

# DTE RETURN TO WORK CONTRACTOR SUPPLEMENT

NOTE: This document is a supplement to complete COVID 19 Return to Work Contractor Playbook. Please follow the [Link](#) for the complete version.

## Applicability:

- This policy shall apply to all work being performed by contractors on behalf of DTE when at a DTE facility or in the field. Additional COVID requirements may be requested by DTE and will be negotiated and incorporated in a Purchase Order / Contract prior to the start of Work.
- Primary Contractors are responsible to ensure their sub-contractors follow all primary contractors safety protocols which encompass all DTE Guidelines and protocols

## What is considered a worksite?

- All DTE facilities and all field locations where work is being performed in or around DTE assets/infrastructure

## Who needs to be screened?

- All contract employees must be screened daily prior to entering worksite
- Exception: Delivery personnel who do not leave their vehicle are not subject to daily screening. This includes hauling operators that are only transporting materials to or from the worksite and do not leave their vehicle.

## What training is required?

- The employer shall provide training to employees on COVID-19.
- The employer shall provide any communication and training on COVID-19 infection control practices in the primary languages common in the employee population.
- The training shall cover:
  - Workplace infection-control practices.
  - The proper use of personal protective equipment.
  - Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
  - How to report unsafe working conditions.
- The employer shall provide updated training if it changes its preparedness and response plan or new information becomes available about the transmission of SARS-CoV-2 or diagnosis of COVID-19.

## What information/records do I need to maintain?

- Each contractor shall identify and provide a Safety or Contract Coordinator for work being completed for DTE.
- Each contractor shall submit a COVID 19 Safe Work Plan to their DTE contact based on the guidance within this document.
- Each company must maintain a daily file with proof of daily attendance, screening time, temperature, and completed screening questionnaires. Documentation is subject to review upon request.
- If a contractor has an employee who has been diagnosed with COVID-19 that has worked closely with any DTE employee or customer within the 14-day period prior to diagnosis, the contractor is required to notify your DTE liaison.
- The contractor shall make the preparedness and response plant readily available to employees and their representatives, whether via website, internal network or by hard copy.
- MIOSHA Emergency Rule 11
  - Employers must maintain a record of the following requirements:
  - Training. The employer shall maintain a record of all COVID-19 employee training.
  - Screening protocols. The employer shall maintain a record of screening for each employee or visitor entering the workplace.
  - Records of required notifications. The employer shall maintain a record of each notification required by Rule 6 of these rules.
  - Employers must maintain records for 1 year from time of generation.

# DAILY WORKER HEALTH SCREENING AND MONITORING

## A. Sick Policy

Anyone experiencing COVID-19 related symptoms (i.e. fever, cough, shortness of breath, diarrhea, loss of smell or taste), or who has prolonged exposure to someone that has tested positive, MUST NOT attempt to enter any DTE Location, or report to any DTE work site. *This includes fever; abdominal discomfort (such as nausea or diarrhea); vomiting; cough, sore throat, congestion or runny nose; respiratory illness; difficulty breathing and talking at the same time or shortness of breath; muscle or body aches, headache or tiredness/fatigue; chills, repeated shaking with chills, loss of taste or smell.*

## B. Daily Health Screening

All contractors shall develop a daily screening process in line with Center of Disease Control and Prevention (CDC) and state requirements for their employees which shall be made available to DTE upon request.

All workers working for DTE shall be subject to complete the screening process prior to the beginning of their shift, by (1) having their temperature(s) taken, and (2) answering the questions on the questionnaire. If any questions are answered “yes” or contractor refuses to participate in the screening process will not be allowed to work for DTE and their company representative should contact their DTE liaison for further direction.

## C. Onsite Screening Process

1. The Onsite Access Screening process will be utilized for all DTE employees, badged contractors and contractors (with No DTE email) (including sites with and without security and home starts).
2. To gain onsite access, badged contractors must complete the Onsite Access Screening (<http://dteenergy.com/screening>) within one hour prior to their start of their shift, including a questionnaire and temperature screen and can be accessed through the DTE Quest Home Page.
3. For contractors without a DTE email address follow the link below [DTE Screening Form with No DTE Email](#)



All employees that correctly complete a screening form with the correct email will receive a confirmation notification. If an employee does not receive a confirmation notification, it is because they entered their email address(es) incorrectly. If this occurs, the employee must complete and submit another FORM. Employees must present proof of confirmation (either print copy or electronic version) with today's date/time stamp to Security to gain access to the location.

