination status, should comply with the following safeguards:

- Remain at least six feet from other individuals to the maximum extent feasible; and
- Wear a face covering when in shared spaces and when unable to maintain six feet of separation from other individuals indoors.

Company provides, at a minimum, non-medical grade face coverings.

Customers, visitors, and guests should socially distance when feasible and wear a face covering.

d. Supplemental Measures Upon Notification of Employee's COVID-19 Diagnosis and/or Symptoms

An employee with a COVID-19 diagnosis or who displays symptoms consistent with COVID-19 must be immediately removed from the worksite.

In response to a confirmed diagnosis by any individual who worked at or visited the worksite, Company conducts contact tracing and cleaning and disinfecting protocols consistent with CDC guidance.

Company completes an OSHA Form 300, as well as a Form 301, "if it is more likely than not that a factor or exposure in the workplace caused or contributed to the illness." If an employee infects

a coworker, the coworker has suffered a work-related illness if one of the recording criteria (e.g., medical treatment or days away from work) is met.

2. Identification and Isolation of Sick and/or Exposed Employees

Risk and exposure determinations are made without regard to employees' protected characteristics, as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employees' personnel documentation.

a. Employees' Self-Monitoring

The following employees should **<u>not</u>** report to work and, upon timely notification to their supervisor, Human Resources, and/or the COVID-19 safety coordinators, will be removed from the regular work schedule:

- Employees who are currently and atypically suffering from symptoms of COVID-19, such as fever of 100.4 degrees or greater, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of smell or taste, congestion or runny nose, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis;
- Employees who are not fully vaccinated and, in the last 14 days, have had close contact with any person having a confirmed COVID-19 diagnosis;
  - Employees who are fully vaccinated and have had close contact with any person having a confirmed COVID-19 diagnosis must quarantine and undergo a COVID-19 test 3-5 days following the close contact; such employees may return to work if they receive a negative test result;
- Employees who are not fully vaccinated and, in the last 14 days, have had close contact with any person who is atypically suffering from symptoms of COVID-19, such as fever of 100.4 degrees or greater, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of smell or taste, congestion or runny nose, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting.
  - Employees who are fully vaccinated and have had close contact with any person who is atypically suffering from symptoms of COVID-19 must quarantine and undergo a COVID-19 test 3-5 days following the close contact; such employees may return to work if they receive a negative test result, and/or if the symptomatic individual tests negative for COVID-19;
- Employees who are subject to a recommendation to isolate or quarantine consistent with CDC guidance;
- Employees who have been instructed to remain home by a health or public health professional; and
- Employees who are awaiting a COVID-19 test or the results of a COVID-19 test after having symptoms of COVID-19.

Such employees may only resume in-person work upon meeting all return-to-work requirements, defined below.

b. Return-to-Work Requirements

Employees who were themselves diagnosed with COVID-19, or experienced symptoms thereof, may only return to work upon confirmation of the cessation of symptoms and contagiousness, proof of which may be acquired via the test-based strategy, the symptom-based strategy, and/or the determination of a health care provider.

Under the test-based strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- Resolution of fever without the use of fever-reducing medications;
- Improvement in symptoms; **and**
- Two consecutive negative results from COVID-19 tests conducted at least 24 hours apart and in accordance with a form of testing approved by the FDA and CDC.

Under the symptom-based strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications;
- Improvement in symptoms; **and**
- Sufficient time has passed since symptoms first appeared:
    - For moderate cases, at least 10 days have passed since symptoms first appeared;
    - For severe cases, at least 20 days have passed since symptoms first appeared.

To satisfy the symptom-based strategy, employees must present documentation from a health care provider, designating their COVID-19 symptoms as moderate or severe. This designation determines whether an employee must wait 10 or 20 days after the onset of symptoms before returning to work.

Employees who are not fully vaccinated and came into close contact with, or live with, an individual with a confirmed diagnosis or symptoms of COVID-19 may return to work after 14 days have passed since the last close contact with the diagnosed/symptomatic individual, if the employee experienced no symptoms or clinical evidence of COVID-19 during the daily monitoring conducted throughout the 14-day quarantine period. If the employee develops COVID-19 symptoms during their quarantine, the employee is encouraged to undergo a COVID-19 test.

