



Copper River Seafoods, Inc. COVID-19 Action Plan and Infectious Disease Program

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I. PURPOSE

The purpose of this plan is to address the national pandemic and adhere to the latest mandates issued by the State of Alaska. The mandate requires all Alaskan companies to take an active role in mitigating the risk to Alaska for community transmission. This mandate includes exercising 14-days of quarantine in Alaska prior to mobilizing to a worksite.

II. SCOPE

The action plan covers all Copper River Seafoods' processing facilities to include, but not limited to: employees, contractors, emergency services personnel, law enforcement, regulators, visitors, and any other person(s) while on the property of the company.

III. DEFINITIONS

The following are defined by Center for Disease Control and Prevention and/or World Health Organization (WHO):

1. Confirmed/Suspect COVID-19:
 - A person who has tested positive for COVID-19 or a person who satisfies epidemiological and clinical criteria.
2. Close Contact:
 - Greater than 10 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.
3. A close contact includes a person meeting any of the following criteria:
 - Living in the same household or household-like setting.
 - Direct contact with the body fluids of a case without recommended PPE or failure of PPE.
 - Aircraft passengers who were seated in the same row as the case, or in the two rows in front or two rows behind a confirmed COVID-19 case.
 - Contact needs to have occurred within the period extending 24 hours before onset of symptoms in the case until the case is classified as no longer infectious by the treating team.
 - Note that healthcare workers and other contacts who have taken recommended infection control precautions, including the use of full PPE, while caring for a symptomatic confirmed COVID-19 case are not considered to be close contacts.
4. Isolation:
 - Separates sick people with a contagious disease from people who are not sick.
5. Quarantine:
 - Separates and restricts the movement of people who were exposed or potentially exposed to a contagious disease to see if they become sick.
6. Signs & Symptoms:
 - Fever, sore throat, cough, shortness of breath, chills, body aches, headache, abdominal pain, diarrhea, vomiting.

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IV. MANDATE REQUIREMENTS

1. Select Excerpts from Alaska Health Mandates 10.1, 11 and 12 for Copper River Seafoods an Alaskan Critical Workforce Infrastructure Company

- a. Employees of the company are permitted to travel to their duty station(s) and are issued a “Critical Infrastructure Industry Essential Employee Travel Letter” signed by the site General Manager. (see attached **IDP999 Critical Infrastructure Industry Essential Employee Travel Letter**).
- b. Contractors and/or other service providers listed on Attachment A of Mandate 10.1 are also permitted to travel to the company as it relates to official critical infrastructure business. Each person employed by a mandate authorized contractor and/or other service provider found on Attachment A is issued a “Critical Infrastructure Industry Essential Worker Travel Letter” signed by the site General Manager. (see attached **IDP 777 Critical Infrastructure Industry Essential Worker Travel Letter**).
- c. All in-state travel between communities, whether resident, worker, or visitor, is prohibited unless travel is to support critical infrastructure, or for critical personal needs. Certain Small Alaskan communities may implement further travel restriction pursuant to “Alaska Small Community Emergency Travel Order - Attachment B.”

Personal travel is prohibited except as necessary to meet critical personal needs or work in critical infrastructure jobs. Critical personal needs include buying, selling, or delivering groceries and home goods; obtaining fuel for vehicles or residential needs; transporting family members for out-of-home care, essential health needs, or for purposes of child custody exchanges; receiving essential health care; providing essential health care to a family member; obtaining other important goods; and engaging in subsistence activities. Travelers are reminded to follow social distancing measures, including, to the extent reasonably feasible, keeping six feet away from others, avoiding crowded places, and limiting public gatherings to less than ten people.

Copper River Seafoods subsequent mandate: Employees, Contractors or other SOA mandate authorized Service Providers **shall not** travel into the local community for any reason at any time. An approved, authorized and designated individual or individuals [Runner(s)] of Copper River Seafoods shall obtain the goods and/or services required on your behalf. This internal mandate can ONLY be superseded by the site General Manager on a case-by-case basis. A written waiver from the General Manager must be carried with the “exempt” person(s) during the travel into the local community. The waiver is a single use waiver and expires immediately upon return to the company property. Upon return the exempted individual must comply with section **VIII.1. PREVENTIVE CONTROLS, Screening: Any authorized employee returning from the community or visitor.**

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2. “Travel Plan” Requirements (Health Mandate 10.1)

- a. All people arriving in Alaska, whether resident, worker or visitor, are required to self-quarantine for 14 days and monitor for illness. Arriving residents and workers in self-quarantine, should work from home, unless you support critical infrastructure (see Attachment A).
- b. Pursuant to the Governor’s declaration, the State of Alaska hereby orders the following. Upon arrival in any community in Alaska from another state or nation, you must:
 - i. Proceed directly from the airport to your designated quarantine location, which is the location identified and affirmed by you on the mandatory State of Alaska Travel Declaration Form.
 - ii. If you are a resident, your designated quarantine location is your residence.
 - iii. If you are a visitor or worker, your designated quarantine location is your hotel room or rented lodging.
- c. Remain in your designated quarantine location for a period of 14 days, or the duration of your stay in Alaska, whichever is shorter.
- d. You may leave your designated quarantine location only for medical emergencies or to seek medical care.
- e. Do not visit any public spaces, including, but not limited to pools, meetings rooms, fitness centers or restaurants.
- f. Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by Unified Command.
- g. Comply with all rules or protocols related to your quarantine as set forth by your hotel or rented lodging.
- h. If you are required to self-quarantine and there are other individuals in your residence, hotel room, or rented lodging, you are required to comply with social distancing guidelines.