### 4. Screening Confirmations

- a. **GREEN "PASS"**: Notification employee can access their location/report to work. Employee must be able to show green pass notification upon request by any DTE representative.
- b. **YELLOW "INCOMPLETE"**: For all locations with onsite security, proceed to your work location and use the EXISTING SCREENING PROCESS lane. For home starts and locations without on-site security, contact your leader to discuss next steps/obtain a thermometer
- c. **RED "FAIL"**: Do NOT report to work and contact their leader and/or their DTE liaison.
- d. If the FORM was submitted with inaccurate data, employees can resubmit a new form with correct responses.

## D. Exposure Response

If a contractor has an employee who has been diagnosed with COVID-19 that has worked with any DTE employee or customer within the 14-day period prior to diagnosis, the contractor is required to notify DTE immediately emailing [Covid19\\_CaseReview\\_Account@dteenergy.com](mailto:Covid19_CaseReview_Account@dteenergy.com) with the completed Vendors Questionnaire in Appendix A. Follow all applicable OSHA Recordkeeping Guidelines. It is important to also know the locations and dates that the individual was onsite at a DTE facility or working alongside any DTE employees or exposure to DTE customers.

# DAILY WORKER HEALTH SCREENING AND MONITORING

## E. DTE Contract Worker COVID-19 Testing Strategy

DTE Energy is pursuing every opportunity to help ensure the health and safety of our people. This includes the expectation that Contract Companies (and their subcontractors) who are working under the following conditions develop and follow a COVID-19 Testing and Vaccine Strategy:

- Major projects where 50 or more of the Contract Company's employees, contractors, or subcontractors (collectively) will be onsite indoors and/or around DTE employees or
- Require access to certain controlled areas, including but not limited to, system operations centers, control rooms, dispatch areas and data centers.

Your company has been identified as a Contractor Company that is providing services on such a project or in a controlled area.

- Identified Contractor Companies are required to arrange for and see that a PCR (nasopharyngeal swab) is administered within five days or less upon entry to a DTE worksite or the applicable controlled area; or attest that the worker has reached COVID-19 fully vaccinated status, defined as having 14 days elapse since receiving a second dose of a two-dose vaccine regimen, or 14 days elapse since receiving a single dose vaccine.
- Depending on the details of the assignment (i.e. length of time, proximity to DTE employees, etc.), regular on-going surveillance testing may also be required if conditions change.
- Identified Contractor Companies are required to provide DTE with a verification letter (sample attached) certifying they tested their employees/contractors/subcontractors and that they obtained a negative PCR test for all; or verified fully vaccinated status for employees/contractors/subcontractors who the Contractor Company is requesting access to DTE work locations.
  - Contractor Companies are expected to follow their own protocols for dealing with employees/contractors/subcontractors with positive PCR test results. Individuals who test positive will not be granted access to DTE work locations until after they have been cleared to work in accordance with current COVID-19 protocols and state regulations.
  - Contractor Companies are responsible for contacting the local health department to report positive cases in compliance with current MIOSHA requirements or other applicable regulations.
- Upon request, Contractor Companies will be required to share their COVID-19 Testing Strategy, Quarantine Protocols, and/or Return to Work Guidelines.
- See Appendix E: Contractor Verification COVID-19 Language

## Quarantine (all company locations)

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### Tests Positive or Symptomatic

- Place in quarantine if any of the following symptoms are present:
  - Fever (100°F or greater, 99°F or greater for Fermil)
  - Cough, sore throat, congestion or runny nose
  - Headache or muscle pain/body aches
  - Chills or repeated shaking with chills
  - New loss of taste or smell
  - Shortness of breath or difficulty breathing
  - Abdominal discomfort such as nausea, vomiting or diarrhea
  - Other respiratory illness
- Follow Return-to-Work Guidelines (see page 2) **Vaccination Status: Irrelevant, place in quarantine**