Employees who are fully vaccinated and came into close contact with, or live with, an individual with a confirmed diagnosis or symptoms of COVID-19 should quarantine and undergo a COVID-19 test 3-5 days following the close contact. Such employees may return to work if they receive a negative test result.

If the symptomatic individual with whom the employee had close contact receives a negative COVID-19 test, meaning the symptomatic individual did not have COVID-19, the employee may return to work immediately.

A symptomatic and/or diagnosed employee must satisfy the additional return-to-work requirements.

3. Workplace Flexibilities and Potential Benefits for Employees Affected by COVID-19

Employees may be eligible for paid and unpaid leaves of absence.

Employees may be permitted to utilize available paid-time off provided under Company policy concurrently with or to supplement any approved leave.

a. Unpaid and/or Paid Leaves of Absence

Company may provide paid leaves of absence to employees who are undergoing and recovering from vaccination against COVID-19.

Company may provide unpaid leaves of absence to employees because of their own COVID-19 diagnoses/symptoms or because they have had close contact or live with an individual with a COVID-19 diagnosis. Employees should not return to work until permitted to do so in accordance with the latest CDC guidance.

Company does not retaliate against employees who disclose COVID-19 symptoms and/or close contact.

Company complies with Enrolled House Bill 6032, as amended by Enrolled Senate Bill 1258.

c. FMLA and ADA

Employees may be entitled to unpaid leave under the Family and Medical Leave Act ("FMLA") if their absence is related to their own serious health condition or that of a family member. COVID-19 may constitute a serious health condition where "complications arise."

Company is also mindful of its obligations under the Americans with Disabilities Act ("ADA"). Specifically, if an employee requests an accommodation because of a condition that may be complicated by COVID-19 (e.g., cystic fibrosis, emphysema, COPD), then Company engages in the interactive process to provide a reasonable accommodation. This may mean allowing the employee to work remotely (if reasonable) or work an alternative schedule.

4. Plan Updates and Expiration

This Plan responds to the COVID-19 pandemic. Company will update this Plan and its corresponding processes as the pandemic progresses.

This Plan will expire upon conclusion of its need, as determined by Company and in accordance with guidance from local, state, and federal health officials.

How to Wear and Take Off Your Mask

How to Put On and Wear Your Mask Correctly

- Wash your hands or use hand sanitizer before putting on your mask
- Put it over your face and mouth
- Be sure your mask fits snugly against the sides of your face and under your chin
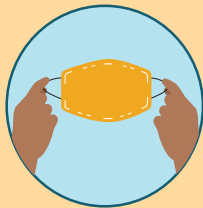- Make sure you can breathe easily

Wear a Mask to Protect Yourself and Others

- Wear a mask over your nose and mouth to help prevent getting and spreading COVID-19
- Wear a mask in public settings, especially when you cannot stay six feet apart from people who don't live with you
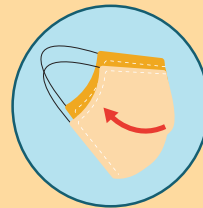
How to Take Off Your Mask

Untie the strings behind your head or stretch the ear loops

Handle only by the ear loops or ties

Fold outside corners together

Wash hands immediately after removing

Other Ways to Protect Yourself

- Stay at least 6 feet away from others
- Avoid crowds and places with poor ventilation
- Wash your hands often
- Get a vaccine when it is offered

cdc.gov/coronavirus

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How to Protect Yourself and Others

Know how it spreads

- **The best way to prevent COVID-19 is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - » Between people who are in close contact with one another (within about 6 feet).
  - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - » COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Limit contact with people who don't live in your household as much as possible.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
  - » Remember that some people without symptoms may be able to spread virus.
  - » This is especially important for **people who are at increased risk for severe illness.** https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html.

cdc.gov/coronavirus

Cover your mouth and nose with a mask when around others

- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a mask in public settings** and when around people not living in their household, especially when social distancing is difficult to maintain.
  - » Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **A mask helps prevent a person who is sick** from spreading the virus to others, and offers some protection to the wearer as well.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep at least 6 feet between yourself and others.** The mask is not a substitute for social distancing.