This mandate supersedes any local government travel restrictions.

The failure to follow this order is punishable by a fine of up to \$25,000, or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.035 and Alaska Statute 12.55.135

3. SOA Social Distancing Mandate

- a. All individuals on in the local community and/or company property shall practice the mandate required “Social Distancing”. SOA “Social Distancing Requirement” means maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer

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containing at least 60% alcohol, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

b. **SPECIAL EXEMPTION**

Copper River Seafoods, Inc. is considered a Critical Infrastructure Company. All employees of the company and all contracted workers who have been employed by the company to conduct Critical Infrastructure work are considered exempt from federal, state and local restrictions such as social distancing. The company will make every attempt to put social distancing protocols into place, however, due to equipment, workspace and other constraints, this may not be feasible in many situations.

V. ONBOARDING CONTROLS – NEW and/or RETURNING EMPLOYEES and/or CRITICAL INFRASTRUCTURE CONTRACTORS (CIC)

1. COVID-19 Identification (prospective new hires/rehires and or CIC)

- a. **AT AIRPORT:** IF prospective new and/or returning employees are being picked up at an AIRPORT, they must be screened **PRIOR** to entering the vehicle for transportation to onboarding activities. Screen incoming individuals by asking them to complete the COVID-19 VISITOR QUESTIONNAIRE (Form IDP002).

ACTION TO BE TAKEN

- If the answer is “yes” to any of the questions, **access to the vehicle will be denied.** Any rejected individual must be able to successfully complete the questionnaire before proceeding to the next step in the application/rehire process.

- b. **AT FACILITY:** All prospective new and/or returning employees must be screened at the reception desk **PRIOR** to entering the building for onboarding activities. Screen incoming individuals by asking them to complete the COVID-19 VISITOR QUESTIONNAIRE (Form IDP002).

ACTION TO BE TAKEN

- If the answer is “yes” to any of the questions, **access to the facility will be denied.** Any rejected individual must be able to successfully complete the questionnaire before proceeding to the next step in the application/rehire process.

2. Employment Application Process (NA for CIC)

- a. **Do not** begin the application process without first completing the previous step!
- b. Engage in Social Distancing and Hygiene Practices for all onboarding activities specific to this location.

3. COVID-19 Training Topics for Employee Onboarding and CIC

- a. IDP004 COVID-19 Training Record - Onboarding
- b. SOA Mandate 11 & 12 with accompanying attachments
- c. ASMI, “Facts about COVID-19 and Food Safety”
- d. CDC Form CS 310027-A, “Stop Germs! Wash Your Hands”
- e. CDC Form CS 315446, “Share Facts About COVID-19”
- f. CDC Form CS 314937-A, “What you need to know about COVID-19”

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- g. CDC Form CS 316120-A, “Steps to help prevent the spread of COVID-19 if you are sick”
- h. CDC Form CS 208322, “Cover Your Cough”
- i. CDC Form CS 254759-A, “How to Remove Gloves”
- j. TAG Training Poster, “Social Distancing” [pictorial]
- k. IDP003 “Employee Symptoms and Temperature Log - COVID-19”
- l. VIDEO (4:35): “Corona Virus – How to Beat it” [<https://vimeo.com/398986642>]

VI. BASIC CONTROLS

1. Hygiene

- a. Washing of hands frequently (**CDC Form CS 310027-A, “Stop Germs! Wash Your Hands”**)
- b. Avoidance of touching eyes, nose, and mouth with unwashed hands.
- c. Covering Cough/Sneeze methods implemented. (**CDC Form CS208322, “Cover Your Cough”**)
- d. Hygiene practices/methods implemented at this site to include, but not limited to the following areas:
 - i. Cook House service utensils
 - ii. Break Room snacks
 - iii. Break Room activities
 - iv. Computer Room (all touch related surfaces)

2. Physical and Social Distancing Implementation

- a. Where practical and in consideration for food safety, line employees are kept 6 feet from each other and/or have barriers between them when working <6 feet from another employee. **IMPORTANT:** see exemption note in section IV.3.b.
- b. Social distancing practices/method implemented at this site to include, but not limited to the following areas:
 - i. Rain gear donning/doffing stations
 - ii. Cook House service lines
 - iii. Clock-In/Out lines
 - iv. Pre-Work Handwash lines
 - v. Break Room activities
 - vi. Computer Room

3. Routine Refresher Training

- a. See section IV.4. Employment COVID-19 Training. Use **IDP004 COVID-19 Training Record - Onboarding** to document training conducted. Modify form accordingly to articulate topics trained.