### Asymptomatic but Tested Positive (Viral or Antibody Testing)

- Viral Testing: If positive for COVID-19, place in quarantine and follow approved Return to Work Guidelines (see page 2)
- Antibody Testing: If positive for COVID-19 IgM, place in quarantine and arrange for employee to receive viral COVID-19 test. If viral test is positive, continue quarantine. If viral test is negative, release from quarantine
- Vaccination Status: Irrelevant, place in quarantine**

### Asymptomatic but Traveled Recently or had Primary Exposure

- Traveled Recently: No action
- Primary Exposure to an Individual Positive/Presumed or Potentially Exposed for COVID-19: Place in self-quarantine for **14 days** from the date of the most recent close/direct contact
  - Primary exposure is defined as (1) having **close contact** – within approximately 6 feet or 2 meters of a positive/presumed individual for a total of **15 minutes** or more over a **24-hour period** **OR** (2) had unprotected **direct contact** with infectious secretions or excretions of the positive/presumed individual (e.g., coughed on, sneezed on, or shared surfaces contact)
- If Primary Exposure was with an individual presumed to be positive for COVID-19:
  - The presumption must have been made by a medical professional treating that individual; if that individual subsequently tests negative for COVID-19, quarantine may be lifted prior to the completion of the **14-day** self-quarantine period
- If Primary Exposure was with an individual potentially exposed to COVID-19, that individual:
  - Must have been directed to quarantine by a medical professional or health department; quarantine directed by an employer does not qualify unless the employer is healthcare (i.e., hospital, nursing home) or DTE **and**
  - Must be a member of their direct household (e.g., spouse, roommate), resulting in continued contact with said individual
- Vaccination Status: If fully vaccinated<sup>1</sup>, no need to quarantine asymptomatic; must be verified**

### Exposed to a Person with Principal Symptoms of COVID-19

- Principal Symptoms are defined as one or more of the following not explained by a known medical or physical condition: fever, shortness of breath, uncontrolled **cough** **and/or** two or more of the following not explained by a known medical or physical condition: abdominal pain, diarrhea, loss of taste or smell, muscle aches, severe headache, sore throat, vomiting
- If exposed to a person with principal symptoms, employee to be placed into **14-day** quarantine since they last had close contact with the individual until that individual receives a medical determination that they did not have COVID-19 at the time of the close contact with the employee
- Vaccination Status: If fully vaccinated<sup>1</sup>, no need to quarantine asymptomatic; must be verified**

<sup>1</sup> Fully Vaccinated is defined as having 14 days elapse since second dose of Pfizer or Moderna vaccines, or 14 days elapse since single dose of Johnson & Johnson vaccine

## Return-to-Work<sup>1</sup>

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Symptomatic, but not Tested

- Resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least 10 days have passed since symptoms first appeared, at least 3 days have passed without fever, principal symptoms<sup>4</sup> have improved, and one negative COVID-19 test
- Any employee who tests negative within the 10 days since symptoms first appear but continues to have symptoms past Day 10 will be transferred to a DCM claim
- If any test is positive, move to guidelines "Tested COVID-19 Positive" below
- **If fully vaccinated<sup>5</sup>, obtain a PCR while in Q. If PCR is negative and all symptoms are resolved, release from Q. If PCR is negative with continued s/s, transfer to DCM as of Day 6. If PCR Pos, see "Tested COVID-19 Positive Symptomatic or Asymptomatic" below**

***If an employee refuses to take a test to confirm a COVID-19 diagnosis, the absence code will change from 2525-COVID to a normal DCM claim***

Asymptomatic

- Complete **14 day** quarantine period remaining symptom-free throughout this period<sup>2</sup>
- If someone becomes symptomatic during quarantine period, move to guidelines for "Symptomatic, but not tested" above
- **If fully vaccinated<sup>5</sup>, see prior page for quarantine guidelines**

Tested COVID-19 Positive, Asymptomatic

- Resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least 10 days have passed since symptoms began or the positive test sample collection date (whichever came last), at least 3 days have passed without fever,<sup>2</sup> and principal symptoms<sup>4</sup> have improved
- A negative test is not required
- Severe cases of COVID-19 infection, defined as admitted to a hospital and needing oxygen, require 20 days to have passed since symptoms began or the positive test sample collection (whichever came last), at least 3 days have passed without fever,<sup>2</sup> and principal symptoms<sup>4</sup> have improved
- **Vaccination Status is Irrelevant to this protocol**