Cover coughs and sneezes

- **Always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant**. You can see a list of EPA-registered household disinfectants here.

cdc.gov/coronavirus

Answering Your Questions About the Safety and Effectiveness of COVID-19 Vaccines

Do clinical trial results show whether vaccines are effective?

Yes, clinical trials provide data and information about how well a vaccine prevents a disease and how safe it is. The Food and Drug Administration (FDA) evaluates these data, along with information from the manufacturer, to assess the safety and effectiveness of the vaccine. FDA then decides whether to approve the vaccine or authorize it for emergency use in the United States.

Why would the effectiveness of vaccines be different after the clinical trials?

Many factors can affect how well a vaccine works in real-world conditions. These factors can include how a vaccine is transported and stored and how the vaccine is given. Vaccine effectiveness can also be affected by differences in the underlying medical conditions of people vaccinated as compared to those vaccinated in the clinical trials.

CDC is assessing how well COVID-19 vaccines work in real-world conditions. Some real-world assessments observe both people who get vaccinated and those who don't to see how many people in each group become ill with COVID-19. Some assessments look at how COVID-19 vaccine effectiveness differs for people who are partially vaccinated compared to those who are fully vaccinated.

Assessments of vaccine effectiveness can also provide important information about how well a vaccine is working in groups of people who were either not included or were not well represented in clinical trials, and how well vaccines protect against COVID-19 variants.

How are experts evaluating the COVID-19 vaccine effectiveness in real-world conditions?

Experts are working on many types of assessments to determine vaccine effectiveness in real-world conditions. Each study type uses a different method:

- **Case-control assessments** include cases (people who have COVID-19) and controls (people who do not have COVID-19). People who agree to participate in a case-control assessment provide information on whether they received a COVID-19 vaccine or not. Experts look to see if the cases were less likely to be vaccinated than controls, which would show the vaccine is working.

- **Test-negative design assessments** enroll people who are seeking medical care for symptoms that could be due to COVID-19. In this special type of case-control assessments, experts compare the COVID-19 vaccination status of those who test positive (meaning they have COVID-19) to those who test negative (meaning they do not have COVID-19).

www.cdc.gov/coronavirus/vaccines

- **Cohort assessments** observe groups of people who are and are not vaccinated against COVID-19, and then follow them for a period of time to see if they get COVID-19. Experts compare the vaccinated and unvaccinated groups to see how well COVID-19 vaccines protected against COVID-19. This can be done in real time (prospectively) or by looking back in time (retrospectively) using data already collected, such as information in participants' medical records.
- **Screening method assessments** look at vaccination status among a group of people infected with COVID-19 (for example, those detected through ongoing COVID-19 surveillance) and compare that with the vaccination coverage in the overall population where those cases arise (for example, people from the same state). By comparing vaccination coverage between these two groups, researchers can get an early estimate of whether a vaccine is working as expected.
- **Ecologic analysis assessments** look at groups of people —such as those in different geographic locations or at different times—to see if there is a correlation between how many were vaccinated and how many were diagnosed with COVID-19. These analyses may be hard to interpret broadly because a correlation may be detected at the group level, but that doesn't necessarily mean the correlation exists on an individual level.

CDC uses several study methods because they can all contribute different information and build a base of evidence about how COVID-19 vaccines are working.

Can these assessments determine if the vaccines protect people from severe COVID-19 illness?

Yes. CDC defines severe illness from COVID-19 as needing care in a hospital or intensive care unit (ICU), needing to be on a ventilator, or dying from COVID-19.
- Experts assess how well COVID-19 vaccines protect people against severe illness using case-control studies among hospitalized patients.
- Experts also use cohort studies of electronic health records to see if people hospitalized with COVID-19 received a vaccine or not.

Can theses assessments determine if the vaccines protect people against mild COVID-19 illness?

Yes. CDC uses case-control studies to assess how well COVID-19 vaccines protect people against less severe forms of COVID-19—for example, people with COVID-19 who need to visit a doctor but don't need to be hospitalized.

Can these assessments determine if the vaccines protect people who are infected but have no symptoms?

Yes. Some people can be infected with or "carry" the virus that causes COVID-19, but not feel sick or have any symptoms. Experts call this "asymptomatic infection." It is important to know whether COVID-19 vaccines can prevent infection without symptoms (asymptomatic infection). People with an asymptomatic infection could unknowingly spread the virus to others.