4. Educational Placards

- a. Various COVID-19 posters/placards strategically placed at various common areas (see CDC related attachments at end of program).

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5. Quarantine and Isolation Rooms

- a. The site has an adequate number of rooms designated to support quarantine and/or isolation as required by this plan.

6. PPE (to be used during the care of employees who have or are suspected to have COVID-19)

- a. This site is in the process of procuring adequate PPE (NIOSH-certified N95 masks and surgical masks, disposable long-sleeved impermeable gowns, disposable nitrile gloves, eye protection such as goggles or disposable face shields that cover the front and sides of face). The quantity recommended is at the discretion of the site based on anticipated need. This site is developing contingency plans for rapid resupply during outbreaks.
- b. Responders are trained on appropriate donning and doffing techniques for PPE (see attached **CDC, CS250672-E, Donning Doffing PPE**) and PPE disposal plans are in place.
- c. If N95 masks or surgical masks are not available, the CDC has issued the following guidance:
 - i. In settings where facemasks are not available, responders might use homemade masks (e.g., bandana, scarf) for care of employees with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect health care provider is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.
 - ii. If N95 masks or surgical face masks are not available, but a higher level industrial respirator, such as a half-face or full-face mask with a HEPA filter cartridge is available, this may be an acceptable alternative if an OSHA respiratory protection program is in place, the employee has been fit tested for the specific respirator, and a sanitizing and cleaning program is in place.
- d. Note: PPE is in short supply globally. Every effort will be made to have adequate supplies of PPE as applicable.

7. Cook House

- a. The Cook House staff has a designated individual that delivers individual meals to sick employees and cleans the dishes separately. Buffet style dining is eliminated: Cook House staff serve food as employees pass through the line instead of having each employee touch the serving utensils. Cook House workers practice meticulous hand and cough hygiene and use masking while serving food. This site has the option for the following considerations:
 - i. Self-service utensils – to reduce the opportunity for items to be touched by multiple people, set up trays with utensils on them and hand them out;
 - ii. Use of single use cups/plates/etc.;
 - iii. Aggressive sanitizing of push button/lever beverage dispensers, condiments, etc. – areas that people may be touching during the meal service;
 - iv. Stagger meal breaks to reduce the number of people in the cafeteria at one time or reducing the seating capacity in the cafeteria so people are spaced farther apart;
 - v. Ensure people sanitize their hands on the way to the cafeteria.
 - vi. Consideration to have employees return to their rooms to eat their meals may be evaluated.

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- b. Access is restricted into the Cook House – Doors are locked during off hours to restrict unnecessary employee or visitor movement.
- c. Hand and cough hygiene posters throughout the Cook House as appropriate.

8. Supplies

- a. This site is in the process of procuring appropriate quantities of supplies for cleaning, sanitizing, and disinfecting, including PPE.
- b. This site is in the process of procuring appropriate quantities of alcohol-based hand sanitizer (at least 60-70%) ready for use upon entry to any work facility, bunkhouse, in the Cook House, break areas, offices and throughout the site. Have disposable tissues and waste bins available throughout the site as appropriate.

9. Medications

- a. This site does not provide any medications for any reason beyond basic standard first aid.

10. Visitors

- a. The safety of our employees, supplier partners, customers, families and visitors remain Copper River Seafoods’ overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spreads globally, our leadership team is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. ONLY **business critical** visitors are permitted at any Copper River Seafoods facility at this time. (*“Business Critical” is at the discretion of the site General Manager.*)

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our community, workforce and your crew, we are conducting a simple screening questionnaire. Their participation is important to help us take precautionary measures to protect you, our employees and this community. (see **IDP002 COVID-19 Visitor Questionnaire**)

VII. OPERATIONAL CONTROLS

1. Critical Infrastructure Contractors (CIC)

- a. Complete all employee related Good Manufacturing Practices training related to the food processing industry.
- b. Complete all employee related Infectious Disease Programs related training and self-monitoring.
- c. CIC are restricted to Copper River Seafoods’ property during the initial 14-day quarantine AND after the quarantine period.

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- d. During and after the quarantine period, outside services (e.g. grocery, laundry, miscellaneous supplies/parts etc.), as required by the CIC, shall be provided by a designated approved Copper River Seafoods employee known as a “Runner”.
- e. If CIC’s are housed off-site (i.e. Hotel/Motel/Bed and Breakfast etc.), they shall not venture into the community for any reason. The only travel permitted is movement to and from their housing and worksite. The company “Runner” shall be available as a courier to the CIC as referenced in VIII.1.d above.

2. Meeting Size

- a. Practice Social Distancing (see attached **TAG, Social Distancing**).
- b. Practice Standard Hygiene.