***If an employee refuses to take a test to confirm a COVID-19 diagnosis, the absence code will change from 2525-COVID to a normal DCM claim***

1. Applies to individuals placed in DTE-directed medical quarantine due to primary exposure (i.e., dose or direct contact)
2. Employee Symptom Log must be reviewed by Medical Services
3. Testing can be performed at PCP, urgent care, testing location or elsewhere so long as individual provides documentation of test result
4. **Principal symptoms** are defined as one or more of the following not explained by a known medical or physical condition: fever, shortness of breath, uncontrolled cough **and/or** two or more of the following not explained by a known medical or physical condition: abdominal pain, diarrhea, loss of taste or smell, muscle aches, severe headache, sore throat, vomiting
5. **Fully Vaccinated** is defined as having 14 days elapse since second dose of Pfizer or Moderna vaccines, or 14 days elapse since single dose of Johnson & Johnson vaccine

# Use of Personal Protective Equipment

MISOHA Emergency Rule 7&8 details the employer shall designate one or more worksite COVID-19 safety coordinators to implement, monitor, and report on the COVID-19 control strategies developed under these rules. The COVID-19 safety coordinator must remain on-site at all times when employees are present on site. An on-site employee may be designated to perform the COVID-19 safety coordinator role.

## A. Daily Use of Procedural/Surgical Masks for Workers

All workers are required to wear a procedural/surgical mask or N95/KN95 mask while reporting to work to reduce the spread of the virus. Workers are required to wear the mask throughout the day notwithstanding the exclusions listed above.

Masks can be re-used by the same workers for up to 2 days provided the masks do not get soiled, wet, or exposed to workers that test positive for COVID-19.

Face mask exemptions. In addition to facemask exemptions defined in Table 1 the DTE Business Units have approved Face Mask Exemptions available. Contact your DTE Liaison for the exemption document for the specific BU you will be working with.

Table 1 : Face Mask Exemptions

You are not required to wear a facemask when:	
Eating or drinking	You are expected to continue practicing social distancing and clean the area once you have completed the activity (areas for eating, drinking & smoking shall be designed to promote separation of <b>individuals by 6' or more</b> )
Smoking in designated areas	
Performing a task that requires protection greater than a facemask	
If you have a medical condition that does not allow you to wear a mask	Must be approved through the contractor leadership (accommodation requests) and accommodation request sent to DTE Liaison
Designated work activities performed by a <b>"Lone Worker" outdoors with no public or</b> employee interaction or sharing of materials and / or equipment	Must be approved through your leadership in writing and you are always expected to have a mask on you
Driving a company vehicle if you are the only person that drives that vehicle	If the vehicle is shared between employees, masks will be required to be worn and the vehicles commonly touched surfaces must be wiped down before and after each use.













Where a face mask shall not be worn because it fails to meet performance standards ASTM 1506 / NFPA 2112 or other required for a specific task, if available an alternative **"cloth mask"** fabricated from FR/ARA textiles that meet the appropriate performance standards shall be worn where social distancing can not be maintained.

NOTE: <sup>(2)</sup> The **"cloth mask"** specified above shall only be worn for that specific task along with intermediate steps supporting that task. The FR/ARA cloth mask may be worn during the vehicle commute if the following is met;

- The vehicle has only one employee in the vehicle
- The preceding and proceeding job both require FR/ARA protection otherwise the procedural/surgical mask shall be worn.