A special type of cohort study looks at how effectively the vaccine prevents asymptomatic infection. People who agree to participate in such a study are tested for COVID-19 every week, whether they have symptoms or not. Experts then compare the proportion of people who develop COVID-19 who were vaccinated to the proportion of people with infection who were not vaccinated.

Who is included in the real-world vaccine effectiveness assessments?

CDC is working to make sure real-world vaccine assessments include diverse groups of people, including:

Healthcare personnel
- CDC is rapidly assessing vaccine effectiveness among healthcare personnel working in all healthcare settings. Healthcare personnel are more likely to get COVID-19 while taking care of patients. Healthcare personnel are among the groups that will provide a first look at how COVID-19 vaccines work in real-world conditions.

Essential workers
- Essential non-healthcare workers are people who are needed to maintain critical infrastructure, services, and functions. Essential workers may be more likely to get COVID-19 because they are unable to physically distance or are exposed to people with COVID-19 at their jobs. Many essential workers are part of racial and ethnic minority groups, who are disproportionately affected by COVID-19.

Older adults and those living in nursing homes

■ Making sure COVID-19 vaccines protect older adults is critical because the risk for severe illness from COVID-19 increases with age. People living in nursing homes and other long-term care facilities are much more likely to get COVID-19 and have a severe illness. FDA and the Centers for Medicare and Medicaid Services (CMS) are using CMS Medicare billing data to assess COVID-19 vaccine effectiveness among older adults, including those living in nursing homes and other long-term care facilities. These data include information about whether people are vaccinated against COVID-19, whether they got sick with COVID-19, and if they needed to receive care in a hospital for COVID-19. Experts are also conducting a case-control assessment using data from CDC and CMS. Experts will identify older adults hospitalized for COVID-19 and older adults hospitalized for other reasons. To estimate vaccine effectiveness, they will then compare how many in each of these groups received a COVID-19 vaccine.

Underlying medical conditions

■ Adults of any age with certain underlying medical conditions are at increased risk for severe illness from COVID-19. CDC is looking at how COVID-19 vaccines protect people who have heart conditions, obesity, diabetes, and other underlying medical conditions that place them at increased risk for severe illness from COVID-19.

Racial and ethnic minority groups

■ The proportion of people who become ill, are hospitalized, or die from COVID-19 is higher among Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native people than among non-Hispanic White people. Vaccine uptake among racial and ethnic minority groups is also lower than among non-Hispanic White people. Experts are working to make sure real-world vaccine assessments include groups of adults who are racially and ethnically diverse. CDC also is working with the Indian Health Service (IHS), tribal nations, and other partners to ensure real-world COVID-19 vaccine effectiveness assessments include American Indian and Alaska Native populations. It is important real-world vaccine effectiveness studies include diverse populations to ensure COVID-19 vaccines help achieve health equity.

These vaccines were produced so quickly. How do we know they are safe?

COVID-19 vaccines are safe and effective. Millions of people in the United States have received COVID-19 vaccines under the most intense vaccine safety monitoring in U.S. history.

In addition, COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met FDA's rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support an Emergency Use Authorization (EUA).

Is CDC continuing to watch for problems with these vaccines?

Yes. As of May 11, 2021, more than 245 million people in the United States have received at least one dose of a COVID-19 vaccine under the most intense safety monitoring in U.S. history. This monitoring is ongoing and includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.

Results from these monitoring efforts are reassuring. People may have some side effects, which are normal signs that the body is building protection. These side effects may affect ability to do daily activities, but they should go away in a few days. Some people have no side effects.

Common side effects include pain, redness, and swelling on the arm where you got the shot. Other common side effects include tiredness, headache, muscle pain, chills, fever, and nausea.

A small number of people have had a severe allergic reaction (called "anaphylaxis") after vaccination, but this is rare, and when it does happen, vaccination providers have medicines available that they can use to effectively and immediately treat the reaction. You will be asked to stay for 15–30 minutes after you get your vaccine so you can be observed.

CDC has received a small number of reports of a rare and severe type of blood clot with low platelets happening in people who received Johnson & J&J/Janssen COVID-19 vaccine. However, after reviewing all available safety data, CDC and FDA recommend use of this vaccine resume in the United States given that the known and potential benefits outweigh the known and potential risks. Learn more.