3. Medical Consultation

- a. The site Infectious Disease Coordinator (IDC) determines if medical consulting would be appropriate. If so, the IDC should facilitate an evaluation between employee and medical provider. The IDC should be prepared to present the history and basic exam information to the medical provider.
- b. Depending on the severity of illness, the medical provider may recommend urgent or emergent evaluation, routine in-person exam, or self-care at the worksite. Recommendations should be given for treatment and a follow up interval should be established. If an urgent or emergent evaluation is recommended, the employee should be transported to the local health care facility.
- c. If an employee is isolated or quarantined, twice daily evaluations (IDP003 Symptoms and Temperature Log) are recommended and employee should be provided a 24/7 resource to contact if symptoms worsen or new symptoms develop.
- d. In consultation with the medical provider, return to work and termination of isolation or quarantine restrictions may be discussed.

4. Communication and Reporting

Procedure on communicating possible COVID-19 cases with medical providers:

- a. Local medical providers will benefit from advanced notification of a potential COVID-19 patient. Information should be relayed to the provider by phone, fax or email before the affected employee is transported. The employee should wear a surgical mask during transport.

5. Documentation

Procedure on documenting potentially exposed contacts of a **suspected COVID-19 patient**:

- a. Once a potential case of COVID-19 is identified, there are two important areas of documentation:
 - i. identification of all potential exposures while the sick employee was experiencing symptoms. (**IDP007 – Potential Exposures History**)

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- ii. documentation of all employees who had contact with sick employee after isolation is instituted. **(IDP007 – Potential Exposures History)**
- b. Once a potential case is identified, interview the sick employee to determine:
- i. The time and date of onset of symptoms;
 - ii. From 24 hours before the symptoms began, document all people who had close contact with the affected employee, defined as:
 - o being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (10 minutes); close contact can occur while working, living with or visiting with a COVID-19 case
- OR
- o having direct contact with infectious secretions of a COVID-19 case; (e.g., being coughed on or shared utensils)
- iii. Document the name and contact information, time and date of contact, the nature of contact (e.g. close contact, in the same room) and the duration of contact.
 - iv. High risk close contacts of suspected COVID-19 cases should be quarantined according to the QUARANTINE section of this document... This includes any people that may have already left the site.
- c. Once an employee is isolated, maintain a log to document:
(IDP013 Isolation Room Entrance Log)
- i. All employees who enter the employee’s room, the time and date, duration of exposure, type of PPE worn, nature of exposure (close contact, secretions, same room). Provide name and contact information as well.
 - ii. Other documentation:
 - 1. Daily logs of temperature and signs or symptoms including fever, cough or shortness of breath on all employees should be maintained and available for inspection. **(IDP003 Symptoms and Temperature Log)**

6. Transportation

Procedure on transportation of suspected COVID-19 cases:

- a. For the employee with suspected COVID-19:
 - i. A facemask should be worn by the patient for source control.
- b. If private or company vehicle transportation is utilized:
 - i. Windows should be down to allow for air exchange, if possible.
- c. Any employee involved in movement of the employee with suspected COVID-19 should wear appropriate PPE.
- d. The receiving healthcare facility should be notified that a patient with suspected COVID-19 is being brought in so that they may take appropriate infection control precautions.
- e. Once returning on-site, decontaminate all vehicle surfaces (doorknobs, handles, cushions) in contact with the potential COVID-19 case.

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7. Training: COVID-19 Response Team

Designated responders are trained in how to appropriately don and doff PPE.

- a. IDP006 COVID-19 Training Record - Response Team
- b. CDC Form CS 250672-E, Donning Doffing PPE

VIII. PREVENTIVE CONTROLS

1. Screening – Any authorized employee (“Runner”) returning from the community or visitor.

A weather-proof container is provided at the “Main Entrance” to the Office/Facility containing writing instruments and an adequate supply of questionnaires. Each entrance where questionnaires are available must also have CRS Form IDP 012 “Office Closed” Placard posted at the entry point(s). IDP 012 provides notification of Office Closure along with a contact telephone number and hours of operation.

All Runners returning from the community and all prospective visitors must be screened by completing the **COVID-19 Visitor Questionnaire (IDP002)** **BEFORE** entering the facility!! All completed questionnaires must be collected, reviewed, approved/rejected and filed upon completion.

The questionnaire asks the following:

- a. Have you traveled outside the United States within the last 14 days OR Have you been in close contact with anyone who has traveled outside the United States within the last 14 days?
- b. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
- c. Have you experienced any difficulty in breathing, shortness of breath, or symptoms of acute respiratory illness in the last 72 hours?
- d. Have you experienced any flu-like symptoms in the last 72 hours to include a fever >100.3°F ?

(Contact defined as being within 6 feet of a COVID-19 case for a prolonged period of time [10 minutes] or having direct contact with infectious secretions of a COVID-19 case).

ACTION TO BE TAKEN – for Visitors

- If the answer is “yes” to any of the questions, **access to the facility will be denied.** (Any rejected individual must be able to successfully complete the questionnaire before proceeding to the next step in the entrance process.

ACTION TO BE TAKEN – for authorized employees returning from the local community

- If the answer is “yes” to any of the questions, **call the Infectious Disease Site Coordinator BEFORE entering the facility.** Any rejected individual must be further interviewed for possible quarantine or isolation.