# Use of Personal Protective Equipment (CONT'D)

## DTE COVID-19 PPE SELECTION:

<p><b>General WORK (Indoor/Outdoor)</b></p> <p><b>Face Mask - Procedural/Surgical</b></p>  <ul style="list-style-type: none"><li>• Procedural/surgical face mask can be used for 2 days per employee</li><li>• Reminder to store mask in breathable bag and have it available upon entry for the following morning when reusing</li></ul>	<p>Work inside <b>ARC FLASH BOUNDARY</b> or potential <b>FLASH FIRE</b> hazard?</p> <p>Face Mask – Approved Cloth FR/ARA Mask * 40 cal rated hood with integrated balaclava</p>  <ul style="list-style-type: none"><li>* When Procedural/surgical mask do not meet FR/ARA requirements</li><li>* Only to be worn during that specific task – procedural/surgical masks to be worn when FR/ARA is not required</li></ul>
<p><b>COVID 19 Confirmed Customer Premises (Indoor)</b></p> <p><b>Safety eye protection</b>  or  Face shield and safety glass or safety goggles (clean/disinfect after use)</p> <p><b>Face mask</b>  or  N95/KN95 or Procedural/surgical mask (dispose of after exiting home)</p> <p><b>Coveralls</b>  Disposable (dispose after use)/laundered FR</p> <p><b>Gloves</b>  Nitrile or approved equivalent (dispose after use)</p>	<p><b>NON - COVID 19 Customer Premises (Indoor)</b></p> <p><b>Safety eye protection</b>  Approved safety eye protection for the task (clean/disinfect after use)</p> <p><b>Face mask</b>  or  N95/KN95 or Procedural/surgical mask (dispose of after exiting home)</p> <p><b>Gloves</b>  Nitrile or approved equivalent (dispose after use)</p> <p>Rev0 04.22.2020</p>

### Cold Weather Face Mask Exemptions

Work Activities within ARC Flash Boundaries, potential flash fire hazard and/or Outdoor work Where arc flash/flammable protection is required or employees will be working outdoors, the list below contains the options for DTE employees and contractors.

- Tyndale AR/FR Cloth Mask
- Majestic Balaclava (MW 360-1-18-1 WH)
- Rasco Hard Hat liner and mask (Rasco BFH32/NFH31)
- NSA Neck Gaiter (H01R\_159S2)
- NSA TECGEN FR Neck Gaiter (H019NTCGL)
- Dragonwear Yukon Neck Gaiter (DF800) – Highly Recommended

### Vehicle Operations

**Standard Vehicle Practice (standard)** - Limit occupancy to one employee per vehicle when practical. Utilize additional vehicles to travel to field locations. Wipe down commonly touched surfaces before and after vehicle usage.

**Exception Vehicle Practice (Exception)** - Limit occupancy to no more than two employees per vehicle when **it's not practical to limit occupancy to one employee per vehicle.** The following requirements will need to be followed;

- A safety plan including when it is practical, what groups, and how the procedural mask usage during occupancy will be enforced must be developed. The safety plan must be reviewed DTEs Corporate Safety department.
- Both employees in the vehicle will need to wear a procedural/surgical mask at all times. For this scenario the use of an FR/AR mask will not be acceptable.
- Wipe down commonly touched surfaces before and after vehicle usage.

# DTE

## Cold Weather Face Mask Exemptions

Business Unit PPE requirements will supersede the below approved face masks.

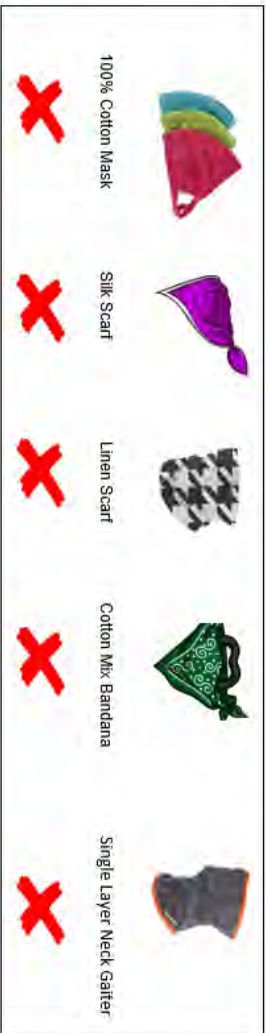
Indoor/Outdoor Use

Task Specific FR/ARA and/or Outdoor Work Approved PPE



**CAUTION:** At no time shall a DTE employee use a disposable procedural/surgical or N95/KN95 mask inside the arc flash boundary or where the potential for flash fire exists, only the approved FR/ARA shall be worn.

**NOTE:** If an exemption to the vehicle single occupancy requirement is approved by the business unit, a procedural/surgical mask must be worn.



Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7108646/> NOTE: There are several variables, such as fit/seal, pressure differential, humidity, temperature, rate of respiration, aerosol velocity, mask material/composition and particle size that all affect the effectiveness of masks.