Expanded vaccine safety monitoring systems

The following systems and information sources add another layer of safety monitoring, giving CDC and FDA the ability to evaluate COVID-19 vaccine safety in real time and make sure COVID-19 vaccines are safe:

CDC: v-safe A smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through v-safe, you can quickly tell CDC if you have any side effects after getting a COVID-19 vaccine. Depending on your answers to the web surveys, someone from CDC may call to check on you and get more information. V-safe will also remind you to get your second COVID-19 vaccine dose if you need one.

v-safe COVID-19 Vaccine Pregnancy Registry
The v-safe COVID-19 Vaccine Pregnancy Registry is for v-safe participants who self-identify as pregnant at the time of vaccination or shortly thereafter (within 30 days of vaccination). The registry activities are in addition to the v-safe health check-ins that participants receive via text message. Pregnant participants in the registry will be contacted to answer questions about their pregnancy and medical history. Participants will also be asked for permission to contact their healthcare provider(s).

CDC: National Healthcare Safety Network (NHSN)
An acute care and long-term care facility monitoring system with reporting to the Vaccine Adverse Event Reporting System (VAERS) that allows determination of COVID-19 vaccine adverse event (health problem) reporting rates.

Existing Safety Monitoring Systems

The safety of vaccines is monitored continuously with multiple approaches. As people get vaccinated, CDC, FDA, and other federal partners will use the following existing, robust systems and data sources to conduct ongoing safety monitoring in the following groups:

General public
- **CDC and FDA: Vaccine Adverse Event Reporting System (VAERS)** — The national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events that happen after vaccination; reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are further assessed
- **CDC: Vaccine Safety Datalink (VSD)** — A network of 9 integrated healthcare organizations across the United States that conducts active surveillance and research; the system is also used to help determine whether possible side effects identified using VAERS are actually related to vaccination
- **CDC: Clinical Immunization Safety Assessment (CISA) Project** — A collaboration between CDC and 7 medical research centers to provide expert consultation on individual cases and conduct clinical research studies about vaccine safety
- **FDA and the Centers for Medicare and Medicaid Services: Medicare data** — A claims-based system for active surveillance and research
- **FDA: Biologics Effectiveness and Safety System (BEST)** — A system of electronic health record, administrative, and claims-based data for active surveillance and research

Members of the military
- **Department of Defense (DOD): DOD VAERS data** — Adverse event reporting to VAERS for DOD populations
- **DOD: Vaccine Adverse Event Clinical System (VAECS)** — A system for case tracking and evaluation of adverse events following immunization in DOD and DOD-affiliated populations
- **DOD: DOD Electronic Health Record and Defense Medical Surveillance System** — A system of electronic health record and administrative data for active surveillance and research

Veterans
- **Department of Veterans Affairs (VA): VA Adverse Drug Event Reporting System (VA ADERS)** — A national reporting system for adverse events following receipt of drugs and vaccinations
- **VA Electronic Health Record and Active Surveillance System** — A system of electronic health record and administrative data for active surveillance and research

Tribal nations
- **Indian Health Service (IHS)** — Spontaneous adverse event reporting to VAERS for populations served by IHS and tribal facilities and other IHS safety monitoring programs

ACKNOWLEDGMENT

By signing below, Employee acknowledges receipt of and training on the following:

- Company's COVID-19 Preparedness and Response Plan, which includes workplace infection-control practices;
- The requirement to notify Company of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19 by informing Employee's supervisor, Human Resources, and/or the COVID-19 safety coordinators;
- The requirement to notify Company of any unsafe working conditions by informing Employee's supervisor, Human Resources, and/or the COVID-19 safety coordinators;
- CDC's "How to Wear and Take Off Your Mask" poster;
- CDC's "How to Protect Yourself and Others" poster; and
- CDC's "Answering Your Questions About the Safety and Effectiveness of COVID-19 Vaccines" poster.

Employee understands that it is Employee's responsibility to review and understand the above. Employee acknowledges and agrees that Employee will comply with all safety and COVID-19 procedures implemented by Company.

_____   _____
Employee   Date