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2. Screening – Skiff/Boat/Vessel Crews

Screen debarking crew (one questionnaire per person) by asking them to complete the **COVID-19 Skiff/Boat/Vessel Crew Deboarding Questionnaire (IDP011)** **BEFORE** debarking!!

- a. Have you traveled outside the United States within the last 14 days OR Have you been in close contact with anyone who has traveled outside the United States within the last 14 days?
- b. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
- c. Have you or any of your crewmates experienced any difficulty in breathing, shortness of breath, or symptoms of acute respiratory illness in the last 72 hours?
- d. Have you or any of your crewmates experienced any flu-like symptoms in the last 72 hours to include a fever >100.3°F ?

(Contact defined as being within 6 feet of a COVID-19 case for a prolonged period of time [10 minutes] or having direct contact with infectious secretions of a COVID-19 case).

ACTION TO BE TAKEN

- If the answer is “yes” to **ANY** of the questions, **THEY MUST STAY ON THEIR SKIFF/BOAT/VESSEL** and no one else from the Skiff/Boat/Vessel may deboard either. Deboarding a Skiff/Boat/Vessel is prohibited in a restricted area if anyone from the Skiff/Boat/Vessel fails the screening. Copper River Seafoods’ property is considered “restricted”. Deboarding outside of this policy is at the discretion of the site General Manager and must be documented on IDP011.

3. Assessment

Procedure on assessing possible COVID-19 cases, on-site recommendations:

(See IDP 010 Infectious Disease Response Team for Team Roster)

- a. When a potential COVID-19 case is identified, the isolated employee should be evaluated by the Primary Contact Person (PCP) of the Response Team, wearing appropriate PPE. Attempt to maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance. The ill employee should be provided a surgical mask to wear.
- b. Based on the skill level and training of the PCP, and resources available at the facility, the following should be evaluated:
 - List of the sick persons signs and symptoms, including onset dates. Symptom definitions are attached. See file name: **CDC, Definitions of Signs, Symptoms, and Conditions of Ill Travelers.**
 - The sick persons highest recorded temperature;
 - The sick persons physical symptoms experienced;
 - List of locations visited during the 14 days before the person became ill;
 - Contact with a confirmed or suspected COVID-19 case in the past 14 days.
 - Past Medical History;
 - Medications taken including dose and frequency;
 - Allergies and reactions;
 - History of influenza vaccination and if childhood vaccination sequence completed.

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- c. Triage determination:
 - Onsite responders should determine if employee requires emergent care. If so, local EMS or 911 should be activated. Inform the Infectious Disease Coordinator that there is a potential COVID-19 case so they may employ infection control procedures (quarantine or isolation as applicable).
 - Follow established on-site procedures for medical assessment of an ill employee and utilize existing triage or telemedical services to determine if an employee requires urgent or routine evaluation or may be managed with on-site first aid. If an employee is to be isolated on site, follow ISOLATION guidelines in this document.

4. Protection

Procedure to identify who will have exposure to a potential COVID-19 case, what PPE will be worn, and how PPE will be managed: *(See IDP 010 Infectious Disease Response Team for Team Roster)*

- a. Once a suspect COVID-19 case is identified, the Primary Contact Person (PCP) of the Response Team will be the primary contact with the affected employee. This is to reduce, to the absolute minimum, the number of people exposed. The response team has cross functional members to include the following job classifications: Site First Responder (if applicable), Laundry (PCP), Housekeeping, Cook House Member. This team will bring food and supplies to the isolated employee as well as perform administrative functions, as directed by the sites Infectious Disease Coordinator (IDC).
- b. Proper PPE must be provided (if available in the marketplace):
 - NIOSH-certified N95 mask or surgical mask;
 - disposable long-sleeved impermeable gown;
 - disposable (nitrile) medical gloves;
 - eye protection such as goggles or disposable face shields that cover the front and sides of face.
- c. For N-95 masks, an OSHA respiratory protection program and fit testing should be in place (as applicable).
- d. Designated responders must be trained in how to appropriately don and doff PPE.
- e. Designate a hand hygiene station for doffing of PPE as close to the exit of the room as possible. Hand washing with soap and water is preferred to hand sanitizer if possible.
- f. A plan for collection and disposal of PPE is in place. (see attached **CDC, CS250672-E, Donning Doffing PPE**)
- g. The amount of PPE provided should be determined by the company based on the size of the Response Team Members, anticipated exposure, and availability of supplies.

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5. Quarantine

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

On-Site procedure for quarantining employee exposed to a potential COVID-19 case:

- a. Employees who have had high-risk exposures to a person suspected of having COVID-19 should be quarantined in their bunk house or moved to self-quarantine. All potentially exposed employee members should self-monitor using **IPD003 Symptoms and Temperature Log** under supervision until 14 days after the last possible exposure.
- b. A high-risk exposure could occur through close contact with the suspected case without PPE. Close contact is defined as:

being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (10 minutes); close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case;

OR

having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

- c. Self-monitoring with delegated supervision means, for employees, self-monitoring with oversight by on-site staff in coordination with the medical provider and/or the local health department.