**Any additional face mask PPE must be approved by Corporate Safety prior to use. Please contact your BU Corporate Safety representative for approval. Be 200% accountable for the health of everyone around you: wear a face mask as directed.**



# Appendix A: DTE COVID 19 Employee, Contractor and Visitor

## DTE COVID-19 Employee, Contractor and Visitor Questionnaire Date: \_\_\_\_\_

To prevent the spread and reduce the risk of COVID-19 to our employees, contractors and visitors, we are administering this questionnaire. Your participation is crucial in helping us protect you and everyone else in the facility. Thank you for taking the time to fill this out as it contributes to the health and safety of everyone.

Employee's/Contractor/Visitor's Name:	Employee's/Contractor/Visitor's Phone Number:			
Contractor/Visitor's Company/Organization:	Name of DTE Employee being visited, if applicable:			
DTE Facility:				
<b>Self-Declaration by Employee/Contractor/Visitor</b>			<b>Yes</b>	<b>No</b>
1.	<p><b>REQUIRED:</b> Have you been in close contact (&lt;6 feet) with someone diagnosed with COVID-19 OR someone with cold or flu-like symptoms for 15 or more minutes over a 24-hour period within the past 14 days? Required to answer. Single choice.</p> <p><i>This includes fever; abdominal discomfort (such as nausea or diarrhea); vomiting; cough, sore throat, congestion or runny nose; respiratory illness; difficulty breathing and talking at the same time or shortness of breath; muscle or body aches, headache or tiredness/fatigue; chills, repeated shaking with chills, loss of taste or smell.</i></p> <p><i>Scenario 1: You were in close contact with a COVID positive individual for 4 minutes in the morning. Later that same day, you were in close contact again with either the same COVID positive individual or a different COVID positive individual for 11 minutes (4 minutes in the morning plus 11 minutes in the afternoon equals 15 total minutes of close contact with one or more COVID positive individuals over a 24-hour period).</i></p> <p><i>Scenario 2: You were in close contact with a household member who is exhibiting COVID symptoms for more than a total of 15 minutes over a 24-hour period.</i></p> <p><i>Scenario 3: You had direct contact with infectious secretions or excretions of a COVID positive individual. For example; being coughed on, sneezed on, contacting shared surfaces, etc. (this does not apply to janitorial/cleaning personnel who are properly trained and wearing required protective equipment while following COVID cleaning and disinfection protocols or procedures).</i></p> <p>DO NOT ANSWER YES if your close contact was with someone at work who has already been reviewed by DTE Medical Services and you have not been notified by DTE Medical Services to quarantine. If you have any questions or concerns regarding a potential close contact, call DTE Medical Services at 313.566.4480 for assistance.</p> <p>DO NOT ANSWER "YES" if you have been fully vaccinated for COVID-19 <b>AND</b> you are not experiencing COVID-19 symptoms ("fully vaccinated" means that 2 weeks have passed since your 2<sup>nd</sup> dose of a two-dose Pfizer or Moderna vaccine or 2 weeks have passed since your single dose of the Johnson &amp; Johnson vaccine). <b>Call Medical Services at 313.566.4480 to confirm this status.</b></p>			
2.	<p><b>REQUIRED:</b> Do you have any cold or flu-like symptoms now or within the last 14 days? OR have you tested positive for COVID-19 in the last 14 days?</p> <p><i>This includes fever; abdominal discomfort (such as nausea or diarrhea); vomiting; cough, sore throat, congestion or runny nose; respiratory illness; difficulty breathing and talking at the same time or shortness of breath; muscle or body aches, headache or tiredness/fatigue; chills, repeated shaking with chills, loss of taste or smell.</i></p> <p><i>Note: Don't assume that a runny nose, sore throat, cough or congestion are related to seasonal allergies or sinuses. If you have any questions, please consult with your primary care physician.</i></p> <p>DO NOT ANSWER YES if you have received clearance for returning to work by DTE Medical Services since being symptomatic in the past 14 days or testing positive for COVID-19 within the last 90 days.</p>			
3.	<p><b>REQUIRED:</b> Do you have permission from your supervisor or on-site DTE representative to be at the facility?</p>			
4.	<p><b>REQUIRED:</b> Is your temperature screening today above 100 degrees Fahrenheit or 37.8 degrees Celsius? <i>Note: Do not enter a value if you do not have a thermometer</i></p>			