The COVID-19 Infectious Disease Coordinator is the point of contact between the self-monitoring employee, on-site staff, medical provider, local and state health departments with jurisdiction for the location where employee will be during the self-monitoring period.

If employee develops a fever, cough, or difficulty breathing during the self-monitoring period, they should be transported, as applicable, to undergo medical assessment as per the other relevant sections of this document.

- d. First-degree contacts are defined as those that had close contact (defined above) with the suspected COVID-19 source patient from 24 hours before symptoms began or 14 days before the time a positive test sample was obtained. All first-degree contacts should be quarantined for 14 days with twice daily symptom monitoring or until the source patient's COVID-19 test comes back negative. If the source patient's COVID-19 test is positive, all first-degree contacts should be quarantined with twice daily symptom checks for 14 days from the date the test was obtained.
- e. If a first-degree contact has roommates, attempt to move the first-degree contact to a private room or a room with other first-degree contacts for quarantine. If the first-degree contact develops symptoms during the 14-day period, second-degree contacts should be quarantined for 14 days or until the first-degree contact's COVID-19 test result comes back negative. If the first-degree contact's test result is positive, the second-degree contacts should be quarantined for 14 days with twice daily symptom monitoring from the time the test was obtained.

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- f. Second-degree contacts are defined as people who had close contact with a first-degree contact who was not having symptoms from the time of contact with the source patient.

Note: Discontinuance of quarantine for a suspected COVID-19 case should be made on a case by case basis with advice from a medical provider.

6. Isolation

Isolation separates sick people with a contagious disease from people who are not sick.

On-site procedure to isolate employee with suspected COVID-19:

- a. If an employee is identified as a potential COVID-19 case, immediately ask them to wear a facemask (i.e. surgical mask, **not** N-95).
- b. Place the employee in a private room with the door closed. Place a label on the door (**IDP005 Isolation Room Placard**) indicating no one is to enter the room without proper PPE. This room should have separate toilet and bathing facilities.
- c. Any staff entering the room should use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection such as goggles or a face shield. If N-95 masks are not available, a surgical mask may be considered an acceptable alternative at this time.
- d. Access to the room should be limited to employee involved in direct care. Meals should be delivered to the room and dishes and utensils cleaned separately. Anyone with exposure to the employee should document the date and time of exposure, nature of exposure (close contact, same room, secretions), and PPE worn.
- e. Meticulous hand hygiene **MUST** be performed immediately after doffing PPE.
- f. Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance.
- g. Keep interactions with sick people as brief as possible.
- h. Limit the number of people who interact with sick people. To the extent possible, have a single person give care and meals to the sick person.
- i. Avoid touching your eyes, nose, and mouth.
- j. Wash your hands often with soap and water. If soap and water are not available and if hands are not visibly soiled, use a hand sanitizer containing 60%-95% alcohol.
- k. Provide tissues and access to soap and water and ask the sick person(s) to:
 - Cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.
 - Throw away used tissues immediately in a disposable container (e.g., plastic bag) or a washable trash can.

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- Wash their hands often with soap and water for 20 seconds. If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.
 - l. If soap and water are not available and hands are not visibly soiled, the sick person(s) should use a hand sanitizer containing 60%-95% alcohol.
 - m. Discontinuance of Isolation for employees not requiring care at a medical facility, can be considered under the following conditions:
 - If employee had a fever, 3 days after the fever ends without the use of fever-reducing medications **AND** employee sees an improvement (subjective) in initial symptoms (e.g. cough, shortness of breath);
 - If employee did not have a fever, 3 days after employee sees an improvement (subjective) in initial symptoms (e.g. cough, shortness of breath);
- AND
- 7 days after symptom onset, whichever is longer.

Note: discontinuance of isolation for a suspected COVID-19 case should be made on a case by case with advice from a medical provider.

7. Sick Workers Encouraged to Stay at Home

- a. Employees with symptoms of acute respiratory illness are required to “stay home” and not come to work until they are free of a fever (>100.3°F using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines. Extending that recommendation to 72 hours is advised. This assumes they do not have risk factors for COVID-19 exposure.
- b. The company sick leave policies are flexible and consistent with public health guidance.
- c. The company does not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- d. The company maintains flexible policies that permit employees to stay home to care for a sick family member.
- e. Employees should coordinate with their managers and HR to see if it possible to work from home where applicable.
- f. Posters are displayed that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to the workplace and in other workplace areas where they are likely to be seen.

8. Sick Employee Segregation

- a. Employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or who become sick during the day should be separated

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from other employees and sent home immediately or to a local health facility if necessary. Sick employees should be given a surgical mask to wear and should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if not tissue is available).

9. Adequate Hygiene Supplies Maintained

- a. Tissues and no-touch disposal receptacles for use by employees are provided as applicable and in congruence with food safety regulations. Employees are instructed to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Soap and water are provided and alcohol-based (or equivalent) stations are in the workplace.

10. Routine Environmental Cleaning

- a. All frequently touched surfaces are routinely cleaned in the workplace, such as workstations, control knobs/buttons, doorknobs etc. Cleaning agents that are usually used in these areas are used in accordance with the directions on the label. No additional disinfection beyond routine cleaning is recommended at this time. Disposable wipes are provided so that commonly used surfaces (e.g. doorknobs, keyboards, remote controls, workstation surfaces) can be wiped down by employees before each use. **IDP009** is used to document **COVID-19 Routine Environmental Cleaning**.

11. Housing and Recreation Precautions

Aggressive worksite infection control precautions, early identification of possible COVID-19 cases and isolation and quarantine procedures can help prevent the spread of COVID-19. Off time and recreation time present a risk for exposure. **Contact of employees with local populations is fully restricted** to a limited group of assigned individuals known as “Runners”. See applicable tables in **IDP 008 Employees Approved for Travel within Local Community** for the most current list of employees assigned and approved for travel into the local community.

- a. Housing / On-Site Recreation
 - i. Hand-sanitizer stations are at facility entrances, with tissues and a waste container;
 - ii. Non-essential personnel are **NOT** permitted in the worksite. Any communication should be done by phone or radio instead of in-person if possible;
 - iii. Individuals from the local community (non-employees) are **NOT** permitted to enter employee quarters and/or Cook House;
 - iv. **ALL** individuals who come onto the company property/worksite are screened (**IDP002 COVID-19 Visitor Questionnaire**). If any of the questions are answered with “yes”, **entrance is denied**;
 - v. Handrails, door handles, and surfaces frequently wiped down with disinfecting wipes or equivalent. (**IDP 009 COVID-19 Routine Environmental Cleaning**)

- b. The general population of employees are **NOT** permitted into the local community. For employees who are approved for travel into local communities, travel is limited to an “as needed basis” and adhere to the following:

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- i. Follow “social distancing” recommendations (stay at least 6 feet away from people), maintain good cough and hand hygiene, avoid groups of people;
- ii. Wash hands with soap and water or use alcohol-based hand sanitizer frequently. Do not shake hands;
- iii. These employees, from the applicable tables in **IDP 008 Employees Approved for Travel within Local Community**, are screened (**IDP002 COVID-19 Visitor Questionnaire**) on return to the worksite and isolated if symptoms present.

12. Daily Cleaning and Sanitizing Common Areas

(IDP 009 COVID-19 Routine Environmental Cleaning)

- a. Daily disinfection of surfaces that people touch frequently can help decrease the spread of germs. When illness has been identified in the facility and/or office environment, disinfecting surfaces multiple times per day is taken into consideration.
 - i. Cleaning uses soap or detergent to remove dirt and debris from surfaces.
 - ii. Sanitizing is meant to reduce, but not kill, the occurrence and growth of germs from surfaces.
 - iii. Disinfection uses a chemical to kill germs on surfaces that are likely to harbor germs.
 - iv. Disinfectants work best on a clean surface and usually require a longer surface contact period (between 1 - 10 minutes) to work.
 - v. Surfaces that people touch a lot (e.g. door handles, railings, light switches, chairs, tables, push buttons etc.) are be cleaned, sanitized, and disinfected routinely.

13. Using Disinfectant Wipes Effectively

- a. To use wipes for disinfecting, use a “wipe, discard, wipe” technique. Wipe the surface to clean away dirt or debris, discard the wipe, and then wipe again with a fresh wipe and allow the surface to air dry.

14. Steps for Cleaning and Disinfecting Using Spray Solutions

- a. Clean first.
 - i. Spray your surface with a cleaning solution. Wipe or rinse with water. Use a scrubbing pad or brush to remove debris. If using a disinfectant cleaner, follow the instructions on the product label for cleaning.
- b. Apply your Sanitizer/Disinfectant.
 - i. Spray the surface and leave solution on the surface for at least 1 minute. The surface may then be dried with a paper towel or air dry.
- c. Cleaning after a suspected COVID-19 exposure are based on existing CDC infection control guidance for preventing COVID-19 from spreading to others.
 - i. **STEP 1**
 Restrict access to rooms used for isolation or quarantine for at least 2 hours after the sick person has left the room.
 - 1. Standard practice for pathogens spread by air (such as measles, tuberculosis) is to restrict people unprotected (for example, no respiratory protection) from entering a vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

NOTE: We don't yet know how long COVID-19 remains infectious in the air.

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2. In the interim, the company believes that it is reasonable to apply a similar time period before entering the sick person’s room without respiratory protection as used for other pathogens spread by air (for example, measles, tuberculosis), and restrict access for two hours after the sick person has left the room.

ii. STEP 2

Clean surfaces infected by the respiratory secretions of a sick person suspected with COVID-19 (for example, in the sick person’s living quarters or work area, and in isolation rooms) while wearing appropriate PPE and maintaining awareness of OSHA Bloodborne Pathogen Standard.