**EMPLOYEE/CONTRACTOR/VISITOR SIGNATURE:** \_\_\_\_\_

Note: The information documented on this form will be used to determine if you are granted access to DTE facilities. If you are denied access, notify your leader and contact DTE Medical Services promptly at (313) 566-4480. DTE's privacy statement can be accessed at ([Link to GV-11](#)) Version 5/3/2021

# Appendix B: Screening Questionnaire & Sample COVID 19 Case Form/Questionnaire

## Vendor COVID-19 Investigation Summary

Revised: 11/4/20 – DTE

### Instructions:

This form is required to be completed for all COVID-19 cases. Please complete with the assistance of the impacted employee, if possible. It is essential to have as much detail as possible to ensure we've adequately addressed all impacted individuals, facilities, and company assets.

Vendor COVID-19 Investigative Summary		
<b>Case # (Admin):</b> Click or tap here to enter text.	<b>Today's date:</b> Click or tap to enter a date.	<b>Priority Level (Admin):</b> Choose an item.
<b>Investigator (Admin):</b> Click or tap here to enter text.	<b>Leader completing form:</b> click her to enter text	
Vendor Information		
<b>Vendor name</b>	Click or tap here to enter text.	
<b>Individual job title</b>	Click or tap here to enter text.	
<b>Leader Name</b>	Click or tap here to enter text.	
<b>Work Location</b>	Click or tap here to enter text.	
<b>Business Unit</b>	Click or tap here to enter text.	
<b>Last day worked on site</b>	Click or tap to enter a date.	

Vendor status and potential source	
<b>Date symptoms started?</b>	Click or tap to enter a date. <input type="checkbox"/> No (Asymptomatic) Click or tap here to enter text.
<b>Date tested</b>	Click or tap to enter a date.
<b>Date positive results received</b>	Click or tap to enter a date.
<b>Date positive results reported</b>	Click or tap to enter a date.
<b>Was the employee exhibiting any symptoms when they were last onsite at DTE</b>	Choose an item.
<b>What type of screening did the employee do before coming onsite to work? (i.e. Fast Pass, Onsite security check point)</b>	Click or tap here to enter text.
<b>Does the employee have any idea of potential source of infection?</b>	Click or tap here to enter text.
<b>Additional commentary</b>	Click or tap here to enter text.

# Appendix B: Screening Questionnaire & Sample COVID 19 Case Form/Questionnaire (CONT'D)

## Contact Tracing: 4 - Day Look Back Period

- Lookback period starts **2 days** from symptom onset, or if asymptomatic positive, **2 days** from test date.
  - Utilize all available work management systems to confirm information
- Enter dates (dates are modifiable) 4 days prior to symptom onset or positive test and describe work i.e.:
  - Worked on-site at DTE facility
  - Customer Interaction
  - Worked in the field
  - Storm Duty
  - Material pick up
  - Other Work
  - Worked at home
  - Quarantined
  - Vacation
  - Off Day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10/25/2020	10/26/2020	10/27/2020	10/28/2020	10/29/2020	10/30/2020	10/31/2020
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11/1/2020	11/2/2020	11/3/2020	11/4/2020	11/5/2020	11/6/2020	11/7/2020
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.

### Utilizing the dates selected above – please disclose all “Close Contact/ Primary Exposure” with DTE Employees, Contractors and Customers

“Close contact/ primary exposure” defined as - Contact that is within less than **6ft for 15 minutes or more over a 24-hour period, regardless of whether or not a mask was worn.**

Review each item below and select the appropriate response. Be sure to utilize all available work management systems and impacted individual to confirm information.

<b>DTE employees</b>	Choose an item.
<b>Contractors / vendors</b>	Choose an item.
<b>DTE Customers</b>	Choose an item.
<b>Share a room or live with any DTE employee or contractors</b>	Choose an item.
<b>Close personal relationships with any DTE employee or contractors</b>	Choose an item.

# Appendix B: Screening Questionnaire & Sample COVID 19 Case Form/Questionnaire (CONT'D)

<b>DTE spouse, partner, children, relative, etc. with any DTE employee or contractors</b>	Choose an item.
<b>Social interaction outside of work with any other DTE Employees or contractors/vendors</b>	Choose an item.
<b>Gatherings, events or other activities inside or outside of work where other DTE employees/contractors/vendors</b>	Choose an item.
<b>Meals with any other DTE Employees or contractors/vendors</b>	Choose an item.
<b>Notes:</b>	

<b>DTE Employees/ Contractors with possible “Primary exposure/Close Contact” to be placed in Quarantine</b>						
ID	Name	Employee, contractor, vendor?	Phone number	Type and duration of possible contact (e.g. coffee, meal, huddle, meeting)	During/ outside of work	Date(s) of possible contact

<b>DTE Customers with possible “Primary exposure/Close Contact</b>						
Customer Name	Customer Address	Customer Phone	Date(s)	Type and duration of possible contact	Post Job Brief reviewed & no close contact	Possible or unknown close contact

# Appendix B: Screening Questionnaire & Sample COVID 19 Case Form/Questionnaire (CONT'D)

Facilities / Cleaning	
<b>What PPE does employee use consistently and appropriately</b>	Click or tap here to enter text. Click or tap here to enter text.
<b>Have there been any observations completed regarding social distancing and PPE? If yes, describe.</b>	Click or tap here to enter text.
In the past 7 - days, what specific area(s) has this employee been?	
<b>Site, buildings, floors</b>	Click or tap here to enter text.
<b>Restrooms/Locker room</b>	Click or tap here to enter text.
<b>Lunch/break areas</b>	Click or tap here to enter text.
<b>Warehouse, garages, tool areas</b>	Click or tap here to enter text.
<b>Common areas where employee gather informally</b>	Click or tap here to enter text.
<b>What are the cleaning protocols for the site?</b>	Click or tap here to enter text.
<b>Are the employees consistently performing cleaning protocol?</b>	Click or tap here to enter text.
<b>Additional commentary</b>	Click or tap here to enter text.

**Additional Notes:** Click or tap here to enter text.

# Appendix E: Contractor COVID-19 Verification Language

## Contractor COVID-19 Verification Language

Please copy and paste the language below in its entirety (excluding this header) and return the completed verification to DTE on your company's letterhead.

This Contractor Company (identified by letterhead above, hereafter "Contractor") understands DTE requires a PCR test (nasopharyngeal swab) to be administered five days or less or obtain fully vaccinated status before entry to a DTE worksite or applicable controlled area. Only individual employees/contractors/subcontractors of the Contractor who have received a negative PCR test result or have reached fully vaccinated status will be granted access to DTE work locations/applicable controlled areas.

Contractor understands that DTE may, from time to time, conduct spot checks of COVID-19 testing conducted, or vaccine status clearing, to verify the thoroughness and completion of such screenings to verify the thoroughness and completion of such screenings. DTE reserves the right to modify this requirement at any time.

### CERTIFICATION FOR:

Names	Cleared Date (MM/DD/YYYY)
[Type/Print names of all individuals who have been tested and received a negative result, or have reached fully vaccinated status]	

***The above-named individuals have been administered a PCR test the date listed AND received a negative test result within five days OR have reached COVID-19 fully vaccinated status. By my signature below, I certify that the above representations regarding the COVID-19 testing and/or vaccination status results are true and that I have signatory authority to make such representations on behalf of Contractor Company***

[NAME]

***Contractor Company Name***

[Address]

***Address/City/State/Zip Code***

[Type NAME and Title]

***Certifying Company Representative Name***

***Title***

***Certifying Company Representative Signature***

***Date***

# Return to Work Contractor Playbook Changes

Date	Revisions	Revision Owner
04/19/2021	<ul style="list-style-type: none"><li>• Quarantine - Section C page 6</li><li>• Return to Work – Section C page 7</li><li>• DTE Rights – Section E page 2</li><li>• DTE COVID 19 Employee, Contractor and Visitor Questionnaire</li></ul>	Mary Ann Tortola
05/05/2021	<ul style="list-style-type: none"><li>• Contract Worker COVID-19 Testing Strategy - Page 8</li><li>• Contractor COVID-19 Verification Language -Appendix E</li><li>• Removal of DTE Rights – Section E Page 8</li><li>• Screening Questionnaire – Appendix B</li></ul>	Mary Ann Tortola