1. Use disinfectant products against COVID-19 with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims. These products can be identified by the following claim:
2. [] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against Norovirus on hard, non-porous surfaces.
3. Specific claims for “COVID-19” will not appear on the product or master label.
4. More information about EPA-approved emerging viral pathogens claims can be found here: <https://www.epa.gov/pesticide-registration/emerging-viral-pathogen-guidance-antimicrobial-pesticides>
5. If there are no available EPA-registered products with an approved emerging viral pathogen claim for COVID-19, use products with label claims against human coronaviruses according to label instructions.
6. This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to healthcare facilities, physicians, nurses, and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related).
7. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N on the EPA website (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2.
8. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use.
9. In addition to wearing disposable gloves during routine cleaning, wear disposable gowns when cleaning areas suspected to be contaminated by COVID-19. Remove carefully gloves and gowns to avoid cross-contamination and the surrounding area. See attachment **CDC, Form CS 254759-A, “How to remove gloves.”** for proper removal of gloves.
10. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.

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11. Perform hand hygiene (See attachment **CDC, CS 310027-A, “Stop Germs, Wash Your Hands”**) upon removing and disposing gloves by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol.
12. Clean all “high-touch” surfaces in the sick person’s room (for example, counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables) according to instructions described for the above EPA-registered product. Wear disposable gloves and gowns during cleaning activities.
13. If visible contamination (for example, blood, respiratory secretions, or other body fluids) is present, the basic principles for blood or body substance spill management are outlined in the United States Occupational Safety and Health Administration (OSHA Bloodborne Pathogen Standard: <https://www.osha.gov/SLTC/bloodborne pathogens/standards.html>) CDC guidelines recommend removing bulk spill matter, cleaning the site, and then disinfecting the site with the above EPA-registered disinfectant. For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present, and wash according to the manufacturer’s instructions. Clean and disinfect unremovable materials with products mentioned above and allow to air dry.

iii. STEP 3

Launder soiled textiles, linens and dispose of PPE appropriately.

1. When cleaning is completed, collect soiled textiles and linens in sturdy leak-proof containers; these can be laundered using conventional processes following your standard operating procedures.
2. Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
3. PPE should be removed and placed with other disposable items in sturdy, leak-proof (plastic) bags that are tied shut and not reopened. The bags of used PPE and disposable items can then be placed into the solid waste stream according to routine procedures. Follow your standard operating procedures for waste removal and treatment.
4. No additional cleaning is needed for ventilation registers or filtration systems.
5. No additional treatment of wastewater is needed.

iv. STEP 4

Clean and disinfect any reusable equipment that may have been exposed.

1. Clean and disinfect reusable “patient-care” equipment before use on another “patient”, according to manufacturer’s instructions.

IX. MISSION CRITICAL PERSONNEL

Refer to the reference documents cited below:

- **IDP 008 Employees Approved for Travel within Local Community**
- **IDP 010 Infectious Disease Response Team**

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X. RESPONSIBILITY

- a. The Director of Compliance is responsible for routine maintenance, plan updates, and dissemination to the stakeholders.
- b. The site General Manager, in relationship with the Infectious Disease Coordinator, are responsible for determining the resource required and to provide the infrastructure and work environment that is necessary in order to meet the requirements of the COVID-19 Infectious Disease Control Program and to encourage/enforce compliance to plan expectations.
- c. The Chief Operations Officer ensures that adequate resource is provided for the infrastructure and work environment related to the execution and maintenance of the COVID-19 Infectious Disease Control Program.

XI. ATTACHMENTS

ASMI, "Facts about COVID-19 and Food Safety"
CDC, CS 254759-A, "How to remove gloves"
CDC, CS 310027-A, "Stop Germs, Wash Your Hands"
CDC, CS 314937-A, "What You Need to Know About COVID-19 Disease"
CDC, CS 315446-A, "Share Facts About COVID-19"
CDC, CS 316120-A, "Steps to help prevent the spread of COVID-19 if you are sick"
CDC, CS208322, "Cover Your Cough"
CDC, CS250672-E, "Donning Doffing PPE"
CDC, Definitions of Signs, Symptoms, and Conditions of Ill Travelers
IDP 777 Critical Infrastructure Industry Essential WORKER Travel Letter r03 GM
IDP 999 Critical Infrastructure Industry Essential Employee Travel Letter r03 GM

XII. REFERENCES

VIDEO (4:35): "Corona Virus – How to Beat it" [<https://vimeo.com/398986642>]
IDP 002 COVID-19 Visitor Questionnaire
IDP 003 Employee Symptoms and Temperature Log COVID-19
IDP 004 Training Record – Onboarding
IDP 005 Isolation Room Placard
IDP 006 Training Record - Response Team Donn Doff PPE
IDP 007 Potential Exposures History
IDP 008 Employees Approved for Travel within Local Community
IDP 009 COVID-19 Routine Environmental Cleaning
IDP 010 Infectious Disease Response Team
IDP 011 COVID-19 Skiff/Boat/Vessel Crew Deboarding Questionnaire
IDP 012 Office Closed Placard
IDP 013 Isolation Room Entrance Log